

# PRODUCT DISCLOSURE SHEET



(Please read this Product Disclosure Sheet before you decide to take up *MediSecure Kasih*.  
Be sure to also read the general terms and conditions.)

*MediSecure Kasih*  
(Hospitalisation and Surgical Insurance)  
01 September 2024

## 1. What is this product about?

This product provides for hospitalisation and surgical expenses incurred due to illnesses or accidents covered under the policy.

There is a Deductible of RM500 or RM1,000 under each designated plan. A Deductible is an amount that you must bear for the first portion of the eligible medical expenses. Only amount exceeding the Deductible will be payable under this Policy. The Deductible is on a per Policy Year basis.

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

Benefits provided under this Policy are stated in the Schedule of Benefits.

SCHEDULE OF BENEFITS				
Type of Benefits	Plans (RM)			
	PLAN 1	PLAN 2	PLAN 3	PLAN 4
Deductible per Policy Year	500	1,000	500	1,000
Lifetime Limit	360,000		240,000	
Overall Annual Limit	120,000		80,000	
Per Disability Limit	60,000		40,000	
<b>In-patient Treatment</b>				
Hospital Room and Board (per day)	180		120	
Intensive Care Unit	As Charged			
Hospital Supplies & Services				
Surgical Fees				
Anaesthetist Fees				
Operating Theatre				
In-Hospital Physician Visit (maximum two (2) visits per day)				
<b>Outpatient Treatment</b>				
Pre-Surgical Consultation & Diagnosis, limited to one (1) consultation prior to surgery	As Charged			
Pre-Hospital Specialist Consultation, limited to one (1) consultation prior to hospitalisation				
Pre-Hospital Diagnostic Tests				
Second Surgical Opinion, limited to one (1) consultation prior to surgery				
Post-Hospitalisation Treatment, incurred within 60 days following discharge from hospital				
Outpatient Cancer Treatment				
Outpatient Kidney Dialysis Treatment				
<b>Other Benefits</b>				
Ambulance Fees	As Charged			
Medical Report Fee				
Sales and Services Tax (where applicable)				

### **Note:**

- 1) This is a pay and claim admission plan(s). Policyholder is required to pay for the hospital bills and then submit the relevant documents to the Company for reimbursement.

- 2) Circumstances where the Deductible shall not apply:
  - a) Emergency Treatment, including in accident cases.
  - b) Outpatient treatment for follow-up treatments arising from critical illnesses such as for cancer or kidney dialysis.
  - c) Treatment sought at a Government healthcare facility.
- 3) Duration of cover is for one (1) year. You need to renew your insurance cover annually.

The benefit(s) payable under the eligible certificate/policy/product is(are) protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Lonpac Insurance Bhd or PIDM (visit [www.pidm.gov.my/en/how-we-protectyou/tips/coverage-for-tips](http://www.pidm.gov.my/en/how-we-protectyou/tips/coverage-for-tips)).

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

The premium you have to pay may vary depending on your choice of plan, occupation, age group and our underwriting requirements.

The premium payable is based on age at next birthday but a premium loading may apply depending on underwriting requirements of LONPAC INSURANCE BHD.

Renewal premium will automatically be adjusted on entering the next age group. Premium may also be adjusted should there be adverse variations to your health or changes to your occupation at the time of renewal.

The annual premium rate is non-guaranteed and is subject to revision according to Company's risk assessment. The Company will give thirty (30) days written notice prior to Policy renewal in the event of premium revision.

You can choose to pay your premium on a monthly frequency but this is only available by way of a standing instruction to pay from a Credit Card.

The premium for standard risk is as per the Table of Premium:

**TABLE OF PREMIUM – Annual Premium**

Age at Next Birthday (years)	Plan 1	Plan 2	Plan 3	Plan 4
1 - 5	1,294.00	1,247.00	1,168.00	1,122.00
6 - 10	1,080.00	1,041.00	976.00	937.00
11 - 15	909.00	876.00	821.00	788.00
16 - 20	787.00	758.00	711.00	682.00
21 - 25	721.00	695.00	651.00	625.00
26 - 30	757.00	730.00	684.00	657.00
31 - 35	793.00	764.00	716.00	688.00
36 - 40	953.00	919.00	861.00	827.00
41 - 45	1,213.00	1,169.00	1,096.00	1,052.00
46 - 50	1,587.00	1,529.00	1,433.00	1,376.00
51 - 55	2,090.00	2,014.00	1,888.00	1,812.00
56 - 60	2,741.00	2,641.00	2,475.00	2,376.00
61 - 65	3,556.00	3,427.00	3,212.00	3,083.00
66 – 70 (renewal only)	4,557.00	4,391.00	4,115.00	3,951.00
71 – 75 (renewal only)	5,764.00	5,554.00	5,206.00	4,997.00
76 – 80 (renewal only)	7,201.00	6,938.00	6,503.00	6,243.00

