



Product Disclosure Sheet

Dear Customer,

This Product Disclosure Sheet (PDS) is designed to provide you with some key information on your Group hospital & Surgical.

Date: _____

Other customers have read this PDS and found it helpful; **you should read it too.**

1 What is Group Hospital and Surgical (GHS) ?

GHS policy which covers the costs of medical treatment or surgical expenses for hospitalisation due to accident or sickness.

2 Know your coverage

The annual premium paid for employees is based on the Company's standard definitions, terms & conditions. Employees will receive the following coverage:

Coverage	This is a custom-made GHS product thus the coverage and sum insured may vary from one policy to another and it is subject to negotiation between us and the policy holder.	
	<ul style="list-style-type: none"> Hospital Room & Board Surgical Fee Anaesthetist's Fee Intensive Care Unit Daycare Procedures Hospital Supplies & Services Emergency Accidental Outpatient and Dental Treatment 	<ul style="list-style-type: none"> Operating Theatre Fee In-Hospital Physician Visit Pre-Surgical Diagnostic Tests Pre-Hospital Diagnostic Tests Pre-Hospital Specialist Consultation Ambulance Fees Post-Hospitalisation Treatment
Additional coverage	<ul style="list-style-type: none"> Out-Patient Physiotherapy Treatment Out-Patient Cancer Treatment Out-Patient Kidney Dialysis Treatment Daily-Cash Allowance At Government Hospital Home Nursing Care Special Grant Repatriation Of Mortal Remains Insured Child's Daily Guardian Benefit Child Accompaniment Expenses 	<ul style="list-style-type: none"> Limited Dental Extension Medical Report Fees Emergency Sickness Treatment Funeral Expenses Organ Transplant Death Benefit Accidental Death Benefit Hospitalisation Cash Benefit Pre-Surgical (Second Opinion) Consultation

Note: The list above is non-exhaustive. Please refer to the policy contract for the full list of exclusions under this policy.

This policy excludes:

- Pre-existing condition. It means disabilities which existed before the effective date of cover and for which you should have been reasonably aware of. You may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:
 - You have received or are receiving treatment,
 - Medical advice, diagnosis, care or treatment has been recommended,
 - Clear and distinct symptoms are or were evident, or
 - Its existence would have been apparent to a reasonable person in the circumstances.
- Specified illnesses occurring during the first one hundred and twenty (120) days of continuous cover :
 - Hypertension, diabetes mellitus and cardiovascular disease.
 - All Tumors of any kind, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system.
 - All ear, nose (including sinuses) and throat conditions.
 - Hernias, haemorrhoids, fistulae, hydrocele, varicocele.
 - Endometriosis including disease of the Reproductive System.
 - Vertebro-spinal disorders (including discs) and knee conditions.
- Waiting period of 30 days except for accidental injuries.
- Plastic or cosmetic surgery.
- Dental treatment or oral surgery.
- Pregnancy, childbirth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and any surgical mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility, gender change, sexual dysfunction including impotency, tests or treatment related to sterilization and circumcision performed due to any reason other than illness or infection.

If you have any questions or require assistance on your GHS, you can:



Call us at 1-300-888-622



Visit us at: www.zurich.com.my



Email us at callcentre@zurich.com.my

Know Your Obligations

For this GHS, you must pay a premium of:	
Premium	The premium is determined by the coverage selected and remains subject to negotiation between us and the policy holder.
Duration: Employees and their spouses are eligible for coverage from age 17 up to 65 , with the option to renew until age 70 . Dependent children who are unmarried and unemployed are covered from 30 days old up to 19 years of age, or up to 23 years old if they are enrolled in full-time higher education. Eligibility is determined by the age they will be on their next birthday.	
You also have to make the following fees and charges:	
Stamp duty	RM 10.00
Commission fee	• Commission 10% of premium
Managed Care Organisation (MCO) Fee (applicable only if you subscribe to the MCO service to facilitate convenient admission into and discharge from participating hospitals)	<ul style="list-style-type: none"> • <i>Employee Only:</i> RM8.64 • <i>Employee & Spouse:</i> RM17.28 • <i>Employee & Child:</i> RM17.28 • <i>Employee & Family:</i> RM25.92 <p><i>Note: All figures are inclusive of SST</i></p>
Other applicable charges	• Service Tax 8 % of premium
Note: The premium rate is applicable to standard risks. The policy terms and rates may vary depending on our underwriting requirements.	

