



MSIG Insurance (Malaysia) Bhd
Registration No. 197901002705 (46983-W)
Head Office: Customer Service Centre, Level 15, Menara Hap Seng 2,
Plaza Hap Seng, No. 1, Jalan P. Ramlee, 50250 Kuala Lumpur
Tel +603 2050 8228, Fax +603 2026 8086, Customer Service Hotline 1-800-88-MSIG (6744)
www.msig.com.my

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EZ CANCER CARE 365 INSURANCE

Product Disclosure Sheet

Date: As Per Printing Date

(Read this Product Disclosure Sheet before you decide to take out the EZ Cancer Care 365 Insurance. Be sure to also read the general terms and conditions.)

1. What is this product about?

MSIG EZ Cancer Care 365 Insurance is a product which offers financial protection against covered cancer, and pays an additional indemnity of 50% if you are diagnosed with gender-related cancer. This insurance also comes with additional benefits which pay allowances for recuperation, supplementary medicine, purchase of mobile data, and compensates your surviving parent(s) in the event of your death as a result of a covered cancer.

In addition, you may also choose to extend your coverage to include a benefit which pays daily allowance for the number of days you are hospitalised due to a covered illness or accident.

Applicants must be Malaysians or Permanent Residents residing in Malaysia aged between eighteen (18) years and fifty-nine (59) years at first enrolment. Renewal is up to the maximum age of eighty (80).

2. What are the covers/benefits provided?

This Policy covers:

SECTION I: MAIN BENEFITS	P30 (RM)	P50 (RM)
Cancer Benefit:	30,000	50,000
(i) Early Stage	30%	30%
(ii) Critical Stage	100%	100%
Additional Indemnity for Gender-related Cancer (Critical Stage)	15,000	25,000
Recuperative Allowance (per hospitalisation)	600	1,000
Supplementary Medicine Allowance (per hospitalisation)	1,000	1,000
Mobile Data/Internet Allowance (per hospitalisation)	100	100
Parent's Shield (for each surviving parent)	3,000	5,000
SECTION II: OPTIONAL BENEFIT: HOSPITAL INCOME*	P30 (RM)	P50 (RM)
Daily Cash Allowance admission to Standard Ward (per day, up to 365 days)	50	75
Double Daily Cash Allowance admission to Intensive Care Unit (per day, up to 60 days)	100	150



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Triple Daily Cash Allowance admission for Cancer (per day, up to 30 days)	150	225
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**Only one (1) Daily Cash Allowance Benefit is payable at any one time for the same confinement period under Hospital Income Benefit.*

Notes:

- The benefits payable under Cancer Benefit are calculated as a percentage of the Sum Insured based on the stages of the cancer.
- Up to 100% of Critical Stage benefit is payable upon diagnosis of critical stage cancer provided no claim has been made for early stage cancer. Once a claim is made for early stage cancer, it will reduce the sum insured of the Cancer Benefit accordingly.
- Upon payment of 100% sum insured of the Cancer Benefit under Section I, this benefit will cease immediately and the Policy is non-renewable. Other benefits under Sections I and II will remain operational until expiry of the Policy.
- Additional Indemnity for Gender-related Cancer (Critical Stage) benefit under Section I is applicable once per lifetime whilst the Policy is in force.
- Insured Person must survive for at least 14 days after diagnosis of a covered cancer before a valid claim can be made on the Policy.
- Policy is arranged on an annually renewable basis and premium will be adjusted periodically to reflect both experience and inflation in underlying medical treatment costs.
- Policy will be renewable at the option of the Company subject to the terms, conditions and termination at each Policy anniversary date.
- Changes to benefits and premium revisions can only be made on renewal or at the Policy anniversary upon 30 days' written notice by the Company.

Duration of cover is for 1 year. It may be renewed on each anniversary of the Policy inception date by payment of the premium determined by the Company at the time of renewal.

Please refer to the Policy Document for detailed information about EZ Cancer Care 365 Insurance Schedule of Benefits.

3. How much premium do I have to pay?

The total premium that you have to pay depends on the plan you have selected, your age, and gender. It may also vary depending on the underwriting requirements of the Company.

