

Femina Special Takaful Proposal Forms

Important Notice

- Pursuant to Section 28, Takaful Act 1984, you are to disclose in this Proposal Form, fully and faithfully all the facts, which you know or ought to know, otherwise the Certificate issued may be void.
- If there is insufficient space to complete an answer, please attach a signed and dated addendum. Any documents attached shall form part of this proposal form.

Details of Person to be Covered

Title

Name

MyKad No.

Other ID No.

Gender

Date of Birth

Marital Status

Single

Married

Divorced

Widowed

Occupation

Phone No. (Mobile/House/Office)

Fax No.

E-Mail

Correspondence Address

Postcode

Town

State

To be filled by Individual Proposer only

Education Level

Primary

Secondary

Diploma

Bachelor Degree

Master

Doctorate

Professional

No. of children in family (please indicate the number)

0 - 12 years

12 years to 18 years

18 years +

Monthly Household Income

Up to RM1,500

RM1,501 - RM2,500

RM2,501 - RM5,000

RM5,001 - RM8,000

RM8,001 - RM15,000

RM15,001 - RM20,000

RM20,001 +

Details of Coverage Required

1. Period of Takaful from _____ to _____

2. Coverage required (Please tick)

| Age Band | Yearly Contribution (RM) |
|---------------------|---------------------------------|
| 18 years – 40 years | <input type="checkbox"/> 265.00 |
| 41 years – 60 years | <input type="checkbox"/> 485.00 |

3. Does the Proposer wish to make a nomination?
If "Yes", please complete the Nomination Form as provided together with the Certificate document.

Yes

No

4. Other information

a. Have You suffered from or presently has any physical defect, infirmity or congenital conditions?

Yes

No

b. Have You suffered or presently are suffering from any cancerous growth or tumour?

Yes

No

c. Have You suffered from any maternity complications before?

Yes

No

d. Have You ever had any medical/health or life Insurance/Takaful application declined, restricted or accepted at other than normal terms?

Yes

No



BZZZZ

Important Information on the Purchase of Medical/Health Takaful (MHT)

Before proceeding to purchase any Medical and Health Takaful (MHT) product, You should ensure that basic and important features of the product have been disclosed to You and that You understand the information disclosed.

You are advised to seek explanation from our Agent Customer Service to help You with the following questions

- What are the basic and salient features of Medical and Health Takaful in general
- What are the basic and salient features of the product proposed to You?

It is best for You to have all the information needed to make an informed decision. You should satisfy yourself that the product proposed to You will best serve Your needs and that the contribution payable is an amount You could afford.

| No. | Checklist | Please tick ✓ |
|-----|---|--------------------------|
| a. | Please refer to the booklet on "Medical and Health Takaful" issued by Bank Negara Malaysia for basic information on MHI | <input type="checkbox"/> |
| b. | Check and understand the important features of this product in Benefit Illustration and Information Sheet | <input type="checkbox"/> |
| c. | Note the availability of the details of important features of the plan in other avenue | <input type="checkbox"/> |
| d. | Information on the Takaful Operator including the name and address of the Takaful Operator | <input type="checkbox"/> |
| e. | Product description describing the plan and its main objectives and purposes, benefits payable under the Certificate and significant medical or technical exclusions or restrictions applicable | <input type="checkbox"/> |
| f. | Identify and understand the limit of the benefits pre-existing conditions, specific illness and qualifying period and the relevant periods applicable | <input type="checkbox"/> |
| g. | Amount of contribution payable and the payable term. For yearly renewable Certificate, whether Certificate renewal is guaranteed | <input type="checkbox"/> |
| h. | Possible conditions that would lead the following scenarios on Certificate renewals: <ul style="list-style-type: none"> • a Certificate is renewed with an increased contribution • a Certificate is not renewed | <input type="checkbox"/> |
| i. | Understand the nature and extent of the Insurer's right to review and revise the contribution payable, and the notice to be given by the Insurer in the event of any revision. | <input type="checkbox"/> |
| j. | Understand the implications of switching Certificate from one Insurance Company or Takaful Operator to another or transferring from one insurance or takaful plan to another that may cause subject to underwriting, provisions, conditions and exclusions whichever applicable. | <input type="checkbox"/> |
| k. | A "Cooling off Period" of 15 days will be given to You to review the suitability of the newly purchased Certificate. If You return the Certificate to Us during this period, contribution will be refunded after the deduction of expenses, if any. | <input type="checkbox"/> |
| l. | We have a right to repudiate liability in the event of Your failure to disclose relevant information in the proposal form that would affect the decision of the Takaful Operator to accept or reject the risk, and on the contributions and terms to be applied to the Certificate on You | <input type="checkbox"/> |