Other Key Terms

<ul style="list-style-type: none"> • Importance of disclosure – You must disclose all material facts such as your medical condition, occupation, and state your age correctly. • Payment Method – Payment can be made by Cash, Cheque, Debit Card, Credit Card or Online Payment (whichever applicable) to us. • Underwriting process – 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 invalidated. You may be required to undergo a medical examination or to submit medical reports to the Company for their underwriting process. • Importance of receipt keeping and Other Key Terms & Conditions: Please refer to this link https://zurich.com.my/en/services/corporate/key-terms-and-conditions • Cooling-off period - You may cancel your policy by returning the policy to us within fifteen (15) days upon receipt of the policy. The premiums that you have paid (less any medical fee incurred) will be refunded to you. • Waiting period - The eligibility for benefits under this policy will only start thirty (30) days after the effective date of this policy except for a covered accident occurring after the effective date of coverage. • Upgraded Room and Board Co-payment - You will have to pay twenty percent (20%) of the other eligible expenses if you are hospitalised at a Room & Board rate which is higher than the hospital Room & Board benefit limit eligible for your plan. • Residence Overseas Clause - No benefit shall be payable for any medical treatment received by you outside Malaysia, if you reside or travel outside Malaysia for more than ninety (90) consecutive days. • Grace Period - A grace period of fourteen (14) days from the premium due date will be allowed for payment of each premium. During such fourteen (14) days, We shall remain liable thereunder if by the last of such days, the premium is actually paid. If any premium is not paid in respect of this Policy before the end of the grace period, this policy shall be deemed as terminated at the expiry date of the policy. • Claim Procedure - Notification through a web notification; https://egms.zurich.com.my/claims or written notice must be given within 14 days after the incident occurs. • Automatic Termination - <ul style="list-style-type: none"> ○ On the date this policy terminated. ○ On the date of termination of employment/membership. ○ On death of employee. ○ On policy anniversary or on your 65th birthday. ○ On the premium due date if the policyholder fail to pay the required premium. ○ If you cease to be domicile in Malaysia. <p>Note: This list is non-exhaustive. Please refer to the policy wording for the full terms and conditions.</p>
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Can I cancel my policy?

- **Cooling-off period** - You may cancel your policy by refunding the policy to us within fifteen (15) days upon receipt of the policy. The premiums that you have paid (less any medical fee incurred) will be refunded to you.
- **After Cooling-off period** - You may cancel this policy at any time by giving written notice to us, provided that no claims have been made during the current policy year. Upon cancellation, you are entitled to a refund of the annual premium. (please refer to the policy wording for the short period rate).

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

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

Zurich General Insurance Malaysia Berhad

Registration No. 2017010353451 (1249516-V)
 Level 23A, Mercu 3, No.3, Jalan Bangsar, KL Eco City, 59200 Kuala Lumpur, Malaysia.
 Tel: 03-2109 6000 Fax: 03-2109 6888 Call/Centre: 1-300-888-622
www.zurich.com.my



Lembaran Pendedahan Produk
Pelanggan Yang Dihargai,

Lembaran Pendedahan Produk (LPP) ini direka untuk memberikan anda beberapa maklumat penting tentang Group hospital & Surgical.

Tarikh: _____

Pelanggan lain telah membaca LPP ini dan mendapati ia dapat membantu; **anda harus membaca juga.**

1 Apa itu Group Hospital and Surgical (GHS) ?

GHS ini menyediakan perlindungan untuk kemasukan ke hospital dan pembedahan yang disebabkan oleh penyakit dan kemalangan yang diliputi di bawah polisi ini.

