

GROUP MEDICAL FAMILY TAKAFUL

CONTRIBUTION DETAILS FOR GROUP MEDICAL FAMILY TAKAFUL

<u>CONTRIBUTION DETAILS FOR GHS</u>				
<u>Plan Type</u>	<u>Employee Only</u>	<u>Employee & Spouse</u>	<u>Employee & Child</u>	<u>Employee & Family</u>
	(RM)	(RM)	(RM)	(RM)
001	328	656	984	1,312
002	427	854	1,281	1,708
003	577	1,154	1,731	2,308
004	808	1,616	2,424	3,232

Category

PLAN 1 (P120)

PLAN 2 (P180)

PLAN 3 (P260)

PLAN 4 (P350)

GHS

PLAN 001

PLAN 002

PLAN 003

PLAN 004

<u>GROUP HOSPITALISATION AND SURGICAL CARE (GHS)</u>	<u>Plan 001</u>	<u>Plan 002</u>	<u>Plan 003</u>	<u>Plan 004</u>
	(RM)	(RM)	(RM)	(RM)
1. Hospital Room and Board (HRB) (inclusive of meal) - Daily max. up to 180 days per disability	120	180	260	350
2. Intensive Care Unit (ICU) - up to 30 days per disability	As Charged	As Charged	As Charged	As Charged
3. Hospital Supplies and Services	As Charged	As Charged	As Charged	As Charged
4. In Hospital Physician's Visit (Daily max. up to 180 days per disability)	As Charged	As Charged	As Charged	As Charged
5. Surgical Fees	As Charged	As Charged	As Charged	As Charged
6. Anaesthetist Fees	As Charged	As Charged	As Charged	As Charged
7. Operating Theatre Fees	As Charged	As Charged	As Charged	As Charged
8. Pre-Hospital Specialist Consultation (within 90 days prior to hospitalisation)	As Charged	As Charged	As Charged	As Charged
9. Pre-Hospital Diagnostic Tests (within 90 days prior to hospitalisation)	As Charged	As Charged	As Charged	As Charged
10. Post-Hospitalisation Treatment (within 60 days after discharge)	As Charged	As Charged	As Charged	As Charged
11. Second Surgical Opinion	As Charged	As Charged	As Charged	As Charged
12. Emergency Accidental Outpatient Treatment (within 24 hours after the accident & follow-up treatment up to 60 days)	As Charged	As Charged	As Charged	As Charged
13. Emergency Accidental Dental Treatment (within 24 hours after the accident & follow-up treatment up to 14 days)	As Charged	As Charged	As Charged	As Charged
14. Day Surgery	As Charged	As Charged	As Charged	As Charged
15. Emergency Outpatient Sickness Treatment (between 9pm to 7am)	As Charged	As Charged	As Charged	As Charged
16. Ambulance Fees	As Charged	As Charged	As Charged	As Charged
17. Government Hospital Daily Cash Allowance (Daily max. up to 180 days per disability)	50	50	50	50
18. Medical Report Fees	80	80	80	80
OVERALL ANNUAL LIMIT PER PERSON COVERED (Applicable only to all the above items.)	50,000	70,000	100,000	120,000



TAKAFULmalaysia

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MASTER CERTIFICATE FOR Group Medical Family Takaful



You have by a written application requested to participate in Group Medical Family Takaful managed by Us. This Master Certificate is issued in consideration of Your application and payment of the necessary contributions and shall take effect within the dates stated under Period of Takaful in the Master Certificate Information Page ("MCIP"). The terms, conditions and provisions on this page and the subsequent pages, any amendment or endorsement or annexure included at issue or at a later date will form part of this Master Certificate.

1. GENERAL DEFINITIONS

In this Master Certificate where the context states the masculine gender shall be deemed to include the feminine, and likewise, singular word shall be deemed to include the plural and vice versa, and the following words and expressions shall be deemed to have the following meanings:

- 1.1 **"YOU"** or **"YOUR"** refers to the Master Certificate Owner of this Master Certificate as stated in the MCIP.
- 1.2 **"WE", "US" or "OUR"** refers to Syarikat Takaful Malaysia Berhad.
- 1.3 **"ACCIDENT"** means a sudden, unintentional, unexpected, unusual and specific event that occurs at an identifiable time and place which will, independently of all other causes, be the sole cause of bodily injury.
- 1.4 **"ANY ONE DISABILITY"** means all disabilities arising from the same cause due to injury or illness including any and all complications there from. However, any subsequent Disability arising from the same cause will be treated as a new Disability only if the Person Covered (Member or Dependant) has returned to be Actively-at-Work for a period of fourteen (14) days or more, or if the Person Covered who is an unemployed Dependant, the Disability has occurred at least fourteen (14) days following the latest date of his discharge from the Hospital.
- 1.5 **"ALTERNATIVE MEDICAL TREATMENT"** refers to acupuncture, acupressure, chiropractic, bone setting and herbalist treatment performed by a licensed and registered alternative practitioner, traditional osteopath or chiropractor other than the Person Covered himself.
- 1.6 **"CERTIFICATE YEAR"** means the one (1) year period including the Effective Date and immediately following that date, or the one (1) year period following the Renewal or Renewed Certificate. Each succeeding Certificate Year is the one (1) year period from the certificate anniversary to the next certificate anniversary.
- 1.7 **"CHILD"** refers to an unmarried child of the Member who has attained the age of fifteen (15) days but below nineteen (19) years next birthday. He is financially dependent upon the Member. For child who is registered as full-time student at a recognized educational institution and is not gainfully employed, the maximum allowable age will be twenty-three (23) years next birthday.
- 1.8 **"CLINIC"** means an establishment duly constituted and registered as a Clinic, which is operated for the treatment of injured or ill patients and provides facilities for diagnosis, minor surgery and dispensing facilities. Such establishment must be operated by a Physician.
- 1.9 **"CONGENITAL CONDITIONS"** means any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within six (6) months from the time of birth. This will include hernias of all types and epilepsy except when caused by a trauma which occurred after the date the Person Covered was continuously covered under this Master Certificate.



- 1.10 **“CONTRIBUTION”** refers to the amount payable under this Master Certificate as stated in the MCIP or in a subsequent endorsement issued by Us.
- 1.11 **“DAYCARE PROCEDURE”** means any surgical or medical procedure performed (inclusive of pre-daycare visits and post-daycare visits) in an out-patient setting at a Hospital or daycare without overnight stay. Such procedure includes Endoscopy (all types), Intravenous pyelography (IVP/IVU), Barium studies and Angiographic studies and other diagnostic procedures as deemed Medically Necessary and duly referred by a Physician.
- 1.12 **“DEPENDANT”** means any of the following persons:
- (a) Spouse of the Member;
 - (b) Child of the Member.
- 1.13 **“DISABILITY”** means a Sickness, Disease, Illness or the entire Injuries arising out of a single or continuous series of causes.
- 1.14 **“DOCTOR”** or **“PHYSICIAN”** or **“SURGEON”** means a registered medical practitioner qualified and licensed to practice western medicine and who, in rendering his service, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a Doctor, Physician or Surgeon who is the Person Covered himself.
- 1.15 **“EFFECTIVE DATE”** refers to the first day of a Period of Takaful on which coverage of the Person Covered under this Master Certificate has become effective as stated in the MCIP or in a subsequent endorsement issued by Us.
- 1.16 **“ELIGIBLE EXPENSES”** means Medically Necessary Charges incurred due to a covered Disability but not exceeding the limits stated in the Schedule of Benefits of this Master Certificate.
- 1.17 **“EMERGENCY”** means immediate medical treatment attention is required within twelve (12) hours for Injury, Illness or symptoms which are sudden and severe failing which will be life threatening, or lead to significant deterioration of health.
- 1.18 **“FAMILY”** refers to Member and Dependant.
- 1.19 **“GENERAL PRACTITIONER”** means a Physician whose practice consists of providing primary care in an outpatient setting and covering a variety of medical problems in patients of all ages. This often includes referral to appropriate Specialists.
- 1.20 **“GROUP FAMILY TAKAFUL ACCOUNT or GFTA”** means Your holding account into which the Contribution after the deduction of any Wakalah Fee under this Master Certificate shall be credited. All benefits as specified in this Master Certificate and the cancellation proceeds shall be payable from this account.
If GFTA is insufficient for benefits payment, We will arrange for Qardh. The Qardh will be repaid when GFTA returns to surplus position and before any surplus is distributed.
- 1.21 **“GUARDIAN”** refers to the father or mother of the Person Covered whose names appeared in the birth certificate of the Person Covered or legal guardian of the Person Covered at the time of Hospital admission.
- 1.22 **“HOSPITAL”** means only an establishment duly constituted and registered as a Hospital for the care and treatment of sick and injured person as paying bed-patients, and which:
- (a) has facilities for diagnosis and major surgery;
 - (b) provides 24-hour-a-day nursing services by registered and graduate nurses;
 - (c) is under the supervision of a Physician; and



