

PRODUCT DISCLOSURE SHEET	ETIQA LIFE INSURANCE BERHAD (“We/Us/Our”)
Please read this Product Disclosure Sheet before you decide to take up e-Medical Pass plan. Be sure to also read the general terms and conditions.	e-Medical Pass
	<Date>

1. What is this product about?

e-Medical Pass is a non-participating standalone medical plan that provides medical coverage up to age 80.

2. What are the covers / benefits provided?

Schedule of Benefits

Plan Type	Silver	Gold	Platinum
Overall Annual Limit	RM50,000	RM100,000	RM150,000
Overall Lifetime Limit	No Limit		
Section A: In-Patient & Day Care Surgery Benefits			
Hospital Room & Board Charges (RM per day limit)	RM150	RM200	RM300
Hospital Room & Board Charges (days per annum limit)	No Limit		
Intensive Care Unit Charges (No limit on days per annum)	As Charged (subject to overall annual limit)		
Surgical Fees			
Anaesthetist Fees			
Operating Theatre Fees			
Hospital Supplies & Services Charges			
In-Hospital Physician / Specialist Visit Charges (2 visits per day limit)			
Day Care Surgery Fees			
Ambulance Fees			
Section B: Out-Patient Benefits			
Pre-Hospital Diagnostic Tests Charges, or Specialist Consultation Fees (within 60 days prior to Hospitalisation)	As Charged (subject to overall annual limit)		
Post-hospitalisation Treatment Charges (within 90 days after discharge)			
Emergency Accidental Out-Patient Treatment Charges			
Out-patient Kidney Dialysis Treatment Charges			
Out-patient Cancer Treatment Charges			
Section C: Optional			
Deductible Option	Yes – Deductible limit: RM1,000, RM3,000 & RM5,000 per hospitalisation No – 100% of the eligible medical bill paid by Etiqa		

3. How much premium do I have to pay?

The estimated premium that you have to pay is RM <premium> <mode: annually / monthly>. Premium paying duration is throughout the policy term, up to age 80.

The total premium that you have to pay may vary by plan type, deductible option, occupation, and your attained age (age next birthday) at the commencement date. The premium may increase on the 1st day of the next policy year, in accordance to your attained age. Please refer to sales illustration for the premium amounts of the subsequent policy years. Premium rates are non-guaranteed and We reserve the right to revise the premium rate by giving 30-day prior notice.

All premiums (if applicable) will be subjected to relevant charges or taxes as deemed necessary by the Malaysia tax authorities. It is important to keep any receipt that you receive as proof of payment of premium.

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

Policy related expenses such as management expenses including RM10 stamp duty, have been incorporated in your total premium.

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

- a) Importance of Disclosure – To help Us make the right decision in accepting the risk and determining the rates and terms of your policy, you are required to disclose all relevant information, including medical condition (if applicable) and age, correctly. If this information is withheld or found to be inaccurate, this will result in voidance of the contract, a claim not being paid, or terms and conditions of the policy being changed.
- b) Payment of a premium must be received within the 31 days grace period from the date that the premium is due. If a premium due is not received within the grace period, your policy will be terminated.
- c) Room and Board Eligibility – If you are hospitalised at a higher room and board than your room and board eligibility, you will need to pay the difference of the Room and Board rate.
- d) Out-Patient Benefits – Out-Patient benefits are not subject to deductible. You are able to claim full amount of the eligible Out-Patient expenses. Please refer to the Schedule of Benefits, Section B for the Out-Patient Benefits.
- e) Portfolio Withdrawal Condition – We reserve the right to withdraw policy. We will provide a written notice to you within 30 days prior to the withdrawal which will be effective from the end of the current policy year.
- f) Free Look Period – You have the right to cancel the policy by giving a written instruction to Us within 15 days after the policy has been received by you, regardless of any reason. We will cancel this policy and refund the premium paid. Please note that for the purpose of determining the period of 15 days, this policy will be deemed to be returned to Us on the date We have received this policy if personally delivered, or on the date of posting if this policy is sent to Us by registered post, or on the date of transmission if this policy is electronically transmitted.

Note: This list is non-exhaustive. Please refer to the policy for the full terms and conditions.

6. What are the major exclusions under this policy?

This plan does not cover any Medical Benefits occurring due to::

- a) Any conditions occurring within the first 30 days of issuing or reinstating the policy;
- b) Various specified conditions occurring within the first 120 days of issuing or reinstating the policy;
- c) Any treatment or charges which are not reasonable, not medically necessary, cosmetic, diagnostic (unless leading to hospitalisation or surgery), experimental, preventative, or similar;
- d) Any treatment for sleep, the eyes, or teeth, except where the dental treatment is related to an accident requiring hospital treatment;
- e) Costs of over-the-counter medication, prosthetics, rest cures, sanatoria, organ or tissue donation, pregnancy, infertility, gender reassignment procedures, contraception, sterilization, circumcision, or birth / congenital / hereditary conditions;
- f) Psychiatric, mental or nervous system related conditions; or
- g) Benefits covered by other medical policies or certificates.

Note: This list is non-exhaustive. Please refer to the policy for the full list of exclusions.

7. Can I cancel my policy?

If the written cancellation notice is received after the 15 day period, there will not be any surrender value acquired under the policy.

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 details (including the nominee and/or trustee) to ensure that all correspondences reach you in a timely manner. Please write to Our postal address at Etiqa Life Insurance Berhad, Dataran Maybank, No 1, Jalan Maarof, 59000 Kuala Lumpur, or by facsimile to 03-2297 3800, or e-mail at info@etiqa.com.my, or by calling 03-2297 3888, or Etiqa Online at 1-300-13-8888.

9. Where can I get further information?

Should you require additional information about Medical & Health Insurance, please refer to the *insuranceinfo* booklet on 'Life Insurance' and 'Medical & Health Insurance' that are available at all Our branches or you can visit www.insuranceinfo.com.my.

If you have any enquiries, or require further information, please contact Etiqa Online by calling 1-300-13-8888, or write to Etiqa Life Insurance Berhad (1239279-P), Dataran Maybank, No 1, Jalan Maarof, 59000 Kuala Lumpur; or by facsimile to 03-2297 3800, or e-mail at info@etiqa.com.my, or by calling 03-2297 3888, or visit www.etiqa.com.my. Etiqa Life Insurance Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

10. Other similar types of cover available.

Please refer to Our website at www.etiqa.com.my for other similar types of cover available.

IMPORTANT NOTE:

BUYING A LIFE INSURANCE POLICY IS A LONG-TERM FINANCIAL COMMITMENT. YOU MUST CHOOSE THE TYPE OF POLICY THAT BEST SUITS YOUR PERSONAL CIRCUMSTANCES. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY OR CONTACT US DIRECTLY FOR MORE INFORMATION.

The information provided in this product disclosure sheet is valid as at <issue date>.