eTiQa
Family Takaful



MASTER CONTRACT GROUP
TAKAFUL WAKALAH HOSPITAL & SURGICAL

KOPERASI POLIS DIRAJA MALAYSIA BERHAD
TGWH000690/9

04/06/2026

KOPERASI POLIS DIRAJA MALAYSIA BERHAD
NO.1, BANGUNAN KOPERASI POLIS
JALAN SULAIMAN
KUALA LUMPUR
50000 WILAYAH PERSEKUTUAN

Dear Sir/Madam,

GROUP TAKAFUL WAKALAH HOSPITAL & SURGICAL
TGWH000690/9
AC-008525/KOPERASI POLIS DIRAJA MALAYSIA BERHAD
KOPERASI POLIS DIRAJA MALAYSIA BERHAD
Period of Takaful: 01/03/2026 to 28/02/2027

Thank you for taking the above takaful coverage with us. We are pleased to confirm cover for all employees in the attached listing.

In line with the confirmation of cover, enclosed are the related documents for your immediate attention and action:

1. Master Certificate
2. Contribution Invoice No : B260000152231 amounting to RM 2,245,800.90
   B260000152232 amounting to RM 37,962.00
   (inclusive of 8% service tax and stamp duty) being contribution chargeable and employees listing.
3. Endorsement

Please find below your unique VA Code for your use in any payment remittance to Etiqa.

Your Virtual Account Code with Etiqa is: -

Virtual Account code	:	550513952333
Recipient Reference	:	KOPERASI POLIS DIRAJA MALAYSIA BERHAD
Payment Details	:	TGWH000690/9
Company Code	:	266243D
Swift Code	:	MBBEMYKL (for TT use only)

We trust that the above documents are in order. Should you need further clarification or information pertaining to the scheme or related matter, please contact our Customer Care at 1300 13 8888 or e-mail us at info@etiqa.com.my.

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

Thank you.

Yours faithfully,
TUN AKMAL HAKIM BIN OMAR
HEALTH & WELLNESS DEPARTMENT

Certificate No.
TGWH000690/9

Group Takaful Wakalah Hospital & Surgical
SCHEDULE

TAKAFUL SCHEDULE

STAMP DUTY PAID

Takaful Contract No	:	TGWH000690/9
Takaful Contract Holder	:	KOPERASI POLIS DIRAJA MALAYSIA BERHAD
Address	:	NO.1, BANGUNAN KOPERASI POLIS JALAN SULAIMAN KUALA LUMPUR 50000 WILAYAH PERSEKUTUAN
Period of Coverage	:	01/03/2026 to 28/02/2027
Renewal	:	01/03/2027
Group Benefits Scheme	:	GROUP HOSPITAL & SURGICAL TAKAFUL
Covered Members	:	AS PER LIST LODGED TO THE COMPANY
Scope of Coverage	:	AS PER SCHEDULE OF BENEFITS
Contribution	:	2,283,752.90
Sales & Services Tax	:	0.00
Stamp Duty	:	10.00
Total Contribution	:	2,283,762.90

Wakalah Fee:

Type	% of Contribution	Fixed Wakalah Fee
Wakalah Fee*	13.00 %	0.00
Commission	7.00 %	0.00

*The Wakalah Fee is inclusive of Commission

Net Surplus Allocation Ratio :

Takaful Contract Holder	Takaful Operator
50 %	50 %

Certificate No.
TGWH000690/9

Group Takaful Wakalah Hospital & Surgical
KOPERASI POLIS DIRAJA MALAYSIA BERHAD
SCHEDULE OF BENEFITS AND ANNUAL CONTRIBUTION
MAXIMUM ELIGIBILITY(RM)