- (d) is not primarily a Clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.
- 1.23 **"HOSPITALISATION"** means admission to a Hospital as a registered inpatient for Medically Necessary treatments for a covered Disability upon recommendation of a Physician. A patient will not be considered as an inpatient if the patient does not physically stay in the Hospital for the whole period of confinement.
- 1.24 **"INJURY"** means bodily Injury caused solely by Accident.
- 1.25 **"INPATIENT"** means the Person Covered is receiving medical care or treatment (includes treatment in a daycare centre) which requires him for Hospitalisation.
- 1.26 **"INTENSIVE CARE UNIT"** means a section within a Hospital which is designated as an Intensive Care Unit by the Hospital, and which is maintained on a twenty-four (24) hour basis solely for treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Hospital.
- 1.27 **"MALAYSIAN GOVERNMENT HOSPITAL"** means a Hospital which charges of services are subject to the Fee Act 1951 Fees (Medical) Order 1982 and/or its subsequent amendments if any.
- 1.28 **"MASTER CERTIFICATE OWNER"** means a corporate body or organisation to which this Master Certificate has been issued in respect of coverage provided to the Person Covered under this Master Certificate.
- 1.29 **"MASTER CERTIFICATE INFORMATION PAGE" or "MCIP"** means the document which contains Your information and details of Takaful coverage provided under this Master Certificate.
- 1.30 **"MEDICALLY NECESSARY"** means a medical service which is:
- (a) consistent with the diagnosis and customary medical treatment for a covered Disability;
 - (b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits;
 - (c) not for the convenience of the Person Covered or the Physician, and unable to be reasonably rendered out of Hospital (if admitted as an inpatient);
 - (d) not of an experimental, investigational or research nature, preventive or screening nature; and
 - (e) for which the charges are fair and reasonable and customary for the Disability.
- 1.31 **"MEMBER"** means a full-time and permanent employee or member of the Master Certificate Owner.
- 1.32 **"NON-REFUNDABLE WAKALAH FEE"** refers to the initial expenses incurred on the issuance of the Master Certificate which consists of the commission duly paid to Our Takaful agent, if any together with an amount from other expenses which is not more than 10% of the Contribution.
- 1.33 **"OUTPATIENT"** means the Person Covered is receiving medical care or treatment (includes treatment in a daycare centre) without being hospitalised in a Hospital.
- 1.34 **"OVERALL ANNUAL LIMIT PER PERSON COVERED"** means the maximum benefit that a Person Covered is entitled in a Certificate Year. This limit, where applicable is stated in the Schedule of Benefits.
- 1.35 **"OVERALL ANNUAL LIMIT PER FAMILY"** means the maximum benefit that all Persons Covered within the same family in aggregate is entitled in a Certificate Year. This limit, where applicable is stated in the Schedule of Benefits.
- 1.36 **"OVERALL LIMIT PER VISIT"** means the maximum benefit that a Persons Covered is entitled in respect of any visit to a Physician. This limit, where applicable is stated in the Schedule of Benefits.



- 1.37 **“OVERALL LIMIT PER DISABILITY”** means the maximum benefit that the Person Covered is entitled on Any One Disability. This limit, where applicable is stated in the Schedule of Benefits.
- 1.38 **“OVERALL NUMBER OF VISIT PER ANNUM”** means the maximum number of visit that the Person Covered is entitled in a Certificate Year. This limit, where applicable is stated in the Schedule of Benefits.
- 1.39 **“PANEL CLINIC”** means any of the clinics duly appointed by Us where Medically Necessary services and / or treatments by a General Practitioner will be provided.
- 1.40 **“PERSON COVERED”** means the person who is covered under this Master Certificate.
- 1.41 **“PRE-EXISTING ILLNESS”** means disabilities that the Person Covered has reasonable knowledge of before the Effective Date. A Person Covered may be considered to have reasonable knowledge of a Pre-existing Illness where the condition is one for which:
- (a) the Person Covered 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.
- 1.42 **“PRESCRIBED MEDICINES”** means medicines that are dispensed by a Physician, a registered pharmacist or a Hospital and which have been prescribed by a Physician or Specialist in respect of treatment for a covered Disability.
- 1.43 **“QARDH”** means a loan provided by Us if the amount in GFTA has been fully utilized. The loan will be granted without interest.
- 1.44 **“REASONABLE AND CUSTOMARY CHARGES”** means Medically Necessary charges for medical care which are considered reasonable and customary to the extent that they do not exceed the general level of charges being made by others of the same standing in locality where the charges are incurred, when furnishing the same or comparable treatment, services or supplies to individual of the same sex and comparable age for a similar Sickness, Disease or Injury and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the Person Covered’s medical condition.
- 1.45 **“RENEWAL OR RENEWED CERTIFICATE”** means a Master Certificate which has been renewed without any lapse of time upon expiry of a preceding Master Certificate with the same content.
- 1.46 **“SCHEDULE OF BENEFITS”** means the schedule of benefits as attached to the MCIP.
- 1.47 **“SICKNESS”, “DISEASE” or “ILLNESS”** means a physical condition marked by a pathological deviation from the normal healthy state.
- 1.48 **“SPECIALIST”** means a medical or dental practitioner registered and licensed as such in the geographical area of his practice where treatment takes place and who is classified by the appropriate health authorities as a person with superior and special expertise in specified fields of medicine or dentistry, but excluding a Physician, Surgeon or dentist who is the Person Covered himself.
- 1.49 **“SPECIFIED ILLNESSES”** means the following disabilities and its related complications, occurring within the first one hundred and twenty (120) days from the Effective Date:
- (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 disease of the female reproduction system;
 - (f) Vertebro-spinal disorders (including disc) and knee conditions.
- 1.50 **"SPOUSE"** means a legally married spouse of the Member, who is eligible to participate in this Master Certificate.
- 1.51 **"SURGERY"** means any of the following medical procedures:
- (a) To incise, excise or electro cauterize any organ or body part, except for dental services;
 - (b) To repair, revise or reconstruct any organ or body part;
 - (c) To reduce by manipulation a fracture or dislocation; and
 - (d) Use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra.
- 1.52 **"TABARRU"** means a donation for the purpose of which is not commercial and is used to help other person covered in times of misfortune for the purpose of solidarity, brotherhood and cooperation among the person covered.
- 1.53 **"TAKAFUL"** refers to a mutual assistance scheme for all participants which is based on the principles of brotherhood, solidarity and cooperation where each participant agrees to contribute a sum(s) on the basis of Tabarru' into a risk fund for providing financial aid and assistance to the person covered, the participant or the beneficiary on the occurrence of pre-defined events.
- 1.54 **"WAITING PERIOD"** means the first thirty (30) days between the beginning of a Person Covered's Disability and the Effective Date. This shall not be applicable after the first year of cover. However, if there is a break in coverage in any Period of Takaful, the Waiting Period shall apply again.
- 1.55 **"WAKALAH"** refers to a Shariah contract where You appoint Us to invest and manage Contribution in the GFTA on Your behalf. As a return, You allow Us to deduct certain amount of Contribution as Wakalah Fee for the services rendered.

2. GENERAL PROVISIONS

2.1 THE CONTRACT

This Master Certificate, Your application, Schedule of Benefits, and all relevant documentary declarations and/or statements that make up this Master Certificate together with any endorsement made by Us, will form the entire contract between You, the Person Covered and Us. All statements made will be representations and not warranties. In the case it is evidenced that the statements made by You are fraudulent, We can declare that the contract is void.

If there is any further change made to the contract, it has to be in writing, approved and signed by Our authorised officer.

2.2 PARTICIPATION AND ELIGIBILITY REQUIREMENTS

You must notify Us in writing within sixty (60) days from the Effective Date of participation of any eligible Member or Dependant to this Master Certificate. Failure to meet this requirement will subject to terms and conditions as We may specify prior to Our acceptance of the Member or Dependant as a Person Covered.



In addition, the following provisions will apply to this Master Certificate if and only if the Member is Your employee.

