

[FOR ILLUSTRATION PURPOSES ONLY]

This offering may not be available for this plan.

PRODUCT DISCLOSURE SHEET



Dear Customer,

This Product Disclosure Sheet (PDS) provides you with key information on your group medical and health insurance.

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

1 What is Group Hospital and Surgical Insurance?

Group Hospital and Surgical Insurance is a non-participating group yearly renewable medical and health plan. This product provides coverage for In-Patient Benefits, Pre and Post Hospitalisation Benefits, Out-Patient Benefits, Medical Catastrophe Benefits and etc.

2 Know Your Coverage / Benefits

As an illustration, for a group size of 80 male members of 45 years old, with **RM66,560.00 annually**, you will receive the following group medical and health insurance **coverage**:

Please note that the premium rate could differ based on your demographics and historical claims. **Please refer to your quotation for further details about your plan. For additional information, please scan the QR code below.**

Coverage	Room & Board: RM250.00 Overall Annual Limit: RM50,000.00 The coverage is stipulated, subject to the corresponding "Designated Plan" chosen, as per attached quotation.
Additional Coverage / Benefits	Below are the rider(s) that you can opt together with this plan: 1. Dental Benefits 2. Maternity Benefits

Your group medical and health insurance **excludes**:

- Plastic/Cosmetic Surgery, circumcision, eye examination, and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof;
- Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane; and
- War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.

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

If you have any questions or require assistance on your group medical and health insurance, you can:



Call us at
1 300 88 8800



Visit us at:
ammetlife.com



Email us at:
customercare@ammetlife.com



Scan the QR code above

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

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

3 Know Your Obligations

For this group medical and health insurance, you must pay a premium of:

Premium	RM66,560.00 (annually) (Please refer to the quotation for the actual premium rates) The total premium payable is based on plan chosen and group size
Premium Payment Term	1 Year (as per attached quotation)
Coverage Term	1 Year (as per attached quotation)

You also have to pay the following fees and charges:

Commission	RM6,656.00, 10% of gross premium (Please refer to the quotation for the actual commission)
Third Party Administrator (TPA) Fees	RM1,600.00 (Please refer to the quotation or appendix for details)

4 Other Key Terms

- You should satisfy yourself that this plan will best serve your needs and that the premium payable under this plan is an amount you can afford for the duration of the policy term.
- The premium rates are applicable to standard risks and are subject to the terms and condition(s) of your policy.
- The premium payable and policy terms may vary depending on underwriting requirements of AmMetLife.
- Importance of disclosure – you must disclose all material facts such as medical conditions, and state the age correctly.
- AmMetLife reserves the right to review the policy terms and the premium rates if preliminary data furnished to AmMetLife was found to be incomplete, inaccurate and incorrect.
- You must complete the Group Enrolment Form accurately. If you fail to disclose or wrongly disclose any material information, it may affect the premium and benefit amount or AmMetLife may cancel the Policy and all premium less medical expenses, claims, any indebtedness and any other charges (if applicable) will be refunded to you without interest.
- Waiting Period – the eligibility for benefits will only start 30 days after the effective date or date of any reinstatement of the Policy, whichever is later (if applicable).
- If the hospitalisation charge for the Room & Board is at higher rate than the eligible benefit, AmMetLife will only bear 80% of the remaining hospitalization charge for the Room & Board (if applicable).

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- If this Policy shall have commenced immediately upon termination of a preceding Policy, provided the same benefits are available under this Policy, if a Life Assured shall have been afflicted with a medical Disability prior or at the time this Policy started (and benefits under the preceding Policy would have been available to Life Assured), such Life Assured shall continue to be covered for the existing Disability, but not to exceed the limits of the previous Policy on condition the Company has secured a copy of the preceding Policy.
- If you switch policy from one insurer to another or transferring from one type of insurance plan to another, you may be subject to the new terms and conditions of the new Policy or the new insurer.
- A grace period of 60 days from your premium due date is allowed. If you do not pay your premiums within the grace period, your Policy will lapse.
- Please notify AmMetLife as soon as possible after a claim event. You may visit ammetlife.com for the detailed claim procedure.
- 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.
- Unless renewed, the coverage will cease on expiry date and AmMetLife shall strictly not be liable for any expenses that take place after the expiry date.

Note: This list is **non-exhaustive**. Please refer to the Policy Contract for the full list of terms and conditions.

Can I cancel my Policy?

Yes, you may cancel your Policy by giving a written notice to us.

- **Cooling Off Period:** Within 15 days from the date of receipt of the Policy, the premiums that you have paid (less any medical expenses incurred) will be refunded to you.
- **After Cooling Off Period:** You may cancel the Policy by giving a written notice to us and coverage will continue until the effective date of cancellation. Thereafter, the Policy shall cease and have no further value. You are entitled to a certain percentage refund of your premium paid, depending on your cancellation date and provided that you have not made a claim on the policy. Please refer to your Policy Contract for more details on the percentage to be refunded.