Annual Premium for Section I (Male and Female):

Age Band	P30 (RM)		P50 (RM)	
	Male	Female	Male	Female
18 - 20	14.00	14.00	23.00	22.00
21 - 25	17.00	20.00	27.00	33.00
26 - 30	22.00	38.00	36.00	62.00
31 - 35	30.00	74.00	49.00	122.00
36 - 40	45.00	131.00	75.00	215.00
41 - 45	72.00	202.00	117.00	333.00
46 - 50	115.00	294.00	189.00	484.00
51 - 55	179.00	375.00	295.00	618.00
56 - 59	309.00	474.00	509.00	781.00
60 - 65 (renewal only)	314.00	394.00	517.00	649.00



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66 - 70 (renewal only)	445.00	455.00	732.00	750.00
71 - 75 (renewal only)	511.00	505.00	839.00	833.00
76 - 80 (renewal only)	537.00	533.00	884.00	880.00

Annual Premium for Sections I and II (Male and Female):

Age Band	P30 (RM)		P50 (RM)	
	Male	Female	Male	Female
18 - 20	75.00	74.00	113.00	113.00
21 - 25	77.00	80.00	117.00	123.00
26 - 30	82.00	96.00	125.00	148.00
31 - 35	89.00	129.00	137.00	203.00
36 - 40	103.00	179.00	160.00	286.00
41 - 45	126.00	243.00	198.00	392.00
46 - 50	165.00	326.00	262.00	528.00
51 - 55	223.00	399.00	358.00	648.00
56 - 59	340.00	488.00	550.00	795.00
60 - 65 (renewal only)	363.00	439.00	588.00	714.00
66 - 70 (renewal only)	488.00	498.00	794.00	811.00
71 - 75 (renewal only)	551.00	545.00	897.00	891.00
76 - 80 (renewal only)	577.00	573.00	940.00	936.00

Notes:

- Premium for the Policy is based on your age band. You have to pay a higher premium as you move to the next age band.
- Policy renewability and renewal premiums are not guaranteed and the Company reserves the right to revise the premium rate and benefits applicable at the time of renewal by giving thirty (30) days written notice.
- Premiums are adjusted periodically to reflect both experience and inflation in underlying medical treatment costs based on the portfolio claims experience. The revision could arise from the deterioration in claims experience or changes in benefits. These conditions are not exhaustive and the premium rates may be reviewed under other justified circumstances. The premium revision will be applicable to all Insured regardless of individual claims experience.

Rebate - Individuals who purchase general insurance covers directly from the insurance companies will be eligible to receive a 15% rebate of Gross Premium.

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

<u>Type</u>	<u>Amount</u>
• Stamp Duty	• RM10.00

You are obligated to pay any applicable taxes (which include but not limited to service tax and stamp duty) imposed by the Malaysian tax authorities in relation to your Policy.

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

- **Importance of Disclosure** - You must take reasonable care not to misrepresent when answering questions in the proposal form or in any request made by MSIG Insurance (Malaysia) Bhd (“Company”) and check the information you have provided is complete and accurate. You should also disclose all relevant information which may influence the Company in the acceptance of this insurance, decide the terms and the premium you will

pay. If you do not take reasonable care and the information provided by you is incomplete or inaccurate, this may affect your claim. Your responsibility to provide complete and accurate information when requested by the Company shall continue until the time of you entering into, making changes to or renewing your insurance.

- **Cash Before Cover** - This insurance shall not be effective unless the premium due has been paid and received by the Company.
- **Cooling-Off Period** - If this Policy shall have been issued and for any reason whatsoever the Insured Person shall decide not to take up the Policy, the Insured Person may return the Policy to the Company for cancellation provided such request for cancellation is delivered by the Insured Person to the Company within 15 days from the date of delivery of the Policy. The Insured Person is entitled to the return of the full premium paid less deduction of administrative expenses incurred by the Company in the issuance of the Policy.
- **Waiting Period** - Means the first 30 days (applicable to Critical Stage Cancer and Section II) and 60 days (applicable to Early Stage Cancer) from the commencement/reinstatement date of the Policy. This is applied only when the person is first covered and shall not be applicable after the first year of cover. However, if there is a break in insurance, the Waiting Period will apply again.
- **Pre-existing Illness** - Shall mean medical conditions and disabilities that the Insured Person has reasonable knowledge of. An Insured 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.
- **Claim Procedures** - The Insured shall within 30 days of a medical condition that incurs claimable expenses, give written notice to us stating full particulars of such event, including a full Specialist/Physician's report stipulating the diagnosis of the condition treated and the date the medical condition commenced in the Specialist/Physician's opinion and the Specialist/Physician's summary of the cost of treatment including medicines and services rendered. 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 was reasonably possible.
- Unless renewed, the coverage will cease on expiry date and We shall strictly not be liable for any expenses that take place after the expiry date.