- 2.2.1 If this Master Certificate is on a contributory basis, where the Member contributes to the payments of the Contribution, the eligible persons covered for Takaful coverage under this Master Certificate are those who agree to contribute and are Actively-at-work and/or the Dependant of the Members specified by the Member and agreed by Us on the date he is eligible to participate under this Master Certificate. In order for this Master Certificate to become effective, at least seventy-five percent (75%) of the Members are required to participate.
- 2.2.2 If this Master Certificate is on a non-contributory basis where payments of the Contribution are borne solely by You, the eligible persons covered for Takaful coverage under this Master Certificate are Your present and future full-time Members who are Actively-at-work and/or the Dependant of the Members specified by You and agreed by Us on the date he is eligible to participate under this Master Certificate.
- 2.2.3 Present Members will be eligible to participate under this Master Certificate on the Effective Date of this Master Certificate. Future Members will be eligible to participate under this Master Certificate according to the date mentioned in Your application form.
- 2.2.4 If a Member is not Actively-at-work on the date he would otherwise be eligible in accordance with the abovementioned requirement, his eligibility date will be deferred to the first (1st) day of the month immediately following his return to active full-time work.
- 2.2.5 Dependant of the Member are also eligible in accordance to the requirements stated in the Schedule of Benefits up to the same quantum of benefit as the Member on the dates the Member becomes eligible. If a Dependant is disabled by a Disability on the date he would otherwise be eligible, his eligibility date will be deferred to the day immediately following his complete recovery from the Disability.

For avoidance of doubt, "Actively-at-work" refers to a Member who reports for work on the date he qualifies for the Takaful coverage at his usual place of employment with his Employer and such usual place of employment is outside his home, and if he so reports he is able to perform all of the usual and customary duties of his occupation on a regular full-time basis.

2.3 PERIOD OF COVER AND RENEWAL

The coverage under this Master Certificate will become effective on the Effective Date. The Certificate Anniversary of this Master Certificate means one (1) year after the Effective Date and annually thereafter. On each Certificate Anniversary, this Master Certificate is renewable up to sixty-five (65) years next birthday of all Members and at the corresponding contribution rates in effect at that time as notified by Us.

This Master Certificate is renewable at Our option. Application for change of benefits to a higher plan can only be made on the renewal date and shall be subject to Our approval.

2.4 GEOGRAPHICAL TERRITORY

All benefits provided in this Master Certificate are applicable worldwide, twenty-four (24) hours a day.

2.5 MISREPRESENTATION/FRAUD

This Master Certificate will be void if information provided in Your application is untrue in any respect or if any material fact affecting the risk be incorrectly stated or omitted, or if the coverage or any subsequent renewal will have been accepted through any misstatement, misrepresentation or suppression, or any fraudulent or exaggerated claim, or any false declaration or statement been made.



2.6 DISTRIBUTION OF SURPLUS

We will invest and manage the GFTA in accordance with the Shariah.

Any surplus arising from GFTA as determined by Us will apply to settle any Qardh owing to Us and we may utilize a portion of the balance amount, if any, towards the partial refund of the contributions paid under this and Your other master certificates after taking into consideration of their overall lower than anticipated claims experience (hereinafter referred to as "Experience Refund"). Your entitlement to the Experience Refund is subject to the following terms and conditions:

- 2.6.1 All eligible master certificates must be renewed without any lapse of time upon each of the Expiry Date. Conditions of eligibility to be applied in the calculation of the Experience Refund will be given in Our offer of the Takaful plans to You; and
- 2.6.2 We will calculate the Experience Refund based on the aggregate total of Contributions received and claims incurred within the Period of Takaful for all Your eligible certificates with the same Effective Date; and
- 2.6.3 Payment of the Experience Refund, if any, will be made annually after the latest Expiry Date of the eligible certificates where the actual date of payment will be decided by Us. If however, a claim has been filed and admitted subsequent to the Experience Refund paid to You, We will recalculate the Experience Refund to include the late reported claim where any difference from the amounts arrived will be deducted from the claim proceeds and the net claim amount, if any, will be payable to You; and
- 2.6.4 We reserve Our rights not to pay Experience Refund if the amount calculated is less than Ringgit Malaysia Five Thousand (RM5,000); and
- 2.6.5 We may impose new and revised terms and conditions in the determination of the Experience Refund at Our sole and absolute discretion.

Any residual of the calculated surplus after making all the above payments will then be kept in GFTA to prepare and provide for any unfavourable claims experience.

2.7 TREATMENT OF SMALL PAYMENT AMOUNTS

For any amount due and payable to You including but not limited to the amount arising from cancellation and claim which is less than Ringgit Malaysia Twenty Five (RM25.00), We will exercise Our rights to donate such amount of money to charity as approved by Our Shariah Advisory Body. However, if You decide otherwise, You are required to submit a formal request to Us.

2.8 FREE LOOK PERIOD

If You or the Member are/is not satisfied with the MCIP for any reason, You or the Member may return it to Us within fifteen (15) days from the date of receipt of the MCIP. We will cancel the coverage of the Person Covered and refund to You all Contribution paid less any expense incurred for medical examination in relation to the issuance of the coverage in the MCIP.

2.9 NOTICE

Any correspondence, notice, request, instruction required by Us must be in writing.

2.10 CHANGE IN RISK

You must immediately inform Us in writing if there is any material change in its business, duties or pursuits and pay any additional Contribution that may be required by Us.



2.11 MISSTATEMENT OF AGE

If the age of a Person Covered has been understated, the Eligible Expenses will be adjusted to an amount arrived after multiplying it with the amount of Contribution paid over the Contribution calculated based on the Person Covered's true age at the Effective Date.

If the age of a Person Covered has been overstated, any difference in the Contribution paid and the Contribution arrived based on the Person Covered's true age, as determined from the Effective Date up to the date of last Contribution receipt by Us (both dates inclusive), will be refunded without profit to You. Such excess amount of Contribution associated with its allotted surplus will be deducted from GFTA.

If at the true age, the Person Covered is not eligible to be covered under this Master Certificate, his coverage will be treated as void and Our liability will be limited to the refund of Contribution paid without profit.

2.12 ALTERATIONS

We reserve the right to amend the terms and provisions of this Master Certificate by giving a thirty (30) day prior notice in writing by ordinary post to Your last known address in Our records. Such amendment will be applicable on Your next renewal of this Master Certificate. No changes to this Master Certificate will be valid unless approved, endorsed and signed by Our authorised officer.

2.13 CANCELLATION

This Master Certificate either is in its entirety or in respect of any Person Covered may be cancelled by Us at any time by giving seven (7) days notice by registered letter sent to Your last known address provided that such cancellation shall be without prejudice to Your rights in respect of prior injury to any Person Covered. Likewise, You may cancel this Master Certificate at anytime by giving Us seven (7) days notice.

If no claim has been made during the current Period of Takaful, You will be entitled for a refund of Contribution (after net of Non-refundable Wakalah Fee) calculated on pro-rate basis in proportion to the unexpired period of cover from the cancellation date to the next due date.

Cancellation of this Master Certificate will not have any adverse effect on the claim made before the effective date of cancellation.

2.14 OVERSEAS TREATMENT

If the Person Covered seeks treatment outside Malaysia for a Disability, We will reimburse an amount which is Reasonable and Customary Charges incurred for the Medically Necessary equivalent treatment of that Disability in a Hospital in Malaysia. However, if the treatment for that Disability is not available in Malaysia, We will only reimburse an amount equivalent to the charges for the closest comparable medical care and services for the treatment of that Disability which is available in a Hospital in Malaysia. We will not reimburse any cost of transportation to or from the place of treatment.

This provision is applicable only to Group Hospitalisation and Surgical Care if it is a covered benefit as stated in the MCIP.

2.15 OWNERSHIP OF MASTER CERTIFICATE

Unless specifically mentioned by an endorsement in this Master Certificate, We will be entitled to treat You as the absolute owner of this Master Certificate. We will not be bound to recognise any equitable or other claim to or interest in this Master Certificate, and the receipt of this Master Certificate or a benefit



by You (or by Your legal or authorised representative) alone will be an effective discharge of all Our obligations and liabilities. You will be considered to be responsible principal or agent of the Person Covered under this Master Certificate.

2.16 TAKE-OVER CERTIFICATES/POLICIES

If this Master Certificate will have commenced immediately upon termination of a preceding certificate/policy and if a Person Covered will have been afflicted with a medical Disability prior to or at the time this Master Certificate started (and benefits under the preceding certificate would have been available to him), such Person Covered will continue to be covered for the existing Disability, but not to exceed the limits of the previous certificate/policy on condition that We have secured a copy of the preceding certificate/policy.

2.17 UPGRADED CERTIFICATES

Any request for a change of benefits to a higher plan can only be made at the renewal of this Master Certificate and subject to Our approval. If the Person Covered will have been afflicted with a Disability prior to or within thirty (30) days from the date the benefits were upgraded, the benefit limits payable in respect of such Disability will not exceed the benefit limits prior to the date the benefits were upgraded.

2.18 REINSTATEMENT

You may request to reinstate this Master Certificate from its lapsation or cancellation. Our approval to Your request for reinstatement is subject to the receipt by Us of all the following:

- (a) A duly completed application form for reinstatement as supplied by Us;
- (b) Any outstanding Contribution amount to be determined by Us; and
- (c) Produce evidence of permissible takaful interest to Our satisfaction at Your expense.