## TABLE OF PREMIUM – Monthly Premium

Age at Next Birthday (years)	Plan 1	Plan 2	Plan 3	Plan 4
1 - 5	116.50	112.20	105.10	101.00
6 - 10	97.20	93.70	87.80	84.30
11 - 15	81.80	78.80	73.90	70.90
16 - 20	70.80	68.20	64.00	61.40
21 - 25	64.90	62.60	58.60	56.30
26 - 30	68.10	65.70	61.60	59.10
31 - 35	71.40	68.80	64.40	61.90
36 - 40	85.80	82.70	77.50	74.40
41 - 45	109.20	105.20	98.60	94.70
46 - 50	142.80	137.60	129.00	123.80
51 - 55	188.10	181.30	169.90	163.10
56 - 60	246.70	237.70	222.80	213.80
61 - 65	320.00	308.40	289.10	277.50
66 – 70 (renewal only)	410.10	395.20	370.40	355.60
71 – 75 (renewal only)	518.80	499.90	468.50	449.70
76 – 80 (renewal only)	648.10	624.40	585.30	561.90

### Cash-Before-Cover

This insurance product is sold on a Cash-Before-Cover basis. Full premium must be paid before the effective date of the policy.

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

- |                                     |  |
|-------------------------------------|--|
| • Commission to the insurance agent | 15%  |
| • Service Tax                       | 0% (if the Policyholder is an Individual)<br>8% (if the Policyholder is a Company) |
| • Stamp Duty                        | RM10   |

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

### Duty of disclosure

#### 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 in the Proposal Form 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.

## Non-Consumer Insurance Contract

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for the purpose of providing insurance benefits to your employees and their family/dependants, 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.

### **Period of Insurance and Renewal**

This Policy shall become effective as of the date stated in the Schedule. The Policy Anniversary shall be one year after the effective date and annually thereafter.

This Policy will be renewable at the option of the Company. Application for change of benefits can only be made on renewal and is subject to acceptance by the Company upon renewal.

The renewal premium payable is not guaranteed. The Policy is renewable at the premium rate in effect at that time as notified by the Company.

### **Cooling-Off Period**

If this policy shall had been issued and for any reason whatsoever You shall decide not to take up the policy, You may return the policy to LONPAC INSURANCE BHD for cancellation provided such request for cancellation is delivered by You to LONPAC INSURANCE BHD within fifteen (15) days from the date of delivery of the policy. You are entitled to a refund of the full premium paid less deduction of medical expenses (medical examinations or medical report fees) incurred by LONPAC INSURANCE BHD in the issuance of the policy.

### **Waiting Period**

Eligibility for benefits starts thirty (30) days after the effective date of the policy, except for a covered Accident occurring after the effective date of coverage. The Waiting Period shall mean the first thirty (30) days between the beginning of an Insured Person's disability and the commencement of this Policy date/reinstatement date and is applied only when the person is first covered. This shall not be applicable after the first year of cover. However, if there is a break in insurance, the Waiting Period will apply again.

### **Deductible per Policy Year**

This is the amount of eligible expenses that You will bear for each Policy Year. Only the amount exceeding this deductible will be payable under this policy.

### **Upgraded Room and Board Co-Payment**

You will have to pay 20% of the eligible expenses if You are hospitalised at a published room and board rate which is higher than your eligible benefit.

### **Change in Risk**

The Insured Person shall give immediate notice in writing to the Company on any material change in his or her occupation, business, duties or pursuits and pay any additional premium that may be required by the Company due to a change in his or her risk profile.

### **Change of Plan**

Any increase or decrease in the insurance coverage for the Insured Person which is due to a change in plan will become effective only on the next Policy Anniversary date provided such change has been approved by the Company. Any increase in the insurance coverage shall be subjected to further evidence of satisfactory health to the Company.

## Residence Overseas

No benefit whatsoever shall be payable for any medical treatment received by the Insured Person outside Malaysia, if the Insured Person resides or travels outside Malaysia for more than ninety (90) consecutive days.

