

PRODUCT DISCLOSURE SHEET

Read this Product Disclosure Sheet before you decide to take up the Medic 101 Insurance Policy. Be sure to also read the general terms and conditions.

Medic 101 Insurance

1. What is this product about?

This policy covers the cost of medical treatment incurred by you or your family members for hospitalisation due to accident or sickness but it primarily serves as a supplementary cover to your existing or basic medical policy.

2. What are the covers/benefits provided?

Some of the major benefits available are:-

- Hospital Room & Board
- Intensive Care Unit
- Surgical Fees
- Anaesthetist Fees
- Operation Fees
- In-Hospital Physician Visits
- Hospital Services & Supplies
- Organ Transplant (Kidney, Heart, Lung, Liver or Bone Marrow only)
- Pre-Hospital Diagnosis Tests
- Pre-Hospital Specialist Consultation
- Home Nursing Care
- Post-Hospitalisation Treatment
- Outpatient Physiotherapy Treatment
- Outpatient Cancer Treatment
- Outpatient Kidney Dialysis Treatment
- Accidental Death Benefit

NOTE

This list is not exhaustive. Please refer to the benefits in the policy contract.

3. How much premium do I have to pay?

The premium you have to pay may vary depending on the plan selected and based on the age of last birthday of the person insured and our underwriting requirements.

Please refer to the Brochure for your premium rating.

4. What are the fees and charges I have to pay?

In addition to the premium, you have to pay:	Amount
a. Goods and Services Tax	6% of premium & MCO Fee
b. Stamp duty	RM 10.00

The premium that you have to pay includes the commission paid to the intermediaries, if any, amounting to 15% of the premium and MCO's fee.

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5. What are some of the key terms and conditions that I should be aware of?

- Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for yourself/family/dependants, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form (or when you apply for this insurance). You must answer the questions fully and accurately.
- Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.
- The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.
- In addition to answering the questions in the Proposal Form (or when you apply for this insurance), you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.
- You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.
- **Cooling-off period:** You may cancel your policy by returning the policy within 15 days after you have received the policy and you will be refunded the full premium that you paid. No refund is made if a claim was made during the said period.
- **Qualifying/waiting period:** Your eligibility for benefits under the policy will only start 30 days after the effective date of the policy except for accidental injury.
- **Eligible Age**
Adult - up to 65 years old. Renewal to be extended below 101 years.
Child - from 30 days to 18 years old, unmarried and unemployed.
- extension up to 23 years if studying full-time at a local institution of higher learning.
- **Cash Before Cover:** Full premium must be paid to us or our authorised agent before the effective date of the policy.
- **Pre-existing Conditions:** These are disabilities that the Insured Person has reasonable knowledge of. A person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:-
 - a) the Insured Person had received or is receiving treatment,
 - b) medical advice, diagnosis, care or treatment has been recommended,
 - c) clear and distinct symptoms are or were evident; or
 - d) its existence would have been apparent to a reasonable person in the circumstances.
- **Specific Illness:** These are disabilities and its related complications, occurring within the first 120 days of Insurance.
 - a) Hypertension, diabetes mellitus and cardiovascular disease.
 - b) All tumours, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system.
 - c) All ear, nose (including sinuses) and throat conditions.
 - d) Hernias, haemorrhoids, fistulae, hydrocele, varicocele.
 - e) Endometriosis including diseases of the reproductive system.
 - f) Vertebro-spinal disorders (including disc) and knee conditions.

NOTE

This list is not exhaustive. Please refer to the policy contract for the full list of terms and conditions under this policy

6. What is Deductible?

This is the amount that must be borne by you or payable by your basic Hospitalisation & Surgical Insurance policy before Medic 101 can indemnify you.

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7. What are the major exclusions under this policy?

The policy generally does not cover:

- Any medical or physical conditions arising or contracted within the first thirty (30) days of the Insured Person's cover or reinstatement date except accidental injuries.
- Pre-existing conditions.
- Specific Illnesses for the first 120 days.
- Congenital conditions, dental and maternity conditions, AIDS/HIV related conditions.
- Self-inflicted injury or suicide, circumcision of all causes.
- Psychotic, mental or nervous disorders.
- Cosmetic or plastic surgery.
- War, strike, riot, civil commotion.
- Routine medical or physical examination, investigative procedures.
- Persons who reside outside Malaysia for more than ninety (90) days consecutively while the Policy is in force.

NOTE:

This list is not exhaustive. Please refer to the policy contract for the full list of terms and conditions under this policy.

8. Can I cancel my policy?

You may cancel your policy anytime by giving written notice to us and provided that no claims have been made during the current policy year. Upon cancellation, any refund of the premium would be based on the conditions stipulated in the policy contract.

Period Not Exceeding	Refund of Annual Premium
15 days	90% (applicable for renewal only)
1 month	80%
2 months	70%
3 months	60%
4 months	50%
5 months	40%
6 months	30%
7 months	25%
8 months	20%
9 months	15%
10 months	10%
11 months	5%
Period Exceeding 11 months	No Refund

9. What do I need to do if there are changes to my contact details?

It is important that you inform us of any change in your contact details to ensure that all correspondences reach you in a timely manner.

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10. Where can I get further information?

Should you require additional information about this insurance or any other types of insurance product, you can contact us or your insurance intermediary or visit our website mpigenerali.com

If you have any enquiries, please contact us at:

MPI Generali Insurans Berhad

(Licensed under Financial Services Act 2013 and regulated by Bank Negara Malaysia)

8th Floor, Menara Multi-Purpose

Capital Square

8, Jalan Munshi Abdullah

50100 Kuala Lumpur

Tel: +603 2034 9888

Fax: +603 2694 5758

Email: generalenquiries@mpigenerali.com

10. Other types of Similar Insurance cover available

- Multi Medical Protector
- Multi Medi-PLUS
- Medic SME
- Group Hospitalisation & Surgical Insurance

IMPORTANT NOTE:

YOU SHOULD SATISFY YOURSELF THAT THIS POLICY WILL BEST SERVE YOUR NEEDS. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH THE AGENT OR CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.

The information provided in this disclosure sheet is valid as at 18/10/2016.