The effective date of the reinstatement will be determined by Us

2.19 PORTFOLIO WITHDRAWAL CONDITION

We reserve the right to cancel this portfolio as a whole if We decide to discontinue underwriting this Takaful product. Cancellation of the portfolio as a whole will be given by written notice to You at least thirty (30) days prior to expiry of the Period of Takaful and We will run off coverage to all Persons Covered to expiry of the period of cover within the portfolio.

2.20 CONDITION PRECEDENT TO LIABILITY

Due observance and fulfilment by You of the terms, conditions and endorsements of this Master Certificate that relate to anything to be done or complied with by You and the truth of the statements and answers in the Proposal and Declaration Form and Claim Form made, will be conditions precedent to any of Our liability to make payment under this Master Certificate.

2.21 CLAIM PROCEDURES

- (a) Written notice of any service, treatment and/or Hospital confinement or operation that incurs claimable expenses must be submitted together with supporting documents to Us within thirty (30) days after the service and/or treatment has rendered, or from the date of commencement of such Hospital confinement.
- (b) Notice given by or on Your behalf to Us with particulars sufficient for Person Covered identification shall be deemed to be notice to Us. Failure to furnish such notice within the time allowed shall not



invalidate any claim if it is shown not to have been reasonably possible to furnish such notice and that such notice was furnished as soon as it was reasonably possible.

- (c) Affirmative proof of loss for which claim may be made must be furnished to Us at Your own expense within one (1) month after completion of the event for which claim is made.
- (d) All benefits payments to the Person Covered will be made via in cheque unless You request otherwise and with the consent of Us or at Our sole discretion and preference to make the payment in any other manner.

2.22 CERTIFICATION, INFORMATION AND EVIDENCE

All certificates, information, medical reports and evidence as required by Us shall be furnished at Your expense, and in such a form that We may require. In any event, all notices, which We shall require You to give, must be in writing and addressed to Us. You shall, at Our request and expense, submit to a medical examination whenever such is deemed necessary.

2.23 MEDICAL EXAMINATION

We will have the right to request the Doctor or Physician or Surgeon to examine the Person Covered whenever it may reasonably require during the tendency of any claim under this Master Certificate.

2.24 MINIMUM PERIOD OF CONFINEMENT

Each Hospital confinement must be for a continuous period of at least six (6) consecutive hours before any benefits payable under this Master Certificate. No minimum period of Hospital confinement is required if such confinement is in connection with a surgical operation, or if the Hospital makes a charge for Room and Board.

This provision is applicable only to Group Hospitalisation and Surgical Care if it is a covered benefit as stated in the MCIP.

2.25 CO-PAYMENT PROVISION

If this Master Certificate is issued with the co-payment option, the Person Covered will bear his share of co-payment shown in the Schedule of Benefits with respect to all the eligible benefits. Under such circumstance, We will be responsible to pay the balance amount of eligible benefits after deducting the co-payment made by the Person Covered.

2.26 INCOMPLETE CLAIMS

All claims must be submitted to Us within thirty (30) days of completion of the events for which the claim is being made. Claims are not deemed complete and eligible benefits are not payable unless all bills for such claims have been submitted and agreed upon by Us. Only actual costs incurred will be considered for reimbursement. Any variation or waiver of the foregoing will be at Our sole discretion.

2.27 PAYMENT OF CLAIMS

All claims under this Master Certificate will be payable to You.

In the event We have guaranteed payment to the Hospital or the Panel Clinic, We will pay the claim directly to the Hospital or the Panel Clinic.



It is further agreed that any authorisation to effect payment to the Hospital or the Panel Clinic is a facility granted to You. Such payment will not waive or be construed as a waiver of Our right to contest subsequent claims and/or validity of this Master Certificate or to recover from You the amount of expenses paid should there be any misrepresentation or concealment of fact which is material to the acceptance of risk of this Master Certificate.

2.28 CURRENCY OF PAYMENT

All payments under this Master Certificate will be made in the legal currency of Malaysia.

2.29 CO-ORDINATION OF BENEFIT

If You carry other Takaful/insurance covering any Disability covered by this Master Certificate, We will not be liable for a greater proportion of such Disability than the amount applicable as stated within this Master Certificate bears to the total amount of all valid Takaful/insurance covering such Disability.

2.30 TERMINATION OF THE COVERAGE

The coverage of any Person Covered under this Master Certificate will automatically terminate when any one (1) of the following events occurs:

- 2.30.1 once any of the applicable limits under (a) to (e) below for the respective Period of Takaful has been exhausted:
 - (a) Overall Annual Limit Per Person Covered; or
 - (b) Overall Annual Limit Per Family; or
 - (c) Overall Limit Per Visit; or
 - (d) Overall Number of Visit Per Annum; or
 - (e) Overall Limit Per Disability and Extended Overall Limit Per Disability; or
- 2.30.2 upon death of the Person Covered; or
- 2.30.3 for a Member or his Spouse, when he attains the age of sixty-six (66) years next birthday on any renewal of a Period of Takaful; or
- 2.30.4 for the Child of a Member, when he attains the age of nineteen (19) years next birthday or twenty-four (24) years next birthday if in full-time tertiary institution next birthday, on any renewal of a Period of Takaful; or
- 2.30.5 upon termination or resignation or expiration of the Member's employment or membership with You; or
- 2.30.6 on the date of retirement of the Member; or
- 2.30.7 at midnight Malaysian Standard Time on the last day of the Period of Takaful, unless for Group Hospitalisation and Surgical Care which is a covered benefit as stated in the MCIP, the Person Covered is confined to a Hospital at such time. If this being the case, the termination shall be extended to the time the Person Covered is discharged from a Hospital subject to the limitations, terms and conditions of this Master Certificate.

For the avoidance of doubt, when the coverage of a Member is terminated, all the coverage of his Dependant will also be automatically terminated on the same date. Any Contribution paid or accepted after the termination of this Master Certificate or the termination of the coverage on any Person Covered will not create any liability but We will refund such Contribution without profit. In addition, for events 2.30.3 to 2.30.6 above, You should notify Us within thirty (30) days from the effective date of the termination.

2.31 LEGAL PROCEEDINGS

You or the Person Covered cannot bring up a legal action before the expiry of sixty (60) days after written proof of loss has been provided in accordance with the requirements of this Master Certificate.



If You fail to supply the necessary proof of loss within a grace period of one (1) year from the date the written proof of loss is to be provided, You may submit the proof of loss to Us with convincing reasons for failing to comply with the terms and conditions of this Master Certificate. The acceptance of such proof of loss will be at Our discretion. We will not accept any written proof of loss after the expiry of the grace period.

2.32 ARBITRATION

Any dispute, controversy or claim arising out of or relating to this Master Certificate, or the breach, termination or invalidity of it, will be decided by Arbitration in accordance with the Rules of Arbitration of the Kuala Lumpur Regional Centre for Arbitration. The making of an award shall be conditioned precedent to any right of action against Us. If We disclaim liability to any claim arising under this Master Certificate and such claim is not within twelve (12) calendar months from the date of such disclaimer referred to Arbitration, then the claim shall for all purposes be deemed to have been abandoned and shall no longer be recoverable under this provision.

2.33 SUBROGATION

If We become liable for any payment under this Master Certificate, We will be subrogated to the extent of such payment to all rights and remedies that You have against any party and at Our own expense to sue them in Your name. We will have the absolute discretion in the conduct of any proceedings and in the settlement of any claim and You will give all such information as We may require.

2.34 SANCTIONS EXCLUSION CLAUSE

We shall not be deemed to provide cover nor be liable to pay any claim or any benefit as contained in this Master Certificate to the extent that the provision of such cover, payment of such claim or such benefit would expose Us to:

- 2.34.1 any sanction, prohibition or restriction under United Nations resolutions; or
- 2.34.2 the trade or economic sanctions, laws or regulations of the:
 - 2.34.2.1 European Union; or
 - 2.34.2.2 United –Kingdom; or
 - 2.34.2.3 United States of America; orany of the states to the above countries; or
- 2.34.3 any other locally applicable laws or regulations.

2.35 RETAKAFUL

We have the discretion to secure adequate retakaful (reinsurance) from any sources We deem fit for Your benefit.

2.36 APPLICABLE LAW

This Master Certificate, and all rights, obligations and liabilities arising under this Master Certificate, shall be construed, determined and enforced in accordance with the Laws of Malaysia.



3. DESCRIPTION OF CONTRIBUTION

While this Master Certificate is in force, the Contribution payable under this Master Certificate after deducting Wakalah Fee, if any, will be credited into the GFTA as Tabarru', subject to the terms, conditions, provisions and limitations expressed within this Master Certificate.

