

PRODUCT DISCLOSURE SHEET – MEDICAL AND HEALTH INSURANCE (Please read this Product Disclosure Sheet before you decide to take out a <u>Medistar Health Insurance Plan</u> . Be sure to also read the general terms and conditions stated in the policy).	Our Ref : 01/09/2018 Name of Financial Service Provider : Liberty Insurance Bhd. Name of Product : MediStar Health Insurance Plan Date :
---	--

Consumer Insurance Contract

Pursuant to **Paragraph 5 of Schedule 9** of the Financial Services Act 2013, if you are applying for this Insurance wholly **for yourself/family/dependants**, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form (or when you apply for this insurance). You must answer the questions fully and accurately.

Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in the Proposal Form (or when you apply for this insurance), you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.

1. What is this product about?

This is an indemnity policy that covers hospitalisation and medical cost for injury or illness.

2. What are the covers/ benefits provided?

This policy covers:

- a) Hospital Admission;
- b) Surgical Benefits:
 - Pre admission diagnostic services
 - Pre surgical specialist consultation
 - Surgical fees and anaesthetic fee
 - Post hospitalisation treatment
 - Physiotherapy treatment
- c) Medical Benefits (non-surgical):
 - Pre hospital diagnostic services
 - Pre hospitalisation specialist consultation
 - Daily in hospital physician visit
 - Post hospitalisation treatment
- d) Ambulance Fees;
- e) Out patient/ extended benefits:
 - Emergency accidental treatment
 - Outpatient cancer treatment/ kidney dialysis treatment
 - Lodger expenses
 - Medical report fee
 - Home nursing
- f) Organ Transplantation;
- g) Government Hospital Income;
- h) Accidental Death Benefit.

Duration for cover is One year. You will need to renew the insurance plan annually.

3. How much premium do I have to pay?

We have four plans available for selection and the premium is as per detailed below:

Age Next Birthday	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)
15 days - 10 years (children)	306.00	361.00	459.00	524.00
11 years - 18 years	265.00	312.00	396.00	452.00
19 years - 25 years	326.00	385.00	490.00	560.00
26 years - 30 years	367.00	434.00	553.00	632.00
31 years - 35 years	407.00	482.00	615.00	704.00
36 years - 40 years	468.00	555.00	709.00	812.00
41 years - 45 years	529.00	628.00	803.00	920.00
46 years - 50 years	631.00	749.00	959.00	1,099.00
51 years - 55 years	793.00	943.00	1,210.00	1,387.00
56 years - 60 years	915.00	1,088.00	1,397.00	1,602.00
61 years - 65 years (renewal)	1,240.00	1,477.00	1,898.00	2,177.00
66 years - 70 years (renewal)	1,646.00	1,962.00	2,523.00	2,896.00

However, please take note that the total premium that you will have to pay may vary depending on the underwriting requirements of our company.

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

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

Type	Amount
Commissions paid to the insurance agent	15%
Stamp duty	RM10.00
Service Tax	0%

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

Some of the key terms and conditions that you should be aware of are:

- a) **Duty of disclosure** – You must disclose all the materials facts such as medical condition and state your age correctly.
- b) **Free look period** - You may cancel your policy by returning the policy within 15 days after you have received the policy. The premiums that you have paid (less any medical fee incurred) will be refunded to you.
- c) **Waiting period** - The eligibility for benefits under the policy will start 30 days after the effective date of the policy.
- d) The coverage will cease unless it is renewed and our company is **strictly not liable for any claim or losses after the expiry date of the policy.**
- e) Need to **contact us** on our toll free hotline 1-800-888-990 to inform us about the loss. A claim form will be sent to you for you to fill up and attach with the relevant documents.
- f) **Co-payment** - If you choose to be hospitalised at a Room & Board rate which is higher than your eligible benefit, you shall bear 20% of the other eligible benefits as described in the schedule of benefit.
- g) **Cash Before Cover** (applicable to Individual Policy) – The premium due must be paid and received by Liberty before cover commences. This insurance is automatically null and void if this condition is not complied with.
Premium Warranty (applicable to Group Policy) – The premium due must be paid to us or our authorized agent within sixty (60) days from the inception date of the cover.
- h) **Notice of claims**
All claims must be submitted to the Company within 30 days of completion of the events for which the claim is being made.

6. What are the major exclusions under this policy?

This policy does not cover:

- a) Suicide and self inflicted injuries;
- b) Pre existing medical condition, physical or mental defect or infirmity;
- c) Condition and all complications arising from abortion, infertility, miscarriage and or pregnancy;
- d) AIDS or any related diseases or tested on an HIV/ AIDS related blood test;
- e) Having taken drugs, unless you prove that the drug was taken in accordance with proper medical prescription;
- f) Mental or nervous disorders or treatment of alcoholism or intoxication;
- g) Cosmetics or plastic surgery or any elective surgery or congenital anomalies;
- h) Treatment for obesity/ weight related improvement;
- i) General check up, convalescence, custodial or rest cure;
- j) Any sexually transmitted diseases;
- k) Any medical or physical condition arising within the first thirty (30) days of the Insured person's cover or date of reinstatement whichever is latest.

(Note: This list is non-exhaustive. Please refer to the policy 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 by giving a written notification to our company giving 30 days of notice.

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

You will have to inform us of any changes to your contact details. This is to ensure that all the correspondences reach you in a timely manner.

9. Where can I get further information about my medical and health insurance?

Should you require additional information, please refer to the *insuranceinfo* booklet on 'Medical Insurance', which is available at all of our branches. Alternatively, you may obtain a copy from the insurance agent or visit the *insuranceinfo* website at www.insuranceinfo.com.my, or

If you have any enquiries, please contact us at:

LIBERTY INSURANCE BERHAD

Ground Floor, Menara Liberty,

1008, Jalan Sultan Ismail,

50250 Kuala Lumpur.

Tel No.: 03-03-2619 9000 (G/L) or 1-300-888-990

Fax No.: 03-2693 0111

E-mail: customercare@libertyinsurance.com.my

Website: www.libertyinsurance.com.my

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.

The information provided in this disclosure sheet is valid as at September,2018.