2 Ketahui Manfaat Anda

Premium yang dibayar setiap tahun untuk pekerja anda berdasarkan definisi standard, terma & syarat syarikat, pekerja anda akan menerima **manfaat** berikut

Manfaat	GHS direka khas oleh itu perlindungan dan jumlah yang diinsurans mungkin berbeza dari satu polisi kepada polisi yang lain dan ianya tertakluk kepada keperluan kami dan pemegang polisi.	
	<ul style="list-style-type: none"> • Bilik Hospital Dan Makan • Bayaran Pembedahan dan Bayaran Pakar Bius • Unit Rawatan Rapi • Prosedur Pembedahan Harian • Bekalan & Khidmat Hospital • Rawatan Pesakit Luar Bagi Kemalangan Dan Pergigian Kecemasan 	<ul style="list-style-type: none"> • Bayaran Bilik Bedah • Bayaran Ambulan • Lawatan Pakar Perubatan Dalam Hospital • Ujian Diagnostik Prahospital dan Prapembedahan • Rundingan Pakar Prahospital • Bayaran Ambulans • Rawatan Selepas Penghospitalan
Manfaat Opsyenal	<ul style="list-style-type: none"> • Rawatan Pesakit Luar Bagi Kemalangan Dan Kecemasan • Rawatan Pergigian Kecemasan • Elaun Tunai Harian Di Hospital Kerajaan • Penjagaan Kejururawatan Di Rumah • Penghantaran Balik Jenazah • Manfaat Harian Pengawal Harian Anak • Bayaran Laporan Perubatan • Cukai Ke Atas Perbelanjaan Yang Layak • Rawatan Penyakit Kecemasan 	<ul style="list-style-type: none"> • Biaya Pengubatan • Manfaat Kematian • Manfaat Kematian Akibat Kemalangan • Manfaat Tunai Penghospitalan • Rundingan Pembedahan Pendapat Kedua • Transplan Organ • Rawatan Kanser Pesakit Luar • Rawatan Dialisis Buah Pinggang Pesakit Luar • Rawatan Fisioterapi Pesakit Luar

Nota: Senarai ini tidak lengkap. Sila merujuk kepada kontrak polisi untuk senarai penuh manfaat terma, syarat dan pengecualian.

Polisi ini **mengecualikan:**

- Penyakit sedia ada. Ia bermaksud hilang upaya sedia ada yang diketahui sewajarnya oleh anda. Anda dianggap mengetahui sewajarnya keadaan sedia ada itu apabila:
 - a) Anda telah atau sedang menerima rawatan,
 - b) Nasihat perubatan, diagnosis, jagaan atau rawatan telah disyorkan,
 - c) Gejala yang jelas dan tepat dapat atau telah dilihat dengan nyata, atau
 - d) Kewujudannya dapat diperhatikan dengan jelas bagi orang yang mengalami keadaan itu.
- Penyakit Tertentu yang berlaku dalam tempoh 120 hari pertama perlindungan berterusan:
 - a) Hipertensi, diabetes melitus dan penyakit kardiovaskular
 - b) Semua tumor, kanser, sista, nodul, polip, batu dalam sistem kencing dan sistem billari
 - c) Semua penyakit telinga, hidung (termasuk sinus) dan tekak
 - d) Hernia, hemoroid, fistula, hidrosele, varikosele
 - e) Endometriosis termasuk penyakit sistem pembiakan
 - f) Gangguan spina vertebro (termasuk disk) dan penyakit lutut
- Tempoh Tangguh tiga-puluh (30) hari untuk semua kecuali kecederaan kemalangan.
- Pembedahan plastik atau kosmetik.
- Rawatan pergigian atau pembedahan oral.
- Kehamilan, melahirkan anak (termasuk kelahiran secara pembedahan), keguguran, menggugurkan kandungan dan jagaan serta pembedahan pra-natal atau pos-natal, kaedah kawalan kelahiran kontraseptif mekanikal atau kimia atau rawatan berkaitan ketaksuburan, disfungsi seksual termasuk impotensi, ujian atau rawatan berkaitan pensterilan dan khatan dilakukan disebabkan apa-apa sebab selain daripada penyakit atau jangkitan.

