

## Pertanyaan Lazim

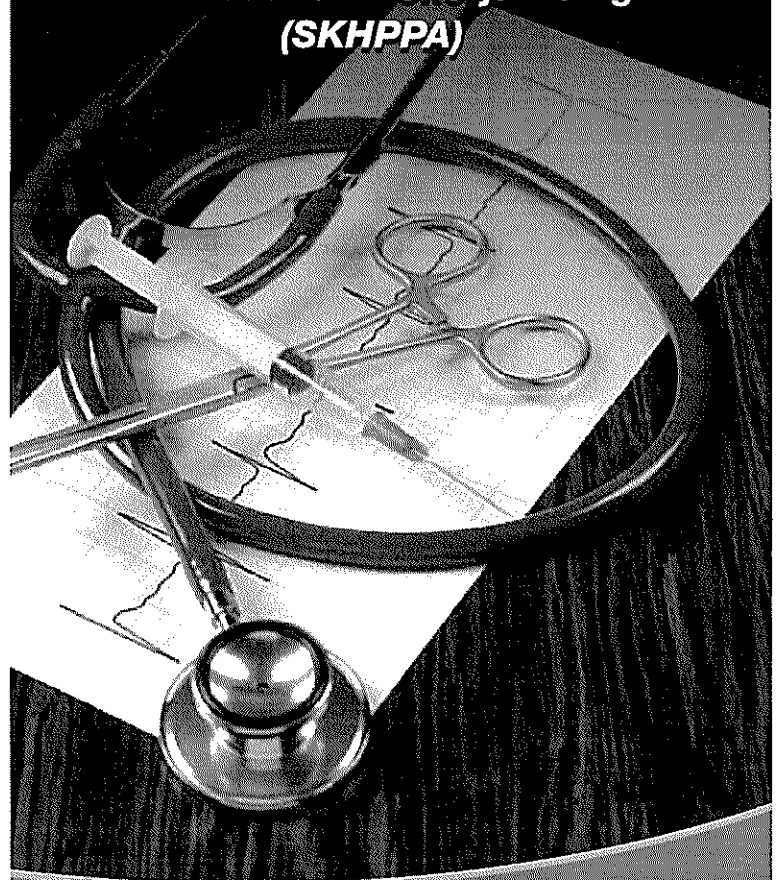
- S1** Apakah perlindungan yang diberikan di bawah SKHPPA?  
**J** Ia memberi perlindungan kepada caj kemasukan dan pembedahan pekerja asing sekiranya mereka dimasukkan ke Hospital Kerajaan Malaysia Bukan Korporat disebabkan oleh kemalangan atau penyakit.
- S2** Adakah SKHPPA adalah skim yang wajib?  
**J** Ya.
- S3** Para pekerja asing saya telahpun diinsuranskan di bawah Skim Pampasan Pekerja Asing (FWCS), adakah mereka juga perlu diinsuranskan di bawah SKHPPA?  
**J** Ya. SKHPPA dan FWCS adalah dua skim yang berbeza dan kedua-duanya adalah wajib.
- S4** Bolehkah premium tersebut ditolak daripada gaji pekerja asing tersebut?  
**J** Boleh. Majikan boleh mendahulukan pembayaran premium pekerja asing dan kemudian ditolak daripada gaji pekerja asing tersebut.
- S5** Berapa jumlah premium dan bilakah perlindungan bermula?  
**J** Premium tahunan adalah sebanyak RM120 bagi setiap orang pekerja asing setiap tahun dan perlindungan akan bermula setelah pendaftaran dibuat beserta pembayaran premium.
- S6** Adakah pekerja asing perlu menjalani pemeriksaan kesihatan?  
**J** Tidak semestinya dengan syarat pekerja asing tersebut bekerja di Malaysia secara sah dan telah lulus pemeriksaan perubatan serta disahkan oleh Fomema Sdn. Bhd. (FOMEMA) dalam masa 30 hari ketibaan ke Malaysia.
- S7** Adakah terdapat sebarang had bagi kemasukan hospital?  
**J** Ya, kemasukan hanyalah di Hospital Kerajaan Malaysia Bukan Korporat sahaja.