## Claims Procedures

- a) You shall within thirty (30) days of a Disability that incurs claimable expenses, give written notice to the Company stating full particulars of such event, including all original bills and receipts, and a full Physician's report stipulating the diagnosis of the condition treated and the date the Disability commenced in the Physician's opinion and the Physician's summary of the cost of treatment including medicines and services rendered. Failure to furnish such notice within the time allowed shall not invalidate any claim if it is shown not to have been reasonably possible to furnish such notice and that such notice was furnished as soon as was reasonably possible.
- b) You shall immediately procure and act on proper medical advice and the Company shall not be held liable in the event a treatment or service becomes necessary due to failure of the Insured to do so.

## Yearly renewable policy up to age 80 at next birthday

You need to renew the Policy every year up to 80 at age next birthday. Renewal may be invited based on existing terms, with premium revision, with certain restrictions of coverage or it may be declined if there is any material change in occupation, duties of pursuits or any injury, diseases, physical defect or infirmity of which you have become aware or been affected.

## Portfolio Withdrawal Condition

The Company reserves the right to cancel the portfolio as a whole if it decides to discontinue underwriting this insurance product. Cancellation of the portfolio as a whole shall be given by written notice to the Policyholder and the Company will run off all policies to expiry of the period of cover within the portfolio.

### **Note:**

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

## 6. What are the major exclusions under this policy?

1. Pre-existing illness.
2. Specified Illnesses occurring during the first one-hundred and twenty (120) days of continuous cover.
3. Any medical or physical conditions arising within the first thirty (30) days of the Insured Person's cover or date of reinstatement whichever is later except for accidental injuries.
4. Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy or Lasik) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof.
5. Dental conditions including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the Period of Insurance.
6. Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable diseases requiring quarantine by law.
7. Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
8. Pregnancy, childbirth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilization.
9. Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary, and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain.
10. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.

11. 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.
12. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from the process of nuclear fission or from any nuclear weapons material.
13. 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.
14. Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone-setting, herbalist treatment, massage or aroma therapy or other alternative treatment.
15. Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured Person and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract.
16. Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations).
17. Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items.
18. Sickness or Injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.
19. Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
20. Expenses incurred for sex change.

## 7. Can I cancel my policy?

You may cancel the policy at any time by giving written notice to us. Provided that no claim(s) have been made during the policy year, you shall be entitled to a refund of the premium as follow:-

<u>Policy Period</u>	<u>Refund</u>	
Period Not exceeding 15 days	90%	Refund of Annual Premium (applicable to renewal only)
Period Not exceeding 1 month	80%	Refund of Annual Premium
Period Not exceeding 2 months	70%	Refund of Annual Premium
Period Not exceeding 3 months	60%	Refund of Annual Premium
Period Not exceeding 4 months	50%	Refund of Annual Premium
Period Not exceeding 5 months	40%	Refund of Annual Premium
Period Not exceeding 6 months	30%	Refund of Annual Premium
Period Not exceeding 7 months	25%	Refund of Annual Premium
Period Not exceeding 8 months	20%	Refund of Annual Premium
Period Not exceeding 9 months	15%	Refund of Annual Premium
Period Not exceeding 10 months	10%	Refund of Annual Premium
Period Not exceeding 11 months	5%	Refund of Annual Premium
Period exceeding 11 months	No refund of Premium	

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

It is important that you inform us of any change in your contact details and life profile including your occupation and personal pursuits which would affect the risk profile.

## 9. Where can I get further information?

If you have any enquiries, please contact us at:

<b>Customer Service Department</b> <b>Lonpac Insurance Bhd</b> <b>9<sup>th</sup> Floor, Bangunan Public Bank,</b> <b>6, Jalan Sultan Sulaiman,</b> <b>50000 Kuala Lumpur.</b> <b>Tel : 03 2262 8666</b> <b>Fax : 03 2715 1332</b> <b>E-mail : customerservice@lonpac.com</b> <b>Website: www.lonpac.com</b>	<b>Authorised agent:</b>
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## 10. Other types of Hospitalisation and Surgical Insurance cover available.

- MediSecure
- MediSecure Centurial
- MediSecure Plus 2015
- MediSecure Booster

**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 US DIRECTLY FOR MORE INFORMATION.**

Lonpac Insurance Bhd is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia to transact all classes of general insurance business.

This Product Disclosure Sheet is for general information only and is valid as at 01.09.2024.