



# GROUP HOSPITAL & SURGICAL INSURANCE

## Product Disclosure Sheet

### Important Note

1. Read this Product Disclosure Sheet before you decide to take out the Group Hospital & Surgical Insurance Policy. Be sure to also read through the general terms and conditions.
2. 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.
3. Pursuant to Paragraph 4 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it 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.

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.

You are obligated to disclose any relevant matter with the exception of either such disclosure diminishes the risk to us, is of common knowledge, is within our knowledge and/or in the ordinary course of our business or we have waived the disclosure.

In the event you failed to provide relevant and/or complete answer in the proposal form or when you had been requested by us and the matter was not pursued by us, you are deemed to have been waived by us from disclosing any further.

### 1. What is this product about?

This product offers a comprehensive coverage for costs of medical treatment incurred by a group of insured (usually employees of an organization) for hospitalisation, day surgery costs and various out-patient treatments.

The Group Hospital & Surgical Insurance is a tailor-made policy to suit the organization's medical needs.

Duration of cover is one (1) year. You are required to renew your insurance policy on an annual basis before the policy anniversary.

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

Some of the major benefits covered under this policy, amongst others are:

- a) Hospital Room and Board
- b) Intensive Care Unit
- c) Hospital Supplies and Services
- d) Surgeon Fee
- e) Anaesthetist Fee
- f) Operating Theatre
- g) Daily In-Hospital Physician's Visit
- h) Pre-Hospital Diagnostic Tests
- i) Pre-Hospitalisation Specialist Consultation
- j) Post-Hospitalisation Treatment
- k) Emergency Accidental Out-patient Treatment
- l) Day Surgery
- m) Ambulance Fees
- n) Emergency Accidental Out-patient Dental Treatment
- o) Government Service Tax
- p) Daily Cash Allowance at Malaysian Government Hospital
- q) Medical Report Fee Reimbursement
- r) Second Surgical Opinion
- s) Emergency Sickness Treatment

**Note:** This list is non-exhaustive. Please refer to the policy contract for the full list of benefits covered under this policy.

*The benefit(s) payable under eligible product is protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Generali Insurance Malaysia Berhad or PIDM (visit [www.pidm.gov.my](http://www.pidm.gov.my))*

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

The premium payable depends on various factors, such as the group size, benefits chosen by the organization and past medical claims experience of the organization.

We will design a proposal based on our underwriting requirements and your needs. Please refer to the quotation for the applicable premium payable.

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

- 8% of premium as Service Tax
- RM10.00 as Stamp Duty to legalize the contract
- Intermediary commission of 10% of the premium where there is an intermediary involved
- MCO's fee (if applicable)

(MCO refers to the Managed Care Organization which we engage to assess, administer and manage the claims arising from this medical plan. This is only applicable if you decide to use medical cards facility).

The applicability of stamp duty and service tax amount herein applied, or any other taxes are subjected to the prevailing laws of Malaysia.

**5. How do I make a medical claim under this policy?**

Medical expenses are on 'Pay and File' basis whereby the insured is required to settle the bills first and submit all claim documents to Generali for reimbursement of the eligible expenses.

However, Cashless facility may also be arranged by Generali for the convenience of insured members. In this case, the insured may enjoy a cashless admission to any of Generali panel hospitals.

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

***Importance of Disclosure***

- You must disclose all material facts such as personal particulars, occupation and any medical condition which you already had when you apply for the policy. This includes any medical condition or symptoms whether or not being treated and any previous medical condition which recurs or which you should reasonable have known about even if you have not consulted a medical practitioner. If you are in any doubt you should disclose the medical condition.
- Failure to notify Generali of all material facts and medical condition may result in claims being refused or cover withdrawn.
- If there is any change in your health profile, occupation, business, duties or pursuits, you must notify us immediately.

***Eligibility and Scope***

- Persons eligible to be covered must be
  - An Insured Person of the Policyholder aged between sixteen (16) to sixty-five (65) years old next birthday.
  - A dependent of an Insured Person (subject to the Employee being insured), who is either a legally married spouse, up to age sixty-five (65) years old on the next birthday or unmarried child who has attained the age of fifteen (15) days old but under nineteen (19) years of age, or up to the age of twenty-three (23) if still on full time higher education, and who are not gainfully employed.

***No Selection Basis***

- You are to insure all Insured Person in the same category of occupation of management level under the same plan.

***Automatic Additions and Deletions***

- Notification of each addition shall be advised by the Insured within 60 days of the date of eligibility and the appropriate additional premiums paid. The dates of eligibility shall be the commencement dates of employment.
- Deletions of Insured Persons will be similarly effected from the dates of termination of employment provided You give the Company a written notification within sixty (60) days for such termination.