### Catatan:

Brosur ini hanya penerangan ringkas sebagai gambaran kasar kepada produk di atas dan bukan pengganti kontrak tersebut. Pemegang polisi dinasihatkan untuk merujuk kepada dokumen polisi berhubung tema dan syarat yang lebih terperinci termasuk yang dinyatakan di dalam brosur ini.

## Foreign Worker Hospitalisation and Surgical Insurance Scheme (SKHPPA)

### Skim Kemasukan Hospital dan Pembedahan Pekerja Asing (SKHPPA)



LONPAC INSURANCE BHD (207114-T)

## Foreign Worker Hospitalisation and Surgical Insurance Scheme (SKHPPA)

Statement Pursuant to Section 149(4) of the Insurance Act, 1996. You are to disclose in the proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the Policy issued may be void.

In view of increasing Hospital and Surgical charges, this Scheme is specially designed to reduce the financial burden of the Employers of foreign workers in the event of hospital admission of their foreign workers due to accident or illness.

### Some Important Information on the Purchase of SKHPPA

#### To Prospective Policy Holder

This page contains important information about your Insurance. You should read all the information carefully to make sure that you fully understand it and that it meets your needs. You are advised to read through the checklist below which explains the essential features of the SKHPPA so that you are able to make an informed decision before purchasing the policy. If you have any inquiries, please seek clarification from your insurance intermediary or a LONPAC office nearest to you.

- 1 The benefits payable under the policy are highlighted in the "Description of Benefits/Coverage."
- 2 This is a yearly renewable plan, whereby the premiums and benefits are subject to review from time to time. Any changes to benefits and premium can only be imposed by LONPAC on policy anniversary with 90 days written notice based on the emerging claims experience of the portfolio.
- 3 Cover ceases from the time your foreign worker leaves Malaysia and resumes upon his/her return to Malaysia.

### Period of Cover and Renewal

The Policy shall become effective as of the date stated in the Schedule. The Policy Anniversary shall be one (1) year after the effective date and annually thereafter. On each such anniversary, this Policy is renewable at the premium rates in effect at that time as notified by the Company.

### Definitions

Pre-existing Illness shall be limited to disabilities which existed before the effective date of cover and for which the Insured Person should have reasonably been aware 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 one hundred and twenty (120) days of Insurance of the Insured Person:

- a Cardiovascular disease
- b All cancers

## Application Procedures

- The SKHPPA proposal forms are available at any of LONPAC's branch office.
- The Employer must complete the proposal form and submit the completed proposal form together with premium to any LONPAC's office.
- Coverage is effective upon receipt of payment of premium.
- The Policy will be sent to the employer within 21 working days.
- If the policy has not been received within the stipulated period, kindly contact the LONPAC's branch office.

## Description of Benefits/Coverage

Schedule Of Benefits (Any One Disability)		
Item	Benefits	Amount (RM)
1a	Daily Hospital Room & Board (Maximum up to 30 days)	As charged - in accordance to charges consistent with Third (3rd) Class Room & Board to a maximum of RM60.00 per day, in a Non-Corporatised Malaysian Government Hospital in conformance to the charges specified under Fees Act 1951, Fees (Medical) Order 1982.
1b	Intensive Care Unit (ICU) (Maximum up to 15 days)	
2	Hospital Supplies and Services	
3	Operating Theatre	
4	Surgical Fees (Excluding organ transplantation)	
5	Anaesthetist Fees	
6	In-Hospital Physician Visits (Maximum up to 30 days)	
7	In-Hospital Specialist Consultation Visits (Maximum up to 30 days)	
8	Ambulance Fees/ Medical Report Fees	
<b>Maximum Overall Annual Limit Per Insured Worker (Item 1 to 8)</b>		<b>10,000.00</b>
<b>Annual Premium: RM120.00 Per Insured Worker</b>		

### Important Note:

All benefits payable for any number of disabilities in any one given Period of Insurance is subject to the Overall Annual Limit of RM10,000.00 per Insured Worker.

## Exclusions

This Scheme does not cover any hospitalisation, surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

- 1 Pre-existing illness. However, this exclusion is waived in the event the Insured Person passes the medical examination as confirmed by Fomema Sdn. Bhd. (FOMEMA) within 30 days from the Insured Person's arrival to Malaysia.
- 2 Specified Illnesses occurring during the first one hundred and twenty (120) days of continuous cover.
- 3 Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof.  
  