Eligible Age of Entry	16-70 years old	16-70 years old	16-70 years old
Maximum Age of Cover	75 years old	75 years old	75 years old
SCHEDULE OF BENEFITS	**PLAN1**	**PLAN2**	**PLAN3**
Room & Board Daily Maximum up to - 180 days	200.00	250.00	300.00
Room & Board - Govt. Hospital Daily Maximum up to - 180 days	200.00	250.00	300.00
Intensive Care Unit Daily Maximum up to - 30 days	as charged	as charged	as charged
Hospital Miscellaneous Service	as charged	as charged	as charged
Surgical Fees	as charged	as charged	as charged
Operating Theatre Fees	as charged	as charged	as charged
Anaesthetist's Fees	as charged	as charged	as charged
In-Hospitalisation Physician Visit (2 visits/day - Daily maximum up to 180 days)	as charged	as charged	as charged
Pre-Hospitalisation Diagnostic Services (Within 90 days to hospitalisation)	as charged	as charged	as charged
Pre-Hospitalisation Specialist Consultation fee (Within 90 days to hospitalisation)	as charged	as charged	as charged
Post Hospitalisation follow up treatment (Follow up within 90 days of discharge)	1,500.00	1,700.00	2,000.00
Emergency Outpatient Accidental Treatment (Follow up within 14 days of first treatment)	1,750.00	2,000.00	2,300.00
Emergency Accidental Dental Treatment (within 24 hours after the accident & follow-up treatment up to 14 days)	500.00	750.00	1,000.00
Second Surgical Opinion Fee	as charged	as charged	as charged
Ambulance Fees	200.00	400.00	600.00
Government Hospital Cash Allowance **OR** - medicine charge due to hospitalization in government hospital/implant benefit which not covered by government.	200.00 30,000.00	220.00 34,300.00	250.00 35,400.00
Day Care Surgery & Services	as charged	as charged	as charged

Certificate No.
TGWH000690/9

Eligible Age of Entry **Maximum Age of Cover**	16-70 years old 75 years old	16-70 years old 75 years old	16-70 years old 75 years old
SCHEDULE OF BENEFITS	**PLAN1**	**PLAN2**	**PLAN3**
Emergency Sickness Treatment Between 10:00 p.m to 08:00 a.m only (Maximum per disability)	500.00	750.00	1,000.00
Medical Report Fee	100.00	200.00	300.00
Service Tax on Healthcare Services Provided by Private Healthcare Facilities (Non-Malaysian)	6% on Reimbursable Eligible Claims	6% on Reimbursable Eligible Claims	6% on Reimbursable Eligible Claims
Childbirth Delivery Benefits	200.00	300.00	400.00
Medical Prescription (up to 150 days during hospitalization & 90 days post hospitalization)	as charged	as charged	as charged
Administration / Registration	150.00	150.00	150.00
Out-Patient Cancer/ Kidney Dialysis Treatment (Subject to Overall Annual Limit)	20,000.00	25,000.00	30,000.00
Covid Test for hospital admission only	as charged	as charged	as charged
Outpatient Physiotherapy Treatment due to accidental causes (within 90 days after the accident, with hospitalization) For those without hospital admission (within 60 days after accident)	1,000.00	2,000.00	3,000.00
OVERALL MAXIMUM LIMIT PER ANNUM PER PERSON	**50,000.00**	**80,000.00**	**100,000.00**
Funeral Expenses due to accidental only for member (Principle only)	1,500.00	1,700.00	2,000.00

MONTHLY CONTRIBUTION(RM) FOR MEMBER (inclusive of TPA Fee)			
Less than 25 years old	56.00	71.00	84.00
26 - 30	63.00	81.00	93.00
31 - 35	69.00	90.00	103.00
36 – 40	93.00	120.00	130.00
41 – 45	116.00	150.00	174.00
46 – 50	138.00	178.00	204.00
51 – 55	184.00	240.00	276.00
56 – 60	225.00	293.00	336.00

Certificate No.
TGWH000690/9

MONTHLY CONTRIBUTION(RM) FOR MEMBER (inclusive of TPA Fee)			
61 – 65	315.00	410.00	471.00
66 – 70	384.00	499.00	574.00
71 – 75 (renewal only)	503.00	652.00	752.00

MONTHLY CONTRIBUTION(RM) FOR SPOUSE (inclusive of TPA Fee)			
Less than 25 years old	68.00	86.00	100.00
26 - 30	74.00	96.00	111.00
31 - 35	83.00	109.00	124.00
36 – 40	111.00	144.00	166.00
41 – 45	140.00	180.00	208.00
46 – 50	165.00	214.00	245.00
51 – 55	221.00	286.00	331.00
56 – 60	270.00	351.00	404.00
61 – 65	379.00	493.00	586.00
66 – 70	460.00	599.00	690.00
71 – 75 (renewal only)	602.00	784.00	904.00

MONTHLY CONTRIBUTION(RM) FOR CHILD (inclusive of TPA Fee)			
15 days to 25 years old	44.00	51.00	60.00

CLAUSES, ENDORSEMENTS, DEFINITIONS AND WARRANTIES

(Applicable only as specified in the preceding section of this Schedule)

Signed at Head Office on 04/06/2026



Authorised Signatory

IMPORTANT NOTICE:
This schedule must be read in conjunction with the Contract to which the Schedule is attached.

