

Date: As Per Printing Date

Read this Product Disclosure Sheet before you decide to take out the EZ Hospital Income Insurance. Be sure to also read the general terms and conditions.

1. What is this product about?

MSIG EZ Hospital Income Insurance is a product that pays an agreed amount of cash benefit for the number of days you are hospitalised for a covered disability. This insurance also provides lump sum payment to cover your family members' travel expenses to and from hospital during your hospitalisation.

In addition, you may also choose to extend your coverage to include benefits such as Specified Infectious Diseases Hospital Cash Allowance, Hospital Cash Allowance whilst Overseas, Surgical Operations Expenses which reimburses your surgery expenses or Compassionate Allowance that provide lump sum payment to your family members in the event of death arising from a covered disability.

This product is available to all Malaysians and their spouse aged between 18 years and 60 years at first enrolment.

2. What are the covers/benefits provided?

This policy covers:

SECTION I - MAIN BENEFITS	BENEFIT LIMIT (RM)		
	PLAN 1	PLAN 2	PLAN 3
Hospital Cash Allowance* (per day)	50	75	100
Intensive Care Allowance* (per day, max up to 60 days per hospitalisation)	100	150	200
Travel Allowance (per hospitalisation, max up to RM1,000)	200		

**Only 1 hospitalisation cash allowance benefit is payable (either Hospital Cash Allowance or Intensive Care Allowance under Section I) for each day of hospitalisation. Hospitalisation must be at least 24 hours except for daycare surgery.*

SECTION II - OPTIONAL BENEFITS	BENEFIT LIMIT (RM)		
	PLAN 1	PLAN 2	PLAN 3
Specified Infectious Diseases# Hospital Cash Allowance	1,000	2,000	3,000
Hospital Cash Allowance Whilst Overseas^			
(i) Admission to Standard Ward (per day, max up to 30 days)	50	75	100
(ii) Admission to Intensive Care Unit (per day, max up to 30 days)	100	150	200
Surgical Operations Expenses (per hospitalisation)	500	1,000	2,000
Compassionate Allowance	500	1,000	1,500

#Specified Infectious Diseases include hand, foot & mouth disease, avian influenza due to Influenza A viral strains, Ebola, malaria, plague, rabies, Middle East respiratory syndrome coronavirus, Zika virus and dengue.

^Only 1 hospitalisation cash allowance benefit is payable (either Admission to Standard Ward or Admission to Intensive Care Unit under Section II) for each day of hospitalisation whilst overseas. Hospitalisation must be at least 24 hours.

Notes:

- 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.
- Benefits and/or premium revisions can only be made on renewal or at the policy anniversary upon 30 days' written notice by the Company.

The benefit(s) payable under eligible product is protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact MSIG Insurance (Malaysia) Bhd or PIDM (visit www.pidm.gov.my).

Please refer to the Policy Document for detailed information about EZ Hospital Income 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 and your age. It may also vary depending on the underwriting requirements of the Company.

Annual Premium for Section I Main Benefits:

AGE BAND	PLAN 1 (RM)	PLAN 2 (RM)	PLAN 3 (RM)
18 - 30	39.00	52.00	66.00
31 - 40	49.00	66.00	84.00
41 - 50	65.00	88.00	111.00
51 - 55	77.00	105.00	132.00
56 - 60	104.00	141.00	178.00

Annual Premium for Section II Optional Benefits:

SECTION II - OPTIONAL BENEFITS	PLAN 1 (RM)	PLAN 2 (RM)	PLAN 3 (RM)
Specified Infectious Diseases	9.00	18.00	26.00
Hospital Cash Allowance Whilst Overseas	9.00	13.00	17.00
Surgical Operations Expenses	48.00	96.00	192.00
Compassionate Allowance	4.00	8.00	12.00

Notes:

- Premium for Section I is based on your age. You have to pay a higher premium as you move to the next age band.
- A 10 % discount is given if you and spouse are insured together under the same policy.
- The renewal premiums are not guaranteed and we reserve the right to determine the premium applicable specifically to each Insured Person at the time of renewal. Such change will be notified by us in writing at least 30 days before the change takes effect.
- Application for change of benefits to a higher plan can only be made on renewal and is subject to acceptance by the Company upon renewal.

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

Type	Amount
▪ 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.
- **Free-look Period** - If you wish to cancel your policy within 15 days from the date of delivery of the policy and you have not made a claim, the Company shall refund the entire premium you initially paid.
- **Waiting Period** - Eligibility for benefits starts 30 days after the Insured Person has been included in the Policy, except for a covered Accident occurring after the effective date of coverage.
- **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.
- **Specified Illnesses** - Shall mean the following disabilities and its related complications, occurring within the first 120 days of Insurance of the Insured Person:
 - 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 Reproductive system;
 - f. Vertebro-spinal disorders (including disc) and knee conditions.
- **Notice of Claim** - Please provide a written notice to us with full details within 30 days of a disability or hospitalisation which may result in a claim under this policy. You may contact any MSIG 24-Hour Customer Service Hotline, any MSIG Branch or your Insurance Adviser for claim purpose. Submit the completed claim form to us together with all relevant documents either by mail, email or walk in to our office as soon as possible.

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 any hospitalisation, surgery or charges caused directly or indirectly, wholly or partly, by any 1 of the following occurrences:

- Pre-existing illnesses.
- Specified illnesses occurring during the first 120 days of continuous cover.
- Any medical or physical conditions arising within the first 30 days of cover except for accidental injuries.
- Cosmetic or plastic surgery, dental care, eye examination and surgical correction for visual impairment due to nearsightedness, farsightedness, astigmatism or presbyopia or radial keratotomy or Lasik, any surgery, treatment or confinement unless it is medically necessary.

- ~~Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilisation, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV (Human Immunodeficiency Virus) related diseases, and any communicable diseases required quarantine by law.~~
- Any treatment or surgical operation for congenital abnormalities or deformities including hereditary and developmental conditions.
- Pregnancy, childbirth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care 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 sterilisation.
- Hospitalisation primarily for investigative purposes, screening, diagnosis, X-ray examination, general physical or medical examinations that are done routinely or are not incidental to treatment or diagnosis of a covered disability or any treatment or investigation of a disability which is not medically necessary to be hospitalised, any preventive treatment, preventive medicines, treatments specifically for weight reduction or gain or bariatric surgery and treatment of an experimental, investigational or research nature.
- Mental illness, psychiatric disorders, self-inflicted injury or suicide.
- War and related risks.
- Ionisation, radiation or contamination by radioactivity.
- Expenses incurred for donation of any body organ by an insured person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
- Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone setting, herbalist treatment, massage or aroma therapy or other alternative treatment.
- Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the insured person and disabilities arising out of duties of employment or profession that is covered under a Workmen's Compensation Insurance Contract.
- Sickness or bodily injury arising from racing of any kind (except foot racing), hazardous activities such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.
- Air travel except as a passenger in a fully licensed passenger carrying aircraft.
- Expenses incurred for sex changes.

Note: This list of exclusions is non-exhaustive. Please refer to your 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 period of insurance, 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%

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| <ul style="list-style-type: none">• 10 months• 11 months• Period exceeding 11 months | <ul style="list-style-type: none">• 10%• 5%• No refund |
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8. What do I need to do if there are changes to my contact details?

It is important that you inform us of any change in your contact 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 contact us at:

MSIG Insurance (Malaysia) Bhd
REGISTRATION NO. 197901002705 (46983-W)
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)
E-mail: myMSIG@my.msig-asia.com

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.

The information provided in this disclosure sheet is valid as at 01 June 2024.