Dental conditions including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the Period of Insurance.
- 4 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 requiring quarantine by law.
- 5 Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
- 6 Pregnancy, child birth (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.
- 7 Hospitalisation primarily for investigatory purposes, diagnosis, X ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain.
- 8 Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
- 9 War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.
- 10 Ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
- 11 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.
- 12 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.
- 13 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 Workman's Compensation Insurance Contract.
- 14 Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations).
- 15 Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items.
- 16 Sickness or Injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.
- 17 Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
- 18 Expenses incurred for sex changes.

## Frequently Asked Questions

- Q1 What does the SKHPPA cover?**  
**A** It covers hospitalisation & surgical charges incurred by the foreign worker in the event of hospital admission to a Non-Corporatised Malaysian Government Hospital due to an Accident or Illness.
- Q2 Is the SKHPPA a compulsory scheme?**  
**A** Yes
- Q3 My foreign workers are insured under the Foreign Workers Compensation Scheme (FWCS), do they need to be insured under SKHPPA?**  
**A** Yes. The SKHPPA and the FWCS are two different schemes and both are compulsory.
- Q4 Can the premium be deducted from the foreign workers salary?**  
**A** Yes, the employer can advance the payment for the required premium and then subsequently deduct the same from the foreign worker's salary.
- Q5 How much is the premium and when will coverage take effect?**  
**A** The annual premium is RM120.00 per worker per annum and coverage will take effect upon registration with premium duly paid.
- Q6 Is medical check-up required?**  
**A** Not necessary as long as the foreign workers are legally working in Malaysia and have passed the medical examination administered by Fomema Sdn. Bhd. (FOMEMA).
- Q7 Any restriction to hospital admission?**  
**A** Yes, admission to Non-Corporatised Malaysian Government Hospital only.

### Note:

The brochure provides a summary of the main features of the above product for illustration purposes and does not constitute a contract of insurance. Policy owners are advised to refer to the policy document for full details of the product terms and conditions, including those outlined in this brochure.



**LONPAC INSURANCE BHD** (397414-T)

### Head Office

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 No. 6, Jalan Sultan Sulaiman, 50000 Kuala Lumpur  
 Tel : (03) 2262 8688, 2723 7888  
 Fax : (03) 2072 3385, 2715 0696  
 Website: www.lonpac.com