All Contributions under this Master Certificate must be paid and received by Us within sixty (60) days from each of the due dates. If no Contribution is payable within the stipulated period, this Master Certificate is cancelled automatically and We will be entitled to:

either

- (a) the pro-rata contribution for the period where We have been on risk; or
 - (b) The recovery from You of all claims, costs and charges paid or incurred by Us.
- whichever is higher.

Settlement to the above shall be made within thirty (30) days from the date of cancellation.

4. DESCRIPTION OF BENEFITS

While this Master Certificate is in force and subject to its terms and conditions, We will provide some or all of the covered benefits as stipulated under sections 4.1 to 4.3 below on which the selected coverage will be stated in the MCIP.

4.1 Group Hospitalisation and Surgical Care

Upon receipt and approval of due proof such as original bills, receipts and/or other evidence satisfactory to Us that the Person Covered is confined to a Hospital for Medically Necessary services and/or treatments due to Illness or Injury or is receiving Medically Necessary services and/or treatments in relation to any covered benefit as described below, We will, after applying the appropriate limits for each covered benefit in respect of a Disability, pay the Eligible Expenses, as provided under this Master Certificate for:

- (a) Illness other than Specified Illnesses which existed or diagnosed after the Waiting Period; or
- (b) Injury which occurred on or after the Effective Date.

In addition, reimbursement of the Eligible Expenses incurred for covered benefits is also subject to the following conditions:

- (i) Reasonable and Customary Charges incurred for Medically Necessary treatment provided;
- (ii) participated plan for which this Master Certificate is issued and the Contributions are paid for; and
- (iii) the applicable Overall Annual Limit Per Person Covered, Overall Annual Limit Per Family and Overall Limit Per Disability.

Furthermore, if Supplementary Major Medical Benefit is also attached to this Master Certificate as stated in the Schedule of Benefits, then We will reimburse any Extended Eligible Expenses after deducting the applicable Deductible and Co-payment, if any, subject to the Extended Overall Limit Per Disability.

For avoidance of doubt,

"Extended Eligible Expenses" refers to any Eligible Expenses incurred for covered benefits in excess of the applicable Overall Annual Limit Per Person Covered, Overall Annual Limit Per Family and Overall Limit Per Disability.



“Deductible and Co-Payment” refers to the amount arrived being the sum of Deductible and the amount calculated by multiplying Co-Payment with the Extended Eligible Expenses. Both Deductible and Co-Payment are stated in the Schedule of Benefits. This amount should apply once only for all Extended Eligible Expenses arising from the same Disability.

The Person Covered should be responsible for paying Deductible and Co-Payment of his medical charges.

“Extended Overall Limit Per Disability” refers to the maximum benefit that the Person Covered is entitled on Any One Disability. This limit is stated in the Schedule of Benefits.

The following benefit items are applicable only if they are included in the Schedule of Benefits attached to this Master Certificate.

4.1.1 HOSPITAL ROOM AND BOARD

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary room accommodation and meals. The benefit amount payable will be equal to the actual charges made by the Hospital during Hospitalisation of the Person Covered, subject to the daily rate of Hospital Room and Board, the maximum number of days and the limits stated in the Schedule of Benefits. The Person Covered will only be entitled to this benefit while confined to a Hospital as an inpatient.

4.1.2 INTENSIVE CARE UNIT

Reimbursement of the Reasonable and Customary Charges Medically Necessary for actual room and board incurred during confinement of the Person Covered as an inpatient in the Intensive Care Unit of the Hospital. The benefit amount payable will be equal to the actual charges made by the Hospital, subject to the maximum number of days and the limits as stated in the Schedule of Benefits.

If the period of confinement in the Intensive Care Unit has exceeded the maximum number of days as stated in the Schedule of Benefits, We will reimburse the actual charges made by the Hospital subject to the provisions of the Hospital Room and Board.

No Hospital Room and Board benefit will be paid for the same confinement period where the daily Intensive Care Unit benefit is payable.

4.1.3 HOSPITAL SUPPLIES AND SERVICES

Reimbursement of the Reasonable and Customary Charges actually incurred for Medically Necessary drugs and medicines consumed on premises, dressings; ordinary splints and plaster casts; laboratory examinations; electrocardiograms; basal metabolism tests; physical therapy; X-ray therapy, radium therapy, radium and isotopes; X-ray examination; ID band; administration fees; intravenous infusions administration and cost of blood or blood plasma, whilst the Person Covered is confined as an inpatient in a Hospital, up to the limits stated in the Schedule of Benefits.

4.1.4 IN-HOSPITAL PHYSICIAN'S VISIT

Reimbursement of the Reasonable and Customary Charges by a Physician for Medically Necessary visiting an inpatient while confined for a non-surgical Disability subject to the maximum number of days and the limits stated in the Schedule of Benefits.



4.1.5 SURGICAL FEES

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary surgery by the Specialists, including pre-surgical assessment Specialist's visits to the Person Covered and post-surgery care, up to the maximum number of days as stated in the Schedule of Benefits under the Pre & Post Hospitalization Expenses. The maximum benefit payable is assessed according to the amount/limit provided by the chosen plan in relation to the Schedule of Surgical Fees (where applicable), depending on the nature of the operation performed.

4.1.6 ANAESTHETIST FEES

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary administration of anaesthesia by the anaesthetist, subject to the limits stated in the Schedule of Benefits.

4.1.7 OPERATING THEATRE FEES

Reimbursement of the Reasonable and Customary Charges incurred for operating room incidental to Medically Necessary surgical procedure, subject to the limits stated in the Schedule of Benefits.

4.1.8 SECOND SURGICAL OPINION

Reimbursement of Reasonable and Customary Charges for consultation or opinion with a second specialist to determine whether a surgical operation is necessary or required in view of the Person Covered medical condition, subject to the limits as stated in the Schedule of Benefits.

4.1.9 PRE-HOSPITAL SPECIALIST CONSULTATION

Reimbursement of the Reasonable and Customary Charges incurred within the maximum number of days as stated in the Schedule of Benefits preceding Hospitalisation, for Medically Necessary first time consultation by a Specialist in connection with a Disability provided that such consultation has been recommended in writing by the attending general practitioner, subject to the limits stated in the Schedule of Benefits.

No payment shall be made for clinical treatment (including medications and subsequent consultation after the Illness is diagnosed) or where the Person Covered does not result in Hospitalisation for the treatment of the medical condition diagnosed.

4.1.10 PRE-HOSPITAL DIAGNOSTIC TESTS

Reimbursement of the Reasonable and Customary Charges incurred within the maximum number of days as stated in the Schedule of Benefits preceding Hospitalisation, for Medically Necessary for electrocardiograms (ECG), X-ray and laboratory tests which are recommended by a qualified medical practitioner and performed for diagnostic purposes on account of an Injury or Illness when in connection with a Disability, subject to the limits stated in the Schedule of Benefits.

No payment shall be made if the Person Covered does not result in Hospitalisation for the treatment of the medical condition diagnosed upon such diagnostic services. In addition, medications and consultation charged by the medical practitioner will not be payable.



4.1.11 POST-HOSPITALISATION TREATMENT

Reimbursement of the Reasonable and Customary Charges incurred within the maximum number of days as stated in the Schedule of Benefits immediately following discharge from Hospital for a non-surgical disability on Medically Necessary follow-up treatment by the same attending Physician, subject to the limits stated in the Schedule of Benefits. This will include Prescribed Medicines during the follow-up treatment but will not exceed the supply needed for the maximum number of days as stated in the Schedule of Benefits from the date of discharge.

4.1.12 OUTPATIENT CANCER TREATMENT

If a Person Covered is diagnosed with Cancer as defined below, We will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of Cancer performed at the outpatient department of a Hospital or a registered cancer treatment centre subject to the limits as stated in the Schedule of Benefits.

CANCER is defined as any malignant tumor characterized by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumor includes leukemia, lymphoma and sarcoma.

It is a specific condition of this benefit that despite the exclusion of Pre-existing Illness, this benefit will not be payable for any Person Covered who had been diagnosed as a cancer patient and/or is receiving cancer treatment prior to the Effective Date.

4.1.13 OUTPATIENT KIDNEY DIALYSIS TREATMENT

If the Person Covered is diagnosed with Kidney Failure as defined below, We will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of kidney dialysis performed at the outpatient department of a Hospital or a registered dialysis treatment centre subject to the limits as stated in the Schedule of Benefits.

KIDNEY FAILURE means end stage renal failure presenting as chronic, irreversible failure of both kidneys to function as a result of which renal dialysis is initiated.

It is a specific condition of this benefit that despite the exclusion of Pre-existing Illness, this benefit will not be payable for any Person Covered who has developed chronic renal diseases and/or is receiving dialysis treatment prior to the Effective Date.