Jika anda mempunyai sebarang soalan atau memerlukan bantuan atas perlindungan GHS, anda boleh:



Telefon kami 1-300-888-622



Layari laman web kami : www.zurich.com.my



Emel kami melalui callcentre@zurich.com.my

3 Ketahui bahawa Kewajipan Anda

Untuk GHS ini, anda mesti membayar premium tahunan sebanyak:	
Premium	Premium akan berdasarkan perlindungan yang dipilih dan tertakluk kepada rundingan antara kami dan pemegang polisi
Tempoh: Pekerja dan pasangan mereka layak mendapat perlindungan dari umur 17 hingga 65 tahun, dengan pilihan untuk memperbaharui sehingga umur 70 tahun. Anak tanggungan yang belum berkahwin dan menganggur di insuranskan dari umur 30 hari hingga 19 tahun, atau sehingga 23 tahun jika mereka mendaftar dalam pendidikan tinggi sepenuh masa. Kelayakan ditentukan mengikut umur mereka pada hari lahir seterusnya.	
Anda juga perlu membuat yuran dan caj berikut:	
Duti setem	RM 10.00
Yuran komisen	• Komisen 10% daripada premium
Yuran Perkhidmatan Organisasi Penjagaan Terurus (MCO) (hanya digunapakai jika anda memilih untuk mendapatkan perkhidmatan MCO untuk memudahkan urusan keluar dan masuk dari panel hospital)	<ul style="list-style-type: none"> • <i>Pekerja Sahaja:</i> RM8.64 • <i>Pekerja & Pasangan:</i> RM17.28 • <i>Pekerja & Anak:</i> RM17.28 • <i>Pekerja & Keluarga:</i> RM25.92
<i>Nota: Jumlah keseluruhan termasuk SST</i>	
Caj lain yang dikenakan	• Cukai Perkhidmatan 8% daripada premium
Nota: Premium ini adalah tertakluk kepada risiko standard. Terma dan premium polisi mungkin berbeza bergantung pada keperluan taja jamin kami.	