### Branch Office

<p><b>Alor Setar</b>                      No. 4 &amp; 5, 2nd Floor                      No. 55, Bangunan Emum 55                      Jalan Gangsa                      Kawasan Perusahaan Mergong 2                      05150 Alor Star                      Tel : (04) 731 4413, 731 5854                      Fax : (04) 733 6100</p>	<p><b>Kuantan</b>                      B-62B, 1st Floor, Lorong Tun Ismail 8                      Sri Dagangan II, 25000 Kuantan                      Tel : (09) 514 4107, 515 0317                      516 4428                      Fax : (09) 514 5001</p>
<p><b>Penang</b>                      Ground &amp; 1st Floor, Wisma Giap Chew                      No. 28, Lebuhraya, 10200 Penang                      Tel : (04) 261 7998                      Fax : (04) 262 0784</p>	<p><b>Kota Bharu</b>                      No. PT 285, Tingkat 2                      Jalan Kebun Sultan, 15300 Kota Bharu                      Tel : (09) 744 3166, 744 3066                      Fax : (09) 744 9948</p>
<p><b>Ipoh</b>                      36, Jalan Dato Onn Ja afar, 30300 Ipoh                      Tel : (05) 254 0340, 255 2657                      Fax : (05) 254 2119</p>	<p><b>Kuching</b>                      Lot 258 &amp; 259, Section 49                      KTLD (1st Floor), Jalan Chan Chin Ann                      93100 Kuching                      Tel : (082) 428 529                      Fax : (082) 424 512</p>
<p><b>Klang</b>                      No. 2-08, 8th Floor, Menara Empire                      Jalan Empayar, Off Persiaran Sultan                      Ibrahimp/KU1, 41050 Klang                      Tel : (03) 3341 9133                      Fax : (03) 3341 9233</p>	<p><b>Sibu</b>                      Lot 2402, S/L 5                      1st Floor, No. 6 Lorong Pedada 20A                      96000 Sibu                      Tel : (084) 313 823 / 313 023                      Fax : (084) 322 923</p>
<p><b>Seremban</b>                      No. 6 &amp; 7, Campbell Street                      70000 Seremban                      Tel : (06) 762 5677                      Fax : (06) 762 9627</p>	<p><b>Miri</b>                      Lot 1293, 1st &amp; 2nd Floor                      Centre Point                      Jalan Melayu, 98000 Miri                      Tel : (085) 410 233, 420 233                      438 017                      Fax : (085) 422 188</p>
<p><b>Melaka</b>                      No. 7 &amp; 9, Jalan Melaka Raya II                      Taman Melaka Raya                      75000 Melaka                      Tel : (06) 282 5169, 282 9018                      Fax : (06) 284 1097</p>	<p><b>Kota Kinabalu</b>                      Level 9, Wisma Fook Loi                      No 38, Jalan Gaya                      88000 Kota Kinabalu                      Tel : (088) 217 922, 212 097                      222 025                      Fax : (088) 236 917</p>
<p><b>Batu Pahat</b>                      13, Jalan Flora Utama 1                      Taman Flora Utama                      83000 Batu Pahat                      Tel : (07) 433 8169, 433 9169                      Fax : (07) 433 9166</p>	<p><b>Sandakan</b>                      Lot 2 &amp; 3, 1st Floor, Block A                      Bandar Maju Commercial Centre                      Mile 1 1/2, North Road                      90000 Sandakan                      Tel : (089) 237 163                      Fax : (089) 237 169</p>
<p><b>Johor Bahru</b>                      Suite No. 25.03 &amp; 25.04                      25th Floor, Public Bank Tower                      No. 19, Jalan Wong Ah Fook                      80000 Johor Bahru                      Tel : (07) 222 1368                      Fax : (07) 223 0549</p>	<p><b>Tawau</b>                      TB4427 &amp; TB4428, 1st Floor                      Block C, Sabindo Square                      Jalan Dunlop, 91000 Tawau                      Tel : (089) 756 997, 756 998                      Fax : (089) 756 995</p>

Lonpac Insurance Bhd, established since 1963, is licensed under the Insurance Act 1996 and regulated by Bank Negara Malaysia to transact all classes of general insurance business. Lonpac is a wholly-owned subsidiary of LPI Capital Bhd. / Lonpac Insurance Bhd, ditubuhkan sejak 1963, adalah dilisensikan di bawah AKIA Insurans 1996 dan di bawah pengawasan Bank Negara Malaysia untuk menjalankan semua jenis urus niaga insurans am. Ia adalah anak syarikat milik penuh LPI Capital Bhd.

This brochure is not a contract of insurance. The complete coverage, terms and conditions and exclusions applicable are set out in the policy document. In the event of a conflict between the English and Bahasa Malaysia versions, the English version shall prevail. / Brochure ini bukan kontrak insurans. Liputan penuh, terma dan syarat dan pengecualian yang digunapakai, dinyatakan dalam dokumen polisi. Jika ada konflik di antara versi Bahasa Inggeris dan Bahasa Malaysia, maka versi Bahasa Inggeris akan menjadi rujukan.

## Foreign Worker Hospitalisation and Surgical Insurance Scheme (SKHPPA)

**WHEREAS** the Policyholder / Insured Person by an application and declaration which shall be the basis of this contract and is deemed to be incorporated herein has applied to **LONPAC INSURANCE BHD** (hereinafter called "the Company") for the insurance contained in this Policy and has paid the premium stated in the Policy Schedule as consideration for such insurance for the period stated therein.

**NOW THIS POLICY WITNESSETH** that if during the Period of Insurance, any sickness, disease illness or accidental injury necessitates the Insured Person to be confined to a Malaysian Government Hospital for treatment, the Company will subject to the terms, provisos, exclusions and conditions of and endorsed on this Policy, pay to the Insured / Insured Person or his legal personal representatives the sum or sums stated in the Schedule of Benefits.

Provided always that this Policy shall become effective as of the date stated in the Policy Schedule. This Policy shall be issued for one year and at the end of each period of insurance may be renewed for another year subject to the consent of the Company.

### DEFINITIONS

**ACCIDENT** shall mean a sudden, unintentional, unexpected, unusual, and specific event that occurs at an identifiable time and place which shall, independently of any other cause, be the sole cause of bodily injury.