4.1.14 ORGAN TRANSPLANT

Reimbursement of the Reasonable and Customary Charges incurred on transplantation surgery for the Person Covered being the recipient of the transplant of a kidney, heart, lung, liver or bone marrow. Payment for this benefit is applicable only once per lifetime whilst this Master Certificate is in force and will be subjected to the limit as stated in the Schedule of Benefits. The costs of acquisition of the organs and all costs incurred by the donors are not covered.

4.1.15 EMERGENCY ACCIDENTAL OUTPATIENT TREATMENT

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary treatment as an outpatient at any registered clinic or Hospital as a result of a covered bodily Injury arising from an Accident, within twenty-four (24) hours of such Accident and subject to the limits stated in the Schedule of Benefits. Follow-up treatment by the same Doctor or same registered clinic or Hospital for the same covered bodily Injury shall be provided up to the



maximum number of days from date of Accident and subject to the limits stated in the Schedule of Benefits.

4.1.16 EMERGENCY ACCIDENTAL DENTAL TREATMENT

Reimbursement of the Reasonable and Customary Charges charged by a legally registered dentist or at a dental clinic or Hospital within 24 hours of the Accident for the treatment of accidental injuries to sound natural teeth subject to the limits stated in the Schedule of Benefits. Subsequent restorative, periodontal, orthodontal and prosthodontal services are not covered. Follow-up treatment by the same dentist or same registered clinic or Hospital for the same accidental injuries to sound natural teeth will be provided up to the maximum number of days from the date of Accident and subject to the limits stated in the Schedule of Benefits.

4.1.17 DAY SURGERY

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary treatment to the Person Covered on the use of recovery facility for a surgical procedure on a pre-plan basis at the Hospital/specialist Clinic (but not for an overnight stay) subject to the limits stated in the Schedule of Benefits.

4.1.18 EMERGENCY OUTPATIENT SICKNESS TREATMENT

Reimbursement of Reasonable and Customary Charges for emergency of sickness rendered in a Hospital or 24 hours clinic and received as an outpatient between the 9pm and 7am only. The time of the treatment as certified by the attending doctor shall be a condition precedent to liability. Such payment shall in no event exceed the maximum amount stated in the Schedule of Benefits.

4.1.19 AMBULANCE FEES

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary domestic ambulance services (inclusive of attendant) to and/or from the Hospital of confinement. No payment will be made if the Person Covered is not hospitalised and is subject to the limits stated in the Schedule of Benefits.

4.1.20 GOVERNMENT HOSPITAL DAILY CASH ALLOWANCE

Pays daily cash allowance for each day of confinement for a covered Disability in a Malaysian Government Hospital subject to the maximum number of days and the limits stated in the Schedule of Benefits, provided that the Person Covered will confine to a Room and Board rate that does not exceed the amount shown in the Schedule of Benefits.

No payment will be made for any transfer to or from any private Hospital and Malaysian Government Hospital for the covered Disability.

4.1.21 MEDICAL REPORT FEES

Reimbursement of the fee actually charged for the completion of the Medical Report up to the maximum limit as stated in the Schedule of Benefits.



4.1.22 FUNERAL EXPENSES

A fixed amount of funeral expense as stated in the Schedule of Benefits is payable if the Person Covered dies within the Period of Takaful.

4.1.23 OUTPATIENT PHYSIOTHERAPY TREATMENT

Reimbursement of the Reasonable and Customary Charges for physiotherapy treatment incurred immediately following discharge from Hospital confinement or Surgery up to the limits as stated in the Schedule of Benefits.

Such treatment must be deemed Medically Necessary and referred by an attending doctor.

4.1.24 MEALS AND LODGING IN HOSPITAL FOR GUARDIAN

Reimbursement of the expenses incurred for meals and lodging by the Guardian who is accompanying the Person Covered in the Hospital, subject to the limits stated in the Schedule of Benefits. For entitlement of this benefit, the Attained Age of the Person Covered must be below fifteen (15) years during his confinement to the Hospital as an inpatient.

4.1.25 ACCIDENTAL OUTPATIENT ALTERNATIVE MEDICAL TREATMENT

Reimbursement of the actual charges incurred for Alternative Medical Treatment due to Injury resulting from an Accident, subject to the limits stated in the Schedule of Benefits. Treatment to the Injury must be sought at any registered Clinic or Hospital prior to seeking the Alternative Medical Treatment.

4.1.26 SUPPLEMENTARY MAJOR MEDICAL BENEFIT

Reimbursement of the Extended Eligible Expenses after deducting the applicable Deductible and Co-payment, if any, subject to the Extended Overall Limit Per Disability.

In addition, "HOME NURSING CARE" may be added which forms part of the benefits under Supplementary Major Medical Benefit (subject to the prior approval from Us) and provides reimbursement of the actual charges incurred for Medically Necessary nursing care or service rendered by a medically qualified and licensed nurse in the Person Covered's home, within sixty (60) days immediately following discharge from Hospital for a period of three (3) days or more.

- a) Such nursing care or service must be recommended by the attending Physician for minimum duration of three (3) hours each day.
- b) The amount payable for this benefit shall be equal to the actual charges incurred, subject to the maximum number of days and the limits stated in the Schedule of Benefits.

4.2 Group Outpatient General Practitioner Care

Upon receipt and approval of due proof such as original bills, receipts and/or other evidence satisfactory to Us that as a result of illness or injury, the Person Covered is receiving Medically Necessary services and/or treatments in relation to any covered benefit as described below from a General Practitioner as an Outpatient, We will, after applying the appropriate limits for each covered benefit in respect of a Disability, follow by the deduction of any amount in relation to the Co-payment Provision, pay the Eligible Expenses, as provided under this Master Certificate for the Disability which occurred on or after the Effective Date.



In addition, reimbursement of the Eligible Expenses incurred for covered benefits is also subject to the following conditions:

- (i) participated plan for which this Master Certificate is issued and the Contributions are paid for; and
- (ii) the maximum reimbursement of the expenses incurred for the services and/or treatments performed outside Malaysia is Ringgit Malaysia Fifty (RM50) only in any one visit by the General Practitioner to the Person Covered; and
- (iii) the applicable Overall Annual Limit Per Person Covered, Overall Limit Per Visit and Overall Number of Visit Per Annum.

The following benefit items are applicable only if they are included in the Schedule of Benefits attached to this Master Certificate.

4.2.1 CONSULTATION

Reimbursement of the consultation charges by the General Practitioner at the Panel Clinic, subject to the limits stated in the Schedule of Benefits.

4.2.2 MEDICATION

Reimbursement of the actual charges of medications made by the Panel Clinic in accordance with the General Practitioner's prescription, subject to the limits as stated in the Schedule of Benefits.

This benefit is reimbursable only if there is consultation charge by the General Practitioner at the Panel Clinic.

4.2.3 INJECTION

Reimbursement of the cost of injection actually incurred subject to the limits stated in the Schedule of Benefits.

4.2.4. DIAGNOSTIC LAB / X-RAY PROCEDURES

Reimbursement of the actual cost incurred for laboratory and X-ray procedures conducted at the Panel Clinic that are consistent with the treated Disability, subject to the limits stated in the Schedule of Benefits.

4.2.5. OUTPATIENT SURGICAL PROCEDURE

Reimbursement of the actual cost incurred for outpatient surgical procedure performed by at the Panel Clinic subject to the limits stated in the Schedule of Benefits.

4.2.6. PAP SMEAR EXAMINATION

Reimbursement of the actual cost incurred for pap smear examination performed by the General Practitioner at the Panel Clinic, subject to one (1) time only in a Certificate Year.

The prerequisite condition of having services and/or treatments to be performed at a Panel Clinic prior to any reimbursement of the Eligible Expenses incurred will be waived if the selected Network Access is Choice Plan as shown in the Schedule of Benefits. However, if the selected Network Access is Standard Plan as shown in the Schedule of Benefits, We may reimburse any expense incurred provided that it has resulted from an Emergency medical Disability or there is a valid reason acceptable to Us where services and/or treatments needed to be rendered at the non-Panel Clinic.



4.3 Group Outpatient Specialist Practitioner Care

Upon receipt and approval of due proof such as original bills, receipts and/or other evidence satisfactory to Us that as a result of illness or injury, the Person Covered is receiving Medically Necessary services and/or treatments in relation to any covered benefit as described below from a Specialist as an Out-patient, We will, after applying the appropriate limits for each covered benefit in respect of a Disability, follow by the deduction of any amount in relation to the Co-payment Provision, pay the Eligible Expenses, as provided under this Master Certificate for the Disability which occurred on or after the Effective Date.