ENDORSEMENT

CERTIFICATE NO	:	**TGWH000690/9**
CERTICATE HOLDER	:	**KOPERASI POLIS DIRAJA MALAYSIA BERHAD**
SCHEME	:	**GROUP HOSPITAL & SURGICAL TAKAFUL**
PERIOD OF COVER	:	**01/03/2026 to 28/02/2027**

It is hereby declared and agreed that with effect from **01/03/2026 to 28/02/2027**

DEFINITIONS : The revised clauses under DEFINITIONS, shall read as below and not otherwise stated.

DEPENDENT(S)

The person(s) who is a dependent to an Eligible Member and eligible for coverage under the plan offered by this Contract as defined below;

1 Four (4) legally married spouses of Eligible Member who are between the age of sixteen (16) years old attained age but not more than sixty (60) years old attained age who is newly join the scheme and extended to seventy (70) years old attained age for existing member.

2 a) Any legally dependent and unmarried child(ren) (including step-child(ren) and legally adopted child(ren) who are wholly dependent on the Eligible Member, between the age of fifteen (15) days old but not more than twenty-five (25) years old attained age or not more than twenty-seven (27) years old attained age if child under OKU (physical challenge).

b) Maximum Age of Cover is up to twenty-six (26) years old attained age or twenty-eight (28) years old attained age if child under OKU (physical challenge).

3 Dependents of an Eligible Member are not covered until the Eligible Member becomes a Person Covered.

4 Any dependent, who is not included for cover when eligible within thirty-one (31) days, can apply to be included. Cover commences upon date of submission of complete particulars of the Dependent.

It is further agreed that the above list is not exhaustive and may be amended from time to time.

SURPLUS :

1) The Group Hospital and Surgical Takaful Contract (TGWH000690/9) is issued as a rider to Group Family Takaful – Wakalah Harmonized Contract (TGTW001218/9) where both Contracts are sharing the surplus.
Termination of TGTW001218/9 shall affect the rate term and conditions of TGWH000690/9 being reviewed and revised.

2) <u>Payment of Surplus:</u>
At the end of each Financial Year of the Takaful Operator, subject to recommendation by the Takaful Operator's appointed actuary and Shariah Committee as well as the approval by the Takaful Operator's board of directors, such surplus will be shared between the Operator and the Covered Member/Person Covered in the ratio of 50:50. The Takaful Operator's entitlement to the surplus is on the basis of the Ju'alah principle.

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Any surplus under this Master Contract, shall be payable to Covered Member/Person Covered or Claimant. For Claimant, such nominee shall distribute the Surplus in due course of administration of the estate of the deceased Covered Member/Person Covered in accordance to the will of the Covered Member/Person Covered or the law relating to the distribution of the estate of the deceased persons as applicable to the Covered Member/Person Covered.

Upon payment of Takaful Benefits, we shall be discharged from any further liability with respect to any person paid.

EXCLUSIONS : This Contract does not cover any Hospitalisation, Surgery or charges caused directly or indirectly, wholly or partly, by the following occurrences:

1) Sickness or Injury arising from racing of any kind (except foot racing), hazardous sports and illegal activities

COVID DCA : **Covid-19 admission at Government Hospitals and Public Quarantine & Low Risk Treatment Centre (Pusat Kuarantin & Rawatan Covid-19) is extended to Daily Cash Allowance at Government Hospital Benefit. Private Quarantine & Low Risk treatment Centre or Semi-Government Hospitals are excluded.**

DAILY CASH ALLOWANCE : Daily Cash Allowance can be payable if admission at

1) Army Hospitals such as
    a) Hospital Angkatan Tentera Tuanku Mizan Wangsa Maju, Kuala Lumpur,
    b) Hospital Angkatan Tentera, Kem Terendak, Melaka,
    c) Hospital Angkatan Tentera Lumut, Perak,
    d) Hospital Angkatan Tentera Wilayah Kota Kinabalu,
    e) Hospital Tentera Darat, Kem Syed Sirajuddin, Gemas, Negeri Sembilan

2) Teaching Hospitals such as
    a) Pusat Pakar Perubatan Uitm (PPUITM) Sg. Buloh,
    b) Sultan Ahmad Shah Medical Centre @IIUM,
    c) Hospital UITM Kampus Puncak Alam,

DEDUCTIBLE : This quotation is subject to deductible of RM100 for all Plan.

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It is further agreed that the list attached is not exhaustive and may be amended from time to time.

All other terms, conditions and exclusions of this Contract shall remain unchanged.