**ANY ONE DISABILITY** shall mean all of the periods of disability arising from the same cause including any and all complications there from except that if the Insured Person completely recovers and remains free from further treatment (including drugs, medicines, special diet or injection or advice from the conditions) of the disability for at least ninety (90) days following the latest date of discharge and subsequent disability from the same cause shall be considered as though it were a new disability.

**DISABILITY** shall mean a Sickness, Disease, Illness or the entire Injuries arising out of a single or continuous series of causes.

**CONGENITAL CONDITIONS** shall mean 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. They will include hernias of all types and epilepsy except when caused by a trauma which occurred after the date that the insured was continuously covered under this Policy.

**DAY** shall mean the definition of a charging day adopted by the Malaysian Government Hospital concerned.

**DAY SURGERY** shall mean a patient who needs the use of a recovery facility for a surgical procedure on a pre-planned basis at the hospital/specialist clinic (but not for overnight stay)

**DOCTOR or PHYSICIAN or SURGEON** shall mean a registered medical practitioner qualified and licensed to practice western medicine and who, in rendering such treatment, 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 Insured Person himself.

**HOSPITAL CONFINEMENT** shall mean the Insured Person being duly registered and admitted as an in-patient in a Malaysian Government Hospital for more than twelve (12) hours.

**HOSPITAL** shall mean an establishment duly constituted and registered as a non-corporatised Malaysian Government Hospital for the care and treatment of sick and injured persons, and which:-

- (a) has organised facilities for diagnosis, treatment and major surgery;
- (b) provides twenty-four (24) hours a day nursing services by registered graduate nurses;
- (c) is under the supervision of a Physician; and
- (d) is not primarily a clinic, a place for custodial care for alcoholics or drug addicts, a nursing or rest or convalescent home for the aged and similar establishment.

**MALAYSIAN GOVERNMENT HOSPITAL** shall mean a hospital which charges of services are subject to the Fees Act 1951 Fees (Medical) Order 1982 and/or its subsequent amendments if any.

**SICKNESS, DISEASE OR ILLNESS** shall mean a physical condition marked by a pathological deviation from the normal healthy state.

**INJURY** shall mean bodily injury caused solely by accident.

**POLICYHOLDER** shall mean a person or corporate entity who has applied for this insurance from the Company and who is an employer of bona fide foreign workers.

**INSURED PERSON** shall mean the Eligible Person having accepted by the Company to participate in the Scheme as described in the Policy Schedule.

**ELIGIBLE PERSON** shall mean the present and future full-time foreign worker employees of the Policyholders who are between eighteen (18) to sixty (60) years of age and who are bona fide holders of valid work permits/Pas Lawatan Kerja Sementara issued by the relevant Malaysian government authority.

**INTENSIVE CARE UNIT** shall mean a section within the Malaysian Government Hospital which is designated as an Intensive Care Unit by the Malaysian Government 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 Malaysian Government Hospital.

**OVERALL ANNUAL LIMIT** shall mean benefits payable in respect of expenses incurred for treatment provided to the Insured Person during the period of insurance shall be limited to Overall Annual Limits as stated in the Schedule of Benefits irrespective of type/types of disability. In the event the Overall Annual Limit having been paid, all insurance for the Insured Person hereunder shall immediately cease to be payable for the remaining policy year.

**PRE-EXISTING ILLNESSES** shall be limited to disabilities which existed before the effective date of cover and for which the Insured Person should have reasonably been aware 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.

**REASONABLE AND CUSTOMARY CHARGES** shall mean charges for medical care which is medically necessary shall be considered reasonable and customary to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individual of the same sex and of 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 Insured Person's medical condition.

**SPECIFIED ILLNESSES** shall mean the following disabilities and its related complications, occurring within the first one hundred and twenty (120) days of Insurance of the Insured Person:-

- (a) Cardiovascular disease;
- (b) All cancers.

**SURGERY** shall mean any of the following medical procedures:-

- (a) To incise, excise or electrocauterise 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.
- (d) Use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder or urethra.

**POLICY** shall mean this agreement together with any endorsements therein, signed by the Company, the Policy Schedule attached hereto and the application form of the Insured Person all of which shall constitute the entire contract between the parties.

