

**PRODUCT DISCLOSURE SHEET for Group Medical Insurance**  
(Group Hospitalization and Surgical Insurance)

**IMPORTANT NOTE: Read this Product Disclosure Sheet before you decide to take out the Group Medical Insurance Policy. Be sure to also read through the general terms and conditions.**

**1. What is this product about?**

This policy provides coverage for hospitalization and surgical expenses incurred due to illnesses or injuries covered under the Policy.

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

Please refer to Schedule of Benefit as per quotation.

Duration of cover is for one year and subject to annual review.

**3. How much premium do I have to pay?**

The total premium that you have to pay may vary depending on the underwriting requirements of the Insurance Company. Please refer to Premium Table in the quotation.

The Policy is renewable at the premium rates in effect at that time as notified by the Company provided;

- At least 90% of eligible and existing membership renew, if the insurance plan is contributory, unless otherwise agreed or allowed by the company; or
- 100% of eligible and existing membership renew, if the insurance is non-contributory.

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

The fees and charges that you will have to pay are:

Type	Amount
Service Tax	6% of the premium
Stamp duty	RM10.00
Agent commission where there is an intermediary involved	10% of the premium

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

- STATEMENT PURSUANT TO FINANCIAL SERVICES ACT 2013, Section 129, Schedule 9, Para 5: It is the duty of the customer to take reasonable care not to make a misrepresentation to the licensed insurer when answering any question which the insurer may request that are relevant to the decision of the insurer whether to accept the risk or not and the rates and terms to be applied.
- Cooling-Off Period – you may cancel your Policy by returning the Policy within 15 days from the date of delivery of the Policy. You are entitled to the return of the full premium paid less deduction of medical expenses incurred by the Company in the issue of the Policy.
- Waiting or Qualifying Period – the eligibility for benefits under the Policy will only start 30 days after the effective date of the Policy except for accidental injury.
- Unless renewed, the coverage will cease on expiry date and the Insurance Company shall strictly not be liable for any expenses that take place after the expiry date.
- Upgraded Room and Board Co-Payment – if the Insured Person is hospitalized at a published Room & Board rate which is higher than his eligible benefit, the Insured Person shall bear 20% of the other eligible benefits described in the Schedule of Benefit but subject to a maximum limit of RM3,000 per Disability for plans described in the Schedule of Benefit with Overall Annual Limit not exceeding RM100,000 or subject to a maximum limit of RM5,000 per Disability for plans described in the Schedule of Benefit with Overall Annual Limit exceeding RM100,000.
- Please keep your receipt for proof of payment.
- Policy will be issued within 7 working days upon full and complete documents.
- Please note that if a plan has been switched from or to another insurer/plan, the similar benefits and terms may not be given depending on the assessment.

**6. What are the major exclusions under this policy?**

The policy shall not cover unless specifically waived:

- Pre-existing illness/condition
- Specified illness occurring during the first 120 days of continuous cover
- Waiting period – any medical or physical conditions arising within the first 30 days except for accidental injuries

*Note: This list is non-exhaustive. Please refer to the Policy Contract for the full list of exclusions under this Policy.*

**7. Can I cancel my Policy and how do I cancel it?**

You may cancel your Policy at any time by giving a written notice to the Insurance Company. Upon cancellation, you are entitled to a refund of the premium as stated in the scheduled follows, provided that you have not made a claim on the Policy.

Period Not Exceeding	Refund of Annual Premium
15 days	90% (applicable to renewal only)
1 months	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

*Note: The above is not applicable if premium payment is on monthly basis.*

**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 to ensure that all correspondences reach you in a timely manner.

**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 & Health Insurance', available at any of our branches or visit [www.insuranceinfo.com.my](http://www.insuranceinfo.com.my).

If you have any enquiries, please contact us at:

**AmGeneral Insurance Berhad**

Menara Shell,  
No. 211, Jalan Tun Sambanthan,  
50470, Kuala Lumpur,  
Malaysia

Toll Free : 1-800-88-6333  
E-mail : [customer@kurnia.com](mailto:customer@kurnia.com)  
Website : [www.kurnia.com](http://www.kurnia.com)

**10. Other types of Similar Insurance Cover Available**

- MediGuard Premier, MediGuard Family, MediGuard Lady and MediGuard Supreme (*Hospitalization and Surgical Insurance*) applicable for an individual and family.

**IMPORTANT NOTE:**

**YOU SHOULD SATISFY YOURSELF THAT THIS POLICY WILL BEST SERVE YOUR NEEDS. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH THE AGENT OR CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.**

AmGeneral Insurance Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

The information provided in this disclosure sheet is valid as at 01 December 2019.