***Free-look period***

- You may cancel your policy by returning the policy within fifteen (15) days after you have received the policy. The premiums that you have paid will be refunded to you, minus any administrative cost incurred.

***Premium Warranty***

- All premiums must be paid to and received by Generali within sixty (60) days from the inception date of the policy. Otherwise, the contract is automatically cancelled.

**Waiting Period**

- Your eligibility for benefits under the policy will only start thirty (30) days after the effective date of the policy except for accidental injury.

**Pre-existing Illness:**

These are disabilities that the Insured Person has reasonable knowledge of. A person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:

- a) the Insured Person had received or is receiving treatment;
- b) medical advice, diagnosis, care or treatment has been recommended;
- c) clear and distinct symptoms are or were evident; or
- d) its existence would have been apparent to a reasonable person in the circumstances.

**Specified Illness:**

These are disabilities and its related complications, occurring within the first one-hundred and twenty (120) days of Insurance.

- a) Hypertension, diabetes mellitus and Cardiovascular disease.
- b) All tumours, cancers, cysts, nodules, polyps.
- c) Stones of the urinary system and biliary system.
- d) All ear, nose (including sinuses) and throat conditions.
- e) Hernias, haemorrhoids, fistulae, hydrocele, varicocele.
- f) Endometriosis including diseases of the Reproductive system.
- g) Vertebro-spinal disorders (including disc) and knee conditions

**Note:** This list is non-exhaustive. Please refer to the policy contract for the full list of terms and conditions under this policy.

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

This Policy does not cover unless specifically waived:

- Pre-existing condition/illnesses.
- Specified Illness are not covered for the first one-hundred and twenty (120) days.
- Waiting Period- any medical or physical conditions arising within the first thirty (30) days.
- Plastic/Cosmetic surgery, circumcision, eye examination, acquisition of external prosthetic appliances or devices such as artificial limbs, all forms of hearing aids, external or implanted pacemakers, lens (except for basic lens).
- Dental conditions including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth.
- Private nursing care, drug abuse, addictive disorders from any kind of substance or alcohol, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable diseases required quarantine by law.
- Congenital abnormalities or deformities including hereditary conditions.
- Pregnancy related or its complications, childbirth (including surgical delivery), mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilization.
- Hospitalisation primarily for investigatory purposes, screening purpose, general physical or medical examinations, diagnostic tests not incidental to treatment
- Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
- War or any act of war, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.
- Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
- Expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
- Sleep and/or snoring disorders, hormone replacement therapy and alternative therapy such as but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone setting, hyperbaric oxygen therapy, herbalist treatment, massage or aroma therapy or other alternative treatment.
- Mental or nervous disorders (including psychosis, neuroses and their physiological or psychosomatic manifestations) and any other conditions classified under the "Diagnostic & Statistical Manual of Mental Disorders as published by American Psychiatric Association".
- Costs/expenses of services of a non-medical nature, such as newspapers, television, admission/in-patient kit/pack, discharge pack, laundry, electricity, extra meal.
- Sickness or injury arising from illegal activities, playing professional sports, racing of any kind (except foot racing) or hazardous sports.
- Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
- Expenses incurred for sex changes or gender transformation.
- Any treatment directed towards developmental delays and/or learning disabilities in Insured children.

- Care and treatment that is experimental and unproven services including medication and/or unconventional medical technology/procedure which has not been approved by a recognized body in Malaysia. This includes but not limited to treatments such as stem cell therapy and treatments specifically for weight loss or gain or bariatric surgery.

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

#### 8. Can I cancel my policy?

This Policy may be cancelled by the Policyholder at any time by giving a written notice to the Company; and provided that no claims have been made during the current policy year, the Policyholder shall be entitled to a refund of the premium as follows:

Period Not Exceeding	Refund of Annual Premium
15 days (for renewal only)	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%
Exceeding 11 months	No refund

#### 9. 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.

#### 10. Where can I get further information?

If you have any enquiries about this product or any other types of similar products, you can contact us or your insurance intermediary or visit our website at [www.generali.com.my](http://www.generali.com.my).

##### **Generali Insurance Malaysia Berhad**

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#### 11. Any other types of Medical and Health Insurance cover available?

Medic SME

Smart SME Plus

The information provided in this Product Disclosure Sheet is a summary for quick and easy reference. The exact terms and conditions that apply are stated in the policy contract.

Generali Insurance Malaysia 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 24 February 2025.