**PERIOD OF INSURANCE** shall mean the period specified in the Policy Schedule and during which the Insured Person is in immediate employment of the Insured or until the cessation of the work/employment permit whichever is the earlier BUT EXCLUDING the period when the Insured Person returns to his/her home country. Cover ceases from the time he/she leaves Malaysia and resumes upon his/her return to Malaysia. The territorial limit of this Policy is within Malaysia only.

## DESCRIPTION OF BENEFITS

### DAILY HOSPITAL ROOM AND BOARD (MAXIMUM UP TO THIRTY (30) DAYS)

Reimbursement of the Reasonable and Customary Charges Medically Necessary for room accommodation and meals. The amount of the benefit shall be equal to the actual charges made by the Malaysian Government Hospital during the Insured Person's confinement, but in no event shall the benefit exceed, for any one day, the rate of Room and Board Benefit, and the maximum number of days as set forth in the Schedule of Benefits. The Insured Person will only be entitled to this benefit while confined to a Hospital as an in-patient.

### INTENSIVE CARE UNIT (MAXIMUM UP TO FIFTEEN (15) DAYS)

Reimbursement of the Reasonable and Customary Charges Medically Necessary for actual room and board incurred during confinement as an in-patient in the Intensive Care Unit of the Malaysian Government Hospital. This benefit shall be payable equal to the actual charges made by the Malaysian Government Hospital subject to the maximum benefit for any one day, and maximum number of days, as set forth in the Schedule of Benefits. Where the period of confinement in an Intensive Care Unit exceeds the maximum set forth in the Schedule of Benefits, reimbursement will be restricted to the standard Daily Hospital Room and Board rate. No Hospital Room and Board Benefits shall be paid for the same confinement period where the Daily Intensive Care Unit Benefits is payable.

### HOSPITAL SUPPLIES AND SERVICES

Reimbursement of the Reasonable and Customary Charges actually incurred for Medically Necessary general nursing, prescribed and consumed drugs and medicines, dressings, splints, plaster casts, x-ray, laboratory examinations, electrocardiograms, physiotherapy, basal metabolism test, intravenous injections and solutions, administration of blood and blood plasma but excluding the cost of blood and plasma whilst the Insured Person is confined as an in-patient in a Malaysian Government Hospital, up to the amount stated in the Schedule of Benefits.

### OPERATING THEATRE

Reimbursement of the Reasonable and Customary Operating Room charges incidental to the surgical procedure not exceeding the limits as set forth in the Schedule of Benefits.

#### **SURGICAL FEES**

Reimbursement of the Reasonable and Customary Charges for a Medically Necessary surgery by the Specialists during confinement in hospital. If more than one surgery is performed for Any One Disability, the total payments for all the surgeries performed shall not exceed the maximum stated in the Schedule of Benefits.

#### **ANAESTHETIST FEES**

Reimbursement of the Reasonable and Customary Charges by the Anaesthetist for the Medically Necessary administration of anaesthesia not exceeding the limits as set forth in the Schedule of Benefits.

#### **IN-HOSPITAL PHYSICIAN VISITS (MAXIMUM UP TO THIRTY (30) DAYS)**

Reimbursement of Reasonable and Customary Charges by a Physician for Medically Necessary visiting an in-paying patient while confined for a non-surgical disability subject to a maximum of one (1) visit per day not exceeding the maximum number of days and amount as set forth in the Schedule of Benefits.

#### **IN-HOSPITAL SPECIALIST CONSULTATION VISITS (MAXIMUM UP TO THIRTY (30) DAYS)**

Reimbursement of the Reasonable and Customary Charges for the consultation by a legally licensed and qualified Medical Specialist, which is recommended by a Physician because of illness or injury while confined in hospital. The total amount payable shall not exceed the maximum specified in the Schedule of Benefits for Any One Disability.

#### **AMBULANCE FEES/MEDICAL REPORT FEES**

Reimbursement of Reasonable and Customary Charges incurred for necessary domestic ambulance service (inclusive of attendants) to and/or from the Malaysian Government Hospital. Payment will not be made if the Insured Person is not hospitalized and subject to the limits as set forth in the Schedule of Benefits. Under this benefit, the Company shall also reimburse the Insured the cost of obtaining medical report(s) but only if such reports are specifically required by the Company for its processing of claims.

