

Foreign Workers Hospitalisation & Surgical Scheme (SKHPPA)

Date :

PRODUCT DISCLOSURE SHEET (PDS)

(Read this Product Disclosure Sheet before you decide to take out this Product.

Be sure to also read the general terms and conditions of this Policy)

1. What is this product?

Foreign Worker Hospitalization & Surgical Insurance Scheme (SKHPPA) is a yearly renewable hospital and surgical insurance scheme designed to reduce the financial burden of the employer of foreign workers in the event of hospital admission of their foreign workers to a Non-Corporatised Malaysian Government Hospital due to an accident or illness.

Eligible persons for insurance under this policy are those present and future full-time foreign worker employees of policyholder, from the age of eighteen (18) to sixty (60), who are actively engaged at their usual work on the date the persons are eligible to join this policy.

2. What are the covers/benefits provided?
Table of Benefit:

Item	Benefits	Amount (RM)
1(a)	Daily Hospital Room & Board (maximum up to 30 days)	As charged in accordance to charges consistent with Third (3 rd) Class Room and Board to a maximum of RM76 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 & Services	
3	Operating Theatre	
4	Surgical Fees	
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	
Maximum Overall Annual Limit (Items 1-8) per Insured Person		RM20,000

Duration of cover is **one (1) year**. You need to renew your insurance cover annually.

Note: The description on the available cover is only a brief summary for quick and easy reference. The precise terms and conditions that apply are stated in the policy contract.

3. How much premium do I have to pay?

The annual premium is RM120 per foreign worker insured inclusive of all fees and subject to 6% service tax. The renewal premium is not guaranteed and may be subject to adjustments with approval by the relevant authorities taking into consideration the loss ratio and any other factors which may materially affect the sustainability of the scheme.

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

Type	Amount
a. Commission (if any)	10% of RM105 (annual premium less the TPA) will be deducted for commission
b. Service Tax	6%
c. Stamp Duty	RM10

5. What are some of the key terms and conditions that I should be aware of?
a) Importance of Disclosure (Statement Pursuant to Schedule 9 of the Financial Services Act 2013)

- i) You are required by Law to tell us all facts that you know or are expected to know about the health of all those applying for insurance that we are accepting from you. These facts can influence our decision whether to accept your application for insurance and/or what terms we impose.
- ii) You must tell us as soon as reasonably possible about any change of circumstances and health status including any change of occupation or employment status which may increase or affect your health.
- iii) We may change the terms and conditions of this policy from the date of any change of your health status.
- iv) You must take reasonable care to provide us with all the answers and not to make misrepresentation. If you misrepresented any facts to us before the policy was entered into, we may:-
 - declare your policy void from inception (which means treating it as invalid), we may not make any return of premium and also recover any unpaid premium;
 - cancel this policy and return any premium less our cancellation charge or recover any unpaid premium;
 - recover any shortfall in premium;
 - not pay any claim that has been or will be made under the policy;
 - be entitled to recover from you the total amount of any claim already paid under the policy or any claim we have to pay under any relevant legislation, plus any recovery costs.

b) Geographical Territory

All benefits provided in this policy are applicable within Malaysia only for twenty-four (24) hours a day. Cover ceases from the time the Insured Person leaves Malaysia and resumes upon his/her return to Malaysia.

c) Limitations 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.

d) Grace Period

This is a Cash Before Cover policy. 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 this policy.

e) Importance of Keeping the Official Receipt

After the premium has been paid, please make sure you have been given an Official Receipt as a proof of payment. You are strongly advised to keep the Official Receipt for any future references.

f) Policy Issuance

The Policy Schedule will be delivered to you within 30 working days from the date of your application approved.

Note: This is non-exhaustive. Please refer to policy documents for full details.

6. What are the major exclusions under this policy?

This policy does not cover any hospitalization, surgery or charges caused by any one of the following occurrences:

Plastic/Cosmetic surgery; Dental treatment or oral surgery; Treatment or surgical operation for congenital abnormalities or deformities; Pregnancy or miscarriage; Treatment which is not Medically Necessary; Suicide or self-inflicted injury while sane or insane; Accidental injuries or illnesses arising from racing or hazardous sports. Cardiovascular diseases and all cancers occurring within the first one hundred and twenty (120) days of Insurance of the Insured Person. Pre-existing conditions unless the Insured Person passes the medical examination as continued by FOMEMA Sdn Bhd (FOMEMA) within 30 days from the Insured Person's arrival to Malaysia.

7. Can I cancel my policy?

Yes, you (the Policyholder) may cancel this policy at any time by giving written notice to us. Upon cancellation, you are entitled to a refund of the premium as per the schedule below, provided that you have not made a claim during the current policy year:-

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

8. What do I need to do if there are changes to my contact/ personal details?

It is important that you inform us of any change in your organization's contact details to ensure that all correspondence reaches in a timely manner. You can write in / fax us at the address / fax number below.

9. Where can I get further information?

Should you require additional information about Foreign Worker Hospitalization & Surgical Insurance, please refer to the *insuranceinfo* booklet on 'Medical and Health Insurance', available at all our branches or visit www.insuranceinfo.com.my

If you have any enquiries, please contact us at:

RHB INSURANCE BERHAD (38000-U) is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

Level 12B, West Wing, The Icon

No 1, Jalan 1/68F, Jalan Tun Razak

55000 Kuala Lumpur

Tel : 03-2180 3000; Fax :03-2163 7233

Website : www.rhbgroup.com/insurance

10. Other types Medical Insurance cover available

Please ask your insurer/intermediary for other types of plans offered by the insurer.

IMPORTANT NOTE :

THE DESCRIPTION ON THE AVAILABLE COVER IS ONLY A BRIEF SUMMARY FOR A QUICK AND EASY REFERENCE. THE PRECISE TERMS AND CONDITIONS THAT APPLY ARE STATED IN THE POLICY CONTRACT.

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