In addition, reimbursement of the Eligible Expenses incurred for covered benefits is also subject to the following conditions:

- (i) participated plan for which this Master Certificate is issued and the Contributions are paid for; and
- (ii) the maximum reimbursement of the expenses incurred for the services and/or treatments performed outside Malaysia is Ringgit Malaysia Two Hundred (RM200) only in any one visit by the Specialist to the Person Covered; and
- (iii) the applicable Overall Annual Limit Per Person Covered, Overall Limit Per Visit and Overall Number of Visit Per Annum.

The following benefit items are applicable only if they are included in the Schedule of Benefits attached to this Master Certificate.

4.3.1 CONSULTATION

Reimbursement of the consultation charges by a Specialist subject to the limits stated in the Schedule of Benefits. Any consultation arising from a follow-up care after discharge from Hospital or undergoing a Daycare Procedure for surgical or non-surgical Hospitalisation will be excluded.

4.3.2 MEDICATION

Reimbursement of the actual charges of medications which requires prescription from the Specialist, subject to the limits as stated in the Schedule of Benefits.

This benefit is reimbursable only if there is consultation charge by the Specialist.

4.3.3 INJECTION

Reimbursement of the actual cost of injection actually incurred subject to the limits stated in the Schedule of Benefits.

4.3.4 DIAGNOSTIC LAB / X-RAY PROCEDURES

Reimbursement of the actual cost incurred for laboratory and X-ray procedures conducted by a Specialist that are consistent with the treated Disability, subject to the limits stated in the Schedule of Benefits.

4.3.5 OUTPATIENT SURGICAL PROCEDURE

Reimbursement of the actual cost incurred for out-patient surgical procedure performed by a Specialist subject to the limits stated in the Schedule of Benefits.

For clarity, some or all of the above-stated benefits that have been provided to a child at age twelve (12) years next birthday or below are also known as outpatient paediatric benefits.



In addition, referral by any General Practitioner of a Panel Clinic or any General Practitioner, as to be determined in accordance with item (a) and item (b) below, will be prerequisite condition prior to the eligibility of any of the above-stated covered benefits if the selected Network Access as shown in the Schedule of Benefits of this Master Certificate is Standard Referral and that of the master certificate of Group Outpatient General Practitioner Care is any of the following:

- (a) Standard Plan, where referral of the Person Covered must be by any General Practitioner of a Panel Clinic; or
- (b) Choice Plan, where referral of the Person Covered must be by any General Practitioner.

5. GENERAL EXCLUSIONS

This Master Certificate does not cover any Hospitalisation, Surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

- 5.1 Plastic or cosmetic surgery and related treatments.
- 5.2 Circumcision or any surgery on the foreskin unless it is Medically Necessary.
- 5.3 Eye examination, corrective glasses, intraocular lens, visual impairments due to refractive errors including but not limited to nearsightedness, farsightedness or astigmatism (Radial Keratotomy).
- 5.4 External prosthetic appliances or devices including artificial limbs, external fixator, hearing aids, cochlear apparatus.
- 5.5 Implants including pacemakers, implantable cardiac defibrillator (ICD).
- 5.6 Dental treatment or surgery except surgery or treatment of natural teeth resulting from Injury.
- 5.7 Private nursing care, non-Hospital nursing care, rest cures, sanatoria care.
- 5.8 Venereal Disease and its sequelae.
- 5.9 HIV, AIDS (Acquired Immune Deficiency Syndrome) or AIDS related diseases.
- 5.10 Communicable diseases requiring quarantine by law.
- 5.11 Congenital disorders/diseases or deformities including hereditary conditions.
- 5.12 Pregnancy or pregnancy related conditions including childbirth (whether surgical or otherwise), complications arising from pregnancy such as miscarriage, abortion, pre- or post-natal care, contraceptive methods for birth control, infertility treatments and its complications.
- 5.13 Impotence, sterilization, erectile dysfunctions and its complications.
- 5.14 Sex changes.
- 5.15 Any medical care or treatment received primarily for experimental, investigative or research purposes, screening diagnosis, x-rays, scans, general physical or medical examinations that are done routinely or are not incidental to treatment or diagnosis of a Disability, treatment or investigation of a Disability that



are not medically necessary to be Hospitalized, preventive treatments and medicine, stem cell therapy, treatments specifically for weight reduction or gain or bariatric surgery.

- 5.16 Self-inflicted injuries or suicide or attempted suicide, while sane or insane.
- 5.17 Injuries or Hospitalization as a result of drug abuse, or while under the influence of alcohol.
- 5.18 Participation in any criminal or terrorist activities, strikes, riots, civil commotions, insurrections, wars (whether declared or not), revolutions or any warlike operations, act of foreign enemies, or active duty in any armed forces.
- 5.19 Ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste.
- 5.20 Expenses incurred for donation of any body organ by a Person Covered and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
- 5.21 Sleep apnoea or snoring disorder.
- 5.22 Hyperhidrosis.
- 5.23 Hormone replacement therapy.
- 5.24 Alternative treatments such as chiropractic services, acupuncture, acupressure, reflexology, bone-setting, herbalist treatment, hyperbaric oxygen therapy, massage or aroma therapy or other alternative medicines.
- 5.25 Mental or nervous disorders (including psychosis, neurosis and their physiological or psychosomatic manifestations).
- 5.26 Items that are not directly related to the medical treatment of the Disability including rental of television, telephones, broadband services, electricity charges, admission kit/pack.
- 5.27 Participating in any dangerous or hazardous sport or hobby such as (but not limited to) steeple chasing, polo, horseracing, underwater diving, hunting, motor vehicular racing, mountaineering or potholing.
- 5.28 Participation in any form of aviation (except as a fare-paying passenger or crew member on a regular route operated by a licensed commercial airline), or aerial sports such as (but not limited to) skydiving parachuting, bungee jumping, hang gliding or ballooning.

6. SPECIAL EXCLUSIONS FOR GROUP HOSPITALISATION AND SURGICAL CARE

This Master Certificate does not cover any Hospitalisation, Surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

- 6.1 Any claim causing by Pre-existing Illness which occurred within the first six (6) calendar months from the Effective Date.
- 6.2 Any claim due to Specified Illnesses occurring during the first one hundred and twenty (120) days of continuous cover.



7. SPECIAL EXCLUSIONS FOR GROUP OUTPATIENT GENERAL PRACTITIONER CARE AND GROUP OUTPATIENT SPECIALIST PRACTITIONER CARE

This Master Certificate does not cover any service and/or treatment caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

- 7.1 Any Outpatient physical or physiotherapy treatment that is referred at General Practitioner level. (This service would only be covered when referred by a Specialist and treatment must be provided by a registered physiotherapist).
- 7.2 Usage of any non-therapeutic dietary supplements (including but not limited to soap, shampoo, vitamin creams and vitamin ointment), vitamins, food supplements and any counter medication drugs.
- 7.3 Any blood and topical allergy test.
- 7.4 Any Speech and Occupational therapy when not part of a rehabilitation program following hospitalisation due to trauma, unless it is a follow-up to an inpatient disability and subject to its limitations.
- 7.5 Any preventive vaccination except for those mandatory vaccinations as performed at panel General Practitioner for child up to twelve (12) years next birthday.

8. SCHEDULE OF SURGICAL FEES

For any surgical operation not listed in the Schedule of Surgical Fees, it shall be Our sole discretion to determine a maximum payment for such procedure which in Our view is consistent with the payment of the procedures listed. Such determination will, in each case, take into account the nature and complexity of the procedure involved and the exclusions and other restriction applicable.

If two or more procedures are performed through a single incision, reimbursement for expenses applicable to all such procedures shall not exceed the amount indicated for the one surgical procedure performed for which the largest amount is payable.

The Schedule of Surgical Fees below is applicable only to cover benefits where the payments of the eligible claim expenses are limited to the pre-specified amounts as shown in the Schedule of Benefits.