## **SPECIAL PROVISIONS**

#### **PERSON ELIGIBLE**

Eligible Persons for insurance under this Policy are those present and future full-time foreign worker employees of Policyholder who are actively engaged at their usual work on the date the persons are eligible to join the Policy.

Present foreign worker employees will be eligible to participate in the insurance on the commencement date of the Policy. Future foreign worker employees will be eligible to participate in the insurance according to the date mentioned in the application form.

If a foreign worker employee is not actively engaged at his/her usual work on the date he/she would otherwise be eligible in accordance with the abovementioned requirement, his/her eligibility date will be deferred to the first (1st) day of the month immediately following his/her return to active full-time work.

#### **PERIOD OF COVER AND RENEWAL**

This Policy shall become effective as for the date stated in the Schedule. The Policy Anniversary shall be one year after the effective date and annually thereafter. On each such anniversary, this Policy is renewable at the premium rates in effect at that time as notified by the Company.

#### **GEOGRAPHICAL TERRITORY**

All benefits provided in this policy are applicable within Malaysia only for twenty-four (24) hours a day.

#### **LIMITATION OF BENEFITS**

All benefits provided in this Policy are only payable in the event the Insured Person is confined in a non-corporatised Malaysian Government Hospital.

## **EXCLUSIONS**

This contract does not cover any hospitalisation, surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

1. Pre-existing illness. However, this exclusion is waived in the event the Insured Person passes the medical examination as confirmed by Fomema Sdn. Bhd. (FOMEMA) within 30 days from the Insured Person's arrival to Malaysia.
2. Specified Illnesses occurring during the first one hundred and twenty (120) days of continuous cover.
3. Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof.
4. Dental conditions including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the Period of Insurance.
5. Private nursing, rest cures or sanitarium care, illegal drugs, intoxication, sterilisation, venereal disease and its sequelae, AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex) and HIV (Human Immunodeficiency Virus) related diseases, and any communicable diseases requiring quarantine by law.
6. Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.



7. Pregnancy, child birth (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.
8. Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain.
9. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
10. War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.
11. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
12. 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.
13. 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, bonesetting, herbalist treatment, massage or aromatherapy or other alternative treatment.
14. 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 Workman's Compensation Insurance Contract.
15. Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations).
16. Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items.
17. Sickness or Injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.
18. Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
19. Expenses incurred for sex changes.

## GENERAL CONDITIONS

This Policy and the Policy Schedules shall be read together as one contract and any words or expressions to which a specific meaning has been attached in any part of this Policy or of the Policy Schedule shall bear such specific meaning wherever it may appear.

### NOTICE

Every notice or communication to the Company shall be in writing and sent to the Company. No alteration in the terms of this Policy or any endorsement thereon, will be held valid unless the same is signed or initiated by an authorised representative of the Company.

### CONDITION PRECEDENT TO LIABILITY

The due observance and the fulfilment of the terms, provisions and conditions of this Policy by the Insured and the Insured Persons and in so far as they relate to anything to be done or complied with by the Insured and Insured Persons shall be conditions precedent to any liability of the Company.

### MISREPRESENTATION/FRAUD

If the proposal or declaration of the Insured is untrue in any respect or if any material fact affecting the risk be incorrectly stated herein or omitted therefrom, or if this insurance, or any renewal thereof shall have been obtained through any misstatement, misrepresentation or suppression or if any claim made shall be fraudulent or exaggerated, or if any false declaration or statement shall be made in support thereof, then in any of these cases, this Policy shall be void.

### PREMIUM

During the Period of Insurance, the premium for insurance under this Policy is not guaranteed. The Company shall have the right to change the rate at which premiums shall be calculated, at the start of any Policy Year, provided that the Company notifies the Insured Person at least ninety (90) days in advance of the date such premium is due.

### CLAIM PROCEDURES

- (a) The Insured shall within thirty (30) days of a Disability that incurs claimable expenses, give written notice to the Company 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 invalid 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.
- (b) The Insured Person shall immediately procure and act on proper medical advice and the Company shall not be held liable in the event a treatment or service becomes necessary due to failure of the Insured Person to do so.
- (c) Upon completion of submission of all relevant documents, the reimbursement of the claims shall be made within thirty (30) working days by the Company.