Information Sheet

This information sheet provides a summary of the main features of the above product for illustration purposes and does not constitute a contract of Takaful. Certificate owners are advised to refer to the Certificate document for full details of the product terms and conditions including those outlined below.

Terms of issue

1. The renewability of the Certificate is not guaranteed and is subject to the Takaful Operator's discretion and depending on the Participant satisfying the terms and conditions as set forth in the Certificate upon renewal.
2. This is a yearly renewable Certificate and contribution rates are not guaranteed and may be increased or varied by the Takaful Operator upon renewal of the Certificate based on the attainment of age forty one (41) or the Takaful Operator's portfolio claims experience in this class of business.
3. The Takaful Operator has the right to void the Certificate in the event the Participant failed to disclose relevant information that would effect the Takaful Operator's decision to accept or reject the risk, and on the contribution and terms to be applied on the Participant.
4. The Participant has the right to withdraw from the scheme at any point of time subject to written notification submitted to the Takaful Operator.

Has the Agent explained to You on the following for this plan? (Please tick ✓)

| | | | |
|----|---|------------------------------|-----------------------------|
| a. | Major Benefits | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. | Indicative Contribution | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. | Waiting period of at least 30 days to qualify for any benefit except caused by Accident | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. | Exclusion on the Pre-existing Illnesses | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. | Waiting Period for Specified Illnesses occurring during the first 120 days of continuous cover from the effective date of the Certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. | Waiting Period of 9 months for Family Prosperity Bonus benefit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. | Survival Period of 30 days from the date of the said diagnosis of female cancer under the Female Cancer benefit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please refer to the Certificate Contract for the full details

Declaration

I/We agree to participate in this general takaful scheme based on the principle of takaful and to pay the contribution on the basis of tabarru' (donation) for the purpose of helping each other participants who have suffered tragedy and with this contribution, I/We are entitled to the takaful cover as expressed in the terms and conditions of this takaful contract.

I/We further agree that my contribution be credited into the General Takaful fund (Fund) and to elect Etiqa Takaful Berhad (ETB) to invest and manage the Fund according to the principles of the shariah. I/We also permit ETB to make payment of claims/takaful benefits, provisions and reserves based on the guidelines and policies laid down by the authorities and ETB to be paid a wakalah fee based on the rate of 40%.

If at the end of each financial year, there is a surplus of income over liabilities in the Fund, I/We agree that ETB receive 50% of it as incentive while the balance 50% will be reserved for distribution amongst participants subject to the terms of this contract and fixed by the authorities. I/We further agree that if the surplus is less than RM10.00 (Ringgit Malaysia Ten) then the surplus is to be credited into a Charity Fund, which will be utilized as 'amal jariah' on behalf of the participants.

I/We fully understand the important features of the product and important information pertaining to purchasing of Medical Health and Takaful (MHT) product.

Signature of Proposer / Company Stamp

Date _____

Verification Of Proposer's Identity

In Compliance With Section 16/2 Of The Anti-Money Laundering Act 2001

I/We hereby certify that the Proposer's original MyKad/Business Registration Certification was verified and authenticated by me/us at the Point of Sales.

Third Party Verification*

Name of Officer/Intermediary _____

Signature

MyKad No / Business Registration Certification _____

Date

* "Third Party" means by Takaful Agents, Takaful Brokers or staff of Takaful Operator.

Note:

To retain a copy of MyKad for Applicant(s)/Proposer(s) for Individual Certificate Takaful where the contribution is exceeding RM50,000.00 per annum and a copy of Business Registration Certificate for Group Certificate Takaful is exceeding RM100,000.00 per annum.

For Office Use

Source : HQ / Branch _____

Sales Channel Code : _____

Channel : _____

Sales Channel Name : _____