4 Syarat Utama Lain

- **Kepentingan pendedahan** – Anda mesti memberi semua fakta penting seperti keadaan kesihatan, perkerjaan, dan nyatakan usia dengan betul.
- **Kaedah Pembayaran** – Pembayaran boleh dibuat secara Tunai, Cek, Kad Debit, Kad Kredit atau Pembayaran Dalam Talian (yang mana berkenaan) kepada kami.
- **Proses pengunderaitan** – Anda perlu menyatakan dengan sepenuhnya dan sebenarnya dalam borang cadangan, kesemua fakta yang anda tahu atau sepatutnya tahu, jika tidak Polisi yang dikeluarkan mungkin akan dibatalkan. Anda mungkin diperlukan menjalani pemeriksaan kesihatan atau mengemukakan laporan kesihatan kepada syarikat bagi proses taja jamin.
- **Kepentingan penyimpanan resit dan Terma & Syarat Penting Lain:** Sila rujuk pautan ini: <https://zurich.com.my/en/services/corporate/key-terms-and-conditions>
- **Tempoh Bertenang** - Anda boleh membatalkan polisi dengan mengembalikan polisi kepada kami dalam masa lima-belas (15) hari setelah penerimaan polisi. Premium yang telah anda bayar (ditolak sebarang yuran perubatan yang ditanggung) akan dikembalikan kepada anda.
- **Tempoh Tangguh** - Kelayakan bagi manfaat di bawah polisi ini hanya akan bermula tiga puluh (30) hari selepas tarikh kuatkuasa polisi kecuali bagi kemalangan dilindungi yang berlaku selepas tarikh perlindungan berkuatkuasa.
- **Bayaran Bersama Bilik dan Makan Dinaikkan** - Anda perlu membayar dua puluh peratus (20%) daripada yuran layak yang lain jika anda dimasukkan ke hospital pada kadar Bilik & Makan yang lebih tinggi dari had Manfaat Bilik & Makan hospital yang layak bagi pelan anda.
- **Klausa Tinggal di Luar Negara** - Tiada manfaat akan dibayar bagi sebarang rawatan perubatan yang diterima oleh anda di luar Malaysia, jika anda menetap atau mengembara di luar Malaysia selama lebih dari sembilan puluh (90) hari secara berterusan.
- **Tempoh Ihsan** – Tempoh ihsan selama empat belas (14) hari dari tarikh premium perlu dibayar dibenarkan untuk pembayaran sebarang premium setelah tahun polisi pertama. Dalam tempoh selama empat belas (14) hari tersebut, kami akan bertanggungjawab jika pada akhir tempoh berkenaan, premium telah dibayar. Jika sebarang premium polisi tidak dibayar sebelum akhir tempoh ihsan, polisi ini akan dianggap telah ditamatkan pada tarikh luput polisi.
- **Prosedur Tuntutan** - Pemberitahuan melalui pemberitahuan web; <https://egms.zurich.com.my/claims> atau notis bertulis hendaklah diberikan dalam tempoh 14 hari selepas kejadian berlaku.
- **Penamatan Automatik** –
 - Pada tarikh polisi ini ditamatkan.
 - Pada tarikh penamatan pemberhentian kerja aktif/penamatan keahlian.
 - Apabila anda meninggal dunia.
 - Pada ulang tahun polisi anda atau umur maksimum hari lahir yang ke 65,
 - Pada tarikh premium perlu dibayar jika anda tidak membayar premium yang diperlukan bagi anda
 - Jika anda tidak lagi menetap di Malaysia.

Nota: Senarai ini tidak lengkap. Sila rujuk kontrak polisi untuk syarat-syarat dan peraturan penuh di bawah polisi.



Bolehkah saya membatalkan polisi ini?

- **Tempoh Bertenang** – Anda boleh membatalkan polisi dengan mengembalikan polisi kepada kami dalam masa lima-belas (15) hari setelah penerimaan polisi. Premium yang telah anda bayar (ditolak sebarang yuran perubatan yang ditanggung) akan dikembalikan kepada anda.
- **Selepas Tempoh Bertenang** – Anda boleh membatalkan polisi ini pada bila-bila masa dengan memberi kami notis bertulis, dengan syarat anda tidak membuat tuntutan dalam tahun polisi semasa. Setelah pembatalan, anda layak untuk menerima bayaran balik premium berdasarkan kadar tempoh singkat. (sila rujuk perkataan polisi untuk kadar tempoh singkat).

Zurich General Insurance Malaysia Berhad diberikan lesen di bawah Akta Perkhidmatan Kewangan 2013 dan dikawal selia oleh Bank Negara Malaysia.

Manfaat-manfaat yang dibayar di bawah produk yang layak adalah diinsuranskan oleh PIDM sehingga had perlindungan. Sila rujuk Brosur Sistem Perlindungan Manfaat Takaful dan Insurans PIDM atau hubungi Zurich General Insurance Malaysia Berhad atau PIDM (layari www.pidm.gov.my).

Zurich General Insurance Malaysia Berhad

No. Pendaftaran 2017010353451 (1249516-V)
 Level 23A, Mercu 3, No.3, Jalan Bangsar, KL Eco City, 59200 Kuala Lumpur, Malaysia.
 Tel: 03-2109 6000 Fax: 03-2109 6888 Call/Centre: 1-300-888-622
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