## CANCELLATION

This Policy may be cancelled by the Policyholder at any time by giving a written notice to the Company; and provided that no claims have been made during the current policy year, the Policyholder shall be entitled to a refund of the premium as follow:-

Period Not Exceeding	Refund of Annual Premium
15 days	90%
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

## GOVERNING LAW

This Policy is issued under the laws of Malaysia and is subject and governed by the laws prevailing in Malaysia.

## LEGAL PROCEEDINGS

No action at law or in equity shall be brought to recover on this Policy prior to expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. If the Insured Person shall fail to supply the requisite proof of loss as stipulated by the terms, provisions and conditions of the Policy, the Insured Person may, within a grace period of one calendar year from the time that the written proof of loss was to be furnished, submit the relevant proof of loss to the Company with cogent reason(s) for the failure to comply with the Policy terms, provisions and conditions. The acceptance of such proof of loss shall be at the sole and entire discretion of the Company. After such grace period has expired, the Company will not accept, for any reason whatsoever, such written proof of loss.

## TERMINATION OF INDIVIDUAL INSURANCE

The insurance of any one Insured Person shall terminate on the earlier happening of the following events:-

- (a) upon expiration of the Insured Person's work permit or upon the termination of the employment contract between the Policyholder and the Insured Person named in the Schedule, or
- (b) from the date of the Immigration Department's Letter of Discharge, or
- (c) on the death of the Insured Person, or exhaustion of the Overall Annual Limit for that particular Insured Person, or
- (d) on the Policy Anniversary immediately following the 60<sup>th</sup> birthday of the Insured person, or
- (e) on the date when premium payments for the Insured Person's insurance are discontinued due to any cause, or
- (f) on the date of termination of the Policy by either the Policyholder or the Company, or
- (g) at the mid-night standard Malaysian time on the last day of the Period of Insurance unless the Insured Person is confined to a Government Hospital at such time. If this being the case, the time of termination shall be extended to:
  - (i) the time the Insured Person is discharged from the Government Hospital; or
  - (ii) the time the Overall Annual Limit shall have been exhaustedwhichever is the first to occur.

## ALTERATIONS

The Company reserves the right to amend the terms and provisions of this Policy by giving a thirty (30) day prior notice in writing by ordinary post to the Insured's last known address in the Company's records, and such amendment will be applicable from the next renewal of this Policy. No alteration to this Policy shall be valid unless Authorized by the Company and such approval is endorsed thereon. The insurer should give thirty (30) days prior written notice to the Insured according to the last recorded address for any alterations made.

## GRACE PERIOD

Notwithstanding the Cash before Cover condition, a Grace period of fourteen (14) days from its due date will be allowed for payment of each premium after the first Policy Year. During such fourteen (14) days, the Company shall remain liable there under if by the last of such days, the premium is actually paid.

If any premium is not paid in respect of this Policy Contract before the end of the Grace period, this Policy Contract shall be deemed as terminated at the expiry date of the policy.

**IMPORTANT**

The Policyholder shall read this Policy carefully and if any error or misdescription be found herein, or if the cover were not in accordance with the wishes of the Policyholder, advice should at once be given to the Company and the Policy returned for attention

**SCHEDULE OF BENEFITS (ANY ONE DISABILITY)**

ITEM	BENEFITS	AMOUNT (RM)
1(a)	Daily Hospital Room & Board (Maximum up to 30 days)	As charged – in accordance to charges consistent with Third (3rd) Class Room & Board to a maximum of RM60.00 per day, in a Non-Corporatised Malaysian Government Hospital in conformance to the charges specified under Fees Act 1951, Fees (Medical) Order 1982.
1(b)	Intensive Care Unit (Maximum up to 15 days)	
2.	Hospital Supplies and Services	
3.	Operating Theatre	
4.	Surgical fees (Excluding organ transplantation)	
5.	Anaesthetist Fees	
6.	In-Hospital Physician Visits (Maximum up to 30 days)	
7.	In-Hospital Specialist Consultation Visits (Maximum up to 30 days)	
8.	Ambulance Fees/Medical Report Fees	
<b>Maximum Overall Annual Limit (items 1-8)</b>		<b>RM10,000.00</b>

**IMPORTANT NOTE :**

All benefits payable for any number of disabilities in any one given period of Insurance is subject to the Overall Annual Limit of RM10,000.00 per Insured Person.