Note: This list is non-exhaustive. Please refer to the Policy Document for the full list of terms and conditions under this Policy.

6. What are the major exclusions under this Policy?

This Policy does not cover the following events:

- Pre-existing illnesses.
- Critical stage cancer or sickness, disease, illness which is first diagnosed within 30 days from the original inception date of the Policy and 60 days for early stage cancer.
- Specified Illnesses occurring during the first 120 days of continuous cover. Specified Illnesses shall mean the following medical conditions and its related complications:
 - Hypertension, diabetes mellitus, and Cardiovascular disease.
 - All tumours, cysts, nodules, polyps, stones of the urinary system and biliary system.
 - All ear, nose (including sinuses), and throat conditions.
 - Hernias, haemorrhoids, fistulae, hydrocele, varicocele.
 - Endometriosis including disease of the Reproduction system.
 - Vertebro-spinal disorders (including disc) and knee conditions.
- Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
- Taking part in any flying activity other than as a passenger in a commercially licensed aircraft.

- Alcohol or solvent abuse or the taking of drugs except under the direction of a physician.
- Unreasonable failure to seek or follow medical advice.
- Hazardous sports or pastimes including taking part in (or practicing for) boxing, caving, climbing, horse-racing, jet-skiing, martial arts, mountaineering, off-piste skiing, pot-holing, power-boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.
- Infection with Human Immuno-deficiency Virus (HIV) or conditions due to any Acquired Immune Deficiency Syndrome (AIDS).
- Living outside the Usual Country of Residence as defined in the Policy for more than 3 consecutive months in any 12-month period, except for permanent change in the Usual Country of Residence notified and accepted in writing by the Company.
- Mental illness, psychiatric disorders, self-inflicted injury or suicide, sexually transmitted diseases.
- Any act committed by the Insured Person which is in violation of law or forbidden by law.
- A claim arising directly or indirectly from infection from or conditions due to any communicable diseases which require quarantine by law.
- Pregnancy, childbirth (including surgical delivery), miscarriage, abortion, and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilization.
- Hospitalisation or consultation primarily for investigation 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, treatments specifically for weight reduction or gain.
- War and related risks.
- Acts of Terrorism.

Note: This list is non-exhaustive. Please refer to the Policy Document for the full list of exclusions under this Policy.

7. Can I cancel my Policy?

You may cancel the Policy at any time by giving written notice to us; and provided that no claims have been made during the current policy year, you shall be entitled to a refund of the premium as follows:

Period Not Exceeding	Refund of Annual Premium
• 15 days	• 90% (applicable to 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



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8. What do I need to do if there are changes to my contact/personal details?

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

You must also advise us in writing as soon as you are aware of any change in the employment, occupation, duties or pursuits of any Insured Person, or any other change which may increase the risk profile of this Policy. You may be required to pay additional premium as a result of any such change.

9. Where can I get further information?

Should you require additional information about medical and health insurance, please refer to the *insuranceinfo* booklet on “Medical and Health Insurance”, available at all our branches or you can obtain a copy from the Insurance Adviser or visit www.insuranceinfo.com.my

If you have any enquiries, please contact us at:

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10. Other types of medical and health cover available:

- FlexiHealth Insurance
- Ladies Lifestyle Protection Insurance

IMPORTANT NOTE: YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH YOUR INSURANCE ADVISER OR CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.

This information provided in the Product Disclosure Sheet is valid as at 23 June 2021.