SCHEDULE OF SURGICAL FEES

Description of Surgical Operation	Percentage of Maximum Benefit
ABDOMEN	
Appendectomy	50%
Cholecystectomy - Removal of Gallstones	60%
Colon resection, partial with or without colostomy	50%
Exploratory Laparotomy	65%
Cholecystectomy – Removal of Gall bladder	65%
Gastrectomy - total or partial	100%



Description of Surgical Operation	Percentage of Maximum Benefit
Gastric/Duodenal Ulcer	75%
Gastroenterostomy/Gastrojejunostomy	90%
Gastrostomy, with exploration of foreign body removal	60%
Hepatectomy partial Lobectomy	75%
Intestinal obstruction, acute	100%
Splenectomy	100%
BREAST, CHEST & THORACIC SYSTEM	
Biopsy of Breast, incisional	20%
Complete Thoracoplasty	100%
Each Refill (limited to RM100 each)	5%
Initial Induction of pneumothorax	12%
Lobectomy, total or segmental	90%
Mastectomy - Simple	50%
- Radical	90%
Pneumonectomy, total	100%
Removal of plus, tapping expected	12%
Thoracotomy, exploratory	50%
Wedge resection	75%
EAR	
Excision of aural polyp	5%
Fenestration	100%
Mastoidectomy - Simple	50%
- Radical	80%
Myringoplasty	65%
Myringotomy for otitis media	20%
Removal of adenoids alone	20%
Stapes mobilization, stapedectomy	60%
Tympanoplasty, with mastoidectomy with/without ossicular chain reconstruction	100%
EYE	
Cataract	60%
Detached Retina - Repair or retinal detachment	75%
- Electro-coagulation	75%
Excision or transposition	15%
Glaucoma	50%
Incision of styte or chalazion	10%
Removal of Eyeball	50%
Removal of Foreign Body from cornea	5%
NOSE AND THROAT	
Adenoidectomy	15%
Excision of tumour or cords and epiglottis or stripping of vocal cords	35%
Laryngectomy	100%
Laryngoscopy, direct operative with biopsy	30%
Removal of nasal polypus (one or more)	15%



Description of Surgical Operation	Percentage of Maximum Benefit
Sinus lavage (antrum puncture)	5%
Sinusotomy maxillary (antrotomy) intranasal, unilateral	30%
Submucous resection	40%
Tonsillectomy with or without adenoidectomy	30%
Tracheostomy, independent procedure	40%
Turbinectomy	10%
GENITO-URINARY TRACT	
Bladder - removal of stone or tumour	75%
- removal of growth by diathermy	40%
Circumcision	15%
Cystectomy - with ureteroileal conduit or sigmoid bladder	100%
- with bilateral pelvic lymphadenectomy	100%
Cystocele and Rectocele operation for	40%
Cystoscopy, diagnostic	50%
Dilation and Curettage	25%
Hydrocele	40%
Hysterectomy	75%
Intra-urethral cutting operation	20%
Kidney-removal of stone	50%
Laparoscopy	30%
Myomectomy, single or multiple, excision of fibroid tumour of uterus, abdominal approach	70%
Nephrectomy with total ureterectomy and bladder cuff	100%
Orchidectomy simple	30%
Renal homotransplantations with unilateral recipient nephrectomy	100%
Salpingo-oophorectomy, complete or partial, bilateral or unilateral	55%
Transurethral resection of prostate	75%
Ureter, removal of stone	60%
Urethra, stricture of open operation	60%
Uterine suspension with/without shortening or round ligaments	55%
GOITRE	
Lymphatic glands - removal of malignant tumour of	100%
- removal of tumours of for diagnosis or adenoma of thyroid	50%
Thyroidectomy - subtotal	50%
- total	65%
HEART, CIRCULATORY SYSTEM	
Abdominal aortic aneurysm (circumscribed dilation of aorta)	100%
Repair cardiac wound with bypass	100%
Thoracic aortic aneurysm – transverse arch graft	100%
HERNIA	
Herniotomy	50%
Herniorrhaphy	40%
Strangulated Hernia	75%



Description of Surgical Operation	Percentage of Maximum Benefit
NAIL	
Avulsion, nail plate, partial or complete	10%
Excision of nail and nail matrix, partial or complete (e.g. Ingrown or deformed nail)	20%
OESOPHAGUS	
Gastroscopy diagnosis	15%
Oesophagus, operation for - stricture	50%
- resection of	100%
Operative	30%
ORTHOPAEDIC	
Amputation	
Arm, forearm, entire hand, foot, leg (lower or upper)	60%
Hip, Interpelviabdominal Amputation	100%
Phalanx (toe or finger), each	20%
Fractures	
Simple, Closed Reduction:	
Ankle, Carpal Bone, Metacarpal, Phalanges, Tarsal Bone	40%
Elbow, Wrist	40%
Hip	65%
Lower jaw or patella	50%
Radius & ulna	50%
Shoulder, knee	50%
Thoracic or Lumbar Spine (closed or open)	100%
Tibia and Fibula	50%
Compound: the maximum is twice the allowance for the corresponding simple fracture treated by closed reduction	
Chronic Patella	60%
Hallux Valgus (bunion), operation for - single	25%
- bilateral	50%
Knee Removal of Semilunar cartilage of, Meniscectomy	50%
Osteomyelitis of long bones, Acute	75%
Release of Carpal Tunnel	30%
RECTUM	
Fissure-in-ano, cutting operation for Independent Procedure	50%
Fistulectomy - Simple	35%
- Multiple, complex	50%
Haemorrhoidectomy, internal and external, complex or extensive	55%
Haemorrhoidectomy and Fistulectomy	60%
Rectum, excision of	100%
Other cutting operation of rectum	25%
SKULL & SPINAL CORD	
Cranial cavity, cutting into	100%
Laminectomy	100%
Removal of bone, decompression	40%



Description of Surgical Operation	Percentage of Maximum Benefit
Spinal puncture, lumbar, diagnostic for decompression	15%
Trephining for fracture middle meningeal or other intracranial haemorrhage	100%
TUMOR / ABSCESS	
Benign tumours one or more, except as otherwise herein provided:	
- Not requiring Hospital confinement	5%
- Requiring Hospital confinement	20%
Drainage of ovarian cyst(s) vaginal	25%
Excision of Bartholin's tumour or cyst	25%
Incision of conjunctiva, drainage or cyst	10%
Incision and drainage of ischio-rectal and/or perirectal abscess	25%
Lesion of tendon or fibrous sheath or capsule (e.g. cyst or ganglion) foot or toe	20%
Liver, abscess of	75%
Malignant tumours of the mucous membrane, skin and subcutaneous tissue	25%
Malignant tumours, surgical removal of, except those of the mucous membrane, skin and subcutaneous tissue	50%
Removal of growth by Diathermy/Cauterization	10%
Tumour or abscess of the brain, cerebral or cerebellar tumour	100%
Warts or moles	10%
VARICOSE VEINS	
Cutting operation, complete procedure	
- One leg	30%
- Both legs	60%
Injection treatment, complete procedure one or both legs	20%



GOODS AND SERVICES TAX CLAUSE

This Master Certificate shall be subject to the goods and services tax (hereinafter referred to as "GST") payable under the Goods and Services Tax Act 2014 (hereinafter referred to as "GST Act"). The GST will be payable in connection with any supply of goods and/or services made or deemed to be made under this Master Certificate on or after the effective date of the GST Act. In this respect, We shall be entitled to charge You for such amounts as arrived at the prescribed GST rate in addition to the applicable Contribution and any other charges and You shall agree to pay Us the required GST. All terms and conditions in relation to the payment of Contribution under this Master Certificate shall apply equally to GST.



PERSONAL DATA PROTECTION ACT 2010

You may make inquiries or request for access to or correction of Your Personal Data or limit the processing of Your Personal Data at any time by submitting such inquiry or request to Us via email to csu@takaful-malaysia.com.my. We will retain Your personal information only for as long as necessary to fulfill the purpose for which it was collected or to comply with legal, regulatory or internal policy requirements.



LOGGING OF COMPLAINTS

1. COMPLAINTS HANDLING

You may refer Your complaint pertaining to any Takaful related matters to Our Customer Service Unit (CSU) for an amicable resolution before referring to the Financial Mediation Bureau or BNMTELELINK, Bank Negara Malaysia. Our contact details are as follows:

Customer Service Unit (CSU)

Syarikat Takaful Malaysia Berhad,
Menara Takaful Malaysia,
No. 4, Jalan Sultan Sulaiman,
50000 Kuala Lumpur.
P.O. Box 11483,
50746 Kuala Lumpur.

Tel: 1-300 8 TAKAFUL (825 2385)

Fax: 603 - 2274 0237

E-mail : csu@takaful-malaysia.com.my

Website: takaful-malaysia.com.my

2. FINANCIAL MEDIATION BUREAU OR BANK NEGARA MALAYSIA

If You are not satisfied with the response or the decision of Our complaint handling unit, You may submit Your complaint either to the Financial Mediation Bureau (FMB) or to BNMTELELINK, Bank Negara Malaysia (BNM) at the following addresses within six (6) months from Our decision.

Financial Mediation Bureau

Level 25, Main Block, Menara Takaful Malaysia,
No. 4, Jalan Sultan Sulaiman,
50000 Kuala Lumpur.
Tel : 03 - 2272 2811
Fax : 03 - 2274 5752
Website : www.fmb.org.my

BNM Laman Informasi Nasihat dan Khidmat (LINK)

Ground Floor, Blok D, Bank Negara Malaysia
Jalan Dato' Onn,
50480 Kuala Lumpur.

Tel : 1-300-88-5465 (LINK)

Fax : 03-2174 1515

E-mail : bnmtelelink@bnm.gov.my

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