



# EZ CRITICAL CARE INSURANCE

## Product Disclosure Sheet

Date: As Per Printing Date

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

### 1. What is this product about?

EZ Critical Care is a yearly renewable insurance plan for all Malaysians and Permanent Residents residing in Malaysia aged between fifteen (15) days and fifty-nine (59) years and renewable up to seventy (70) years.

There are 2 options for you to choose from:

- Option 1 covers Cancer, Stroke and specific brain surgery, Heart Attack and specific heart surgery and Kidney Failure.
- Option 2 covers Cancer and Kidney Failure.

Both provide lump sum payment for any of the above covered Critical Illness diagnosed at either the Early and/or Critical Stage. This also includes additional benefits such as recuperative, supplementary medicine and travel allowances to cover your other expenses.

### 2. What are the covers/benefits provided?

Main Benefits	Sum Insured	
	Plan P30 (RM)	Plan P50 (RM)
Option 1 - Critical Illness Benefit 1. Cancer 2. Stroke and specific brain surgery 3. Heart Attack and specific heart surgery 4. Kidney Failure	30,000 Early Stage : 30% *Critical Stage : 100%	50,000 Early Stage : 30% *Critical Stage : 100%
Option 2 - Critical Illness Benefit 1. Cancer 2. Kidney Failure	30,000 Early Stage : 30% *Critical Stage : 100%	50,000 Early Stage : 30% *Critical Stage : 100%
No Claim Bonus	10% per annum increase of your initial sum insured for every year of no claims, up to 5 years	

Allowances	Plan P30 (RM)	Plan P50 (RM)
1. Recuperative Allowance	1,500	3,000
2. Supplementary Medicine Allowance	1,000	2,000
3. Travel Allowance	200	300

#### Note:

- The benefits payable under Main Benefits are calculated as a percentage of the Sum Insured based on the stages of the Critical Illness.
- \*Up to 100% of Critical Stage is payable upon diagnosis provided no claim for Early Stage has been made. Once a claim for Early Stage is made, it will reduce the Sum Insured of the Critical Stage.
- This Policy will be renewable at the option of the Company subject to the terms, conditions and termination at each Policy anniversary date.



Please refer to the Policy Document for detailed information about EZ Critical Care 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 selected and it may vary depending on the underwriting requirements of the Company:

#### Annual Premium for Option 1:

Age Band	Plan P30 (RM)	Plan P50 (RM)
15 days - 15 years	20.00	33.00
16 - 20 years	30.00	49.00
21 - 25 years	44.00	74.00
26 - 30 years	59.00	98.00
31 - 35 years	85.00	143.00
36 - 40 years	143.00	241.00
41 - 45 years	246.00	413.00
46 - 50 years	365.00	613.00
51 - 55 years	518.00	871.00
56 - 59 years	704.00	1,184.00
60 - 65 years (renewal only)	807.00	1,358.00
66 - 70 years (renewal only)	1,351.00	2,275.00

#### Annual Premium for Option 2:

Age Band	Plan P30 (RM)	Plan P50 (RM)
15 days - 15 years	17.00	29.00
16 - 20 years	26.00	43.00
21 - 25 years	35.00	58.00
26 - 30 years	46.00	78.00
31 - 35 years	69.00	116.00
36 - 40 years	114.00	192.00
41 - 45 years	173.00	290.00
46 - 50 years	251.00	422.00
51 - 55 years	344.00	579.00
56 - 59 years	452.00	761.00
60 - 65 years (renewal only)	507.00	853.00
66 - 70 years (renewal only)	836.00	1,407.00

Note:

- Premium is based on your age. 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



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reviewed under other justified circumstances. The premium revision will be applicable to all Insured regardless of individual claims experience.

*Please refer to the quotation given for the estimated total premium that you have to pay.*

#### 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 issue of the Policy.
- **Waiting Period** - Shall mean the first 30 days (applicable to Critical Stage Critical Illnesses) and 60 days (applicable to Early Stage Critical Illnesses) 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 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.
- **Survival Period** - Shall mean the period of 14 days after the diagnosis of a covered Critical Illness for which the Insured Person must survive before a claim becomes valid.
- **Claim Procedures** - The Insured shall within 30 days of a disability that incurs claimable expenses, give written notice to us stating full particulars of such event, including all original bills and receipts, and a full Physician’s report stipulating the diagnosis of the condition treated and the date the Disability commenced in the Physician’s opinion and the 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.



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- 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 Illness first diagnosed within 30 days from the inception date of the Policy for Critical Stage and 60 days for Early Stage except when caused by an accident.
- Critical Illness if you did not survive for at least 14 days after diagnosis by a physician.
- Critical Illness arising from congenital abnormalities or deformities including hereditary conditions.
- 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) except as provided in the “HIV Resulting from Blood Transfusion” benefit when such benefit is included in the Policy.
- A claim arising directly or indirectly from infection from or conditions due to any communicable diseases which require quarantine by law.
- Living outside the Usual Country of Residence as defined in the Policy for more than 3 consecutive months in any 12 month period, except the permanent change in Usual Country of Residence notified and accepted in writing by the Company.
- Mental illness, psychiatric, self-inflicted injury or suicide, sexually transmitted diseases.
- Any unlawful or illegal act of the Insured Person.
- 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 a 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%



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- 11 months
- Period exceeding 11 months
- 5%
- No refund

## 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 Healthcare Insurance”, available at all our branches or you can obtain a copy from the Insurance Adviser or visit [www.insuranceinfo.com.my](http://www.insuranceinfo.com.my)

If you have any enquiries, please contact us at:

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## 10. Other types of medical and health insurance cover available:

- 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 30 April 2021.