This endorsement shall not be binding upon Etiqa Family Takaful Berhad unless signed by its authorised representative, nor shall anything contained herein be held to waive, alter, change or extend any of the conditions, limits, provisions, agreements, statements or declaration of the Contract other than as above stated.



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Authorised Signature

Dated at Kuala Lumpur, 04/06/2026

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CERTIFICATE NO	:	**TGWH000690/9**
CERTICATE HOLDER	:	**KOPERASI POLIS DIRAJA MALAYSIA BERHAD**
SCHEME	:	**GROUP HOSPITAL & SURGICAL TAKAFUL**
PERIOD OF COVER	:	**01/03/2026 to 28/02/2027**

REJECT & KIV MEMBERS

With reference to the member listing submitted, we noticed that the following employee name not eligible to the contract

1. Refer Appendix 1 (Reject Member)

Hence, we are regret to inform you that we are unable to provide coverage. It is in accordance to our eligibility conditions under the master contract.

Addition to that, we noticed that the list named employee (s) details as attached was incomplete. As such, we would appreciate if you could provide the required details stated in the list to ensure coverage in the policy, failing which we reserve the rights not to admit liability should there be any claims incurred.

1. Refer Appendix 2 (KIV Member)

Appendix 1 (Reject Member)					
No.	**NAME**	**NRIC**	**PRINCIPLE NRIC**	**RELATIONSHIP**	**REMARKS**
1.	NIL				
Appendix 2 (KIV Member)					
No.	**NAME**	**NRIC**	**PRINCIPLE NRIC**	**RELATIONSHIP**	**REMARKS**
1.	NIL				

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ENDORSEMENT

CONTRACT NO	**:**	**TGWH000690/9**
CONTRACTHOLDER	**:**	**KOPERASI POLIS DIRAJA MALAYSIA BERHAD**
SCHEME	**:**	**GROUP TAKAFUL WAKALAH HOSPITAL & SURGICAL**
PERIOD OF COVER	**:**	**01/03/2026 to 28/02/2027**

It is hereby declared and agreed that with effective 01/03/2026, this endorsement is attached to and read as part of Contract No. TGWH000690/9.

1) We agreed that the following conditions are applicable to all the Members who are included in this Scheme:

   a) Newly recruited Police to have "window period" of 9 months to participate in this program upon completion of their training are subject to the followings:-
      i) 30 days Waiting Period is waived.
      ii) Pre-Existing Illness and 120 days Specified Illness are waived for members.
      iii) 6 months Pre-Existing Illness and 120 days Specific Illness are applicable for Dependents.

   b) Members who are not new recruit nor currently covered under the existing GHS are allowed to enroll this program anytime subject to the followings:-
      i) 30 days waiting period is waived.
      ii) Pre-Existing Illness and 120 days Specified Illness are covered up to 70% of eligible medical expenses incurred.
      iii) 6 months Pre-Existing Illness and 120 days Specific Illness are applicable for Dependents.

   c) Member from existing GHS expiring on 28/02/2025 are allowed to join this contract upon expiring and shall be subjected to take-over policies conditions.

2) Government Hospital Daily Cash Allowance shall read as follows:
   - Pay a daily allowance for each day of confinement for a covered Disability in a Malaysia Government Hospital including listed below provided that:-

   a) The Insured Person is confined to a Room & Board rate that does not exceed the amount shown in the Schedule of Benefit.

   b) No Payment will be made for any transfer to or from any Private Hospital and Malaysia Government Hospital.

   c) The company shall not be liable for any medical expenses arising from treatment in the following hospitals:
      i) Hospital Selayang
      ii) Hospital Putrajaya
      iii) Institut Kanser Negara
      iv) Institut Jantung Negara
      v) Hospital Universiti Sains Malaysia (HUSM)
      vi) Pusat Perubatan Universiti Malaysia (PPUM)
      vii) Pusat Perubatan Universiti Kebangsaan Malaysia (PPUKM)

3) Intraocular Lens (IOLs) is covered up to RM800.00 per eye.

4) For any admission to a published Room & Board rate below RM250, Upgraded Room & Board Co-payment is waived.

5) The contract is extended to cover any hospitalization or surgery directly or indirectly wholly or partly due to Armed Force Activities.

6) **ACTIVELY AT WORK CONDITION** – Not Applicable

7) No waiting period applied for BOD who no longer hold position and moves to normal members, normal members move to BOD and employees who retired but still members.

8) Participant member in GHS is compulsory before they can purchase for their spouses and children.

9) For a Male Muslim, the legal spouse shall mean the first legal wife

10) Member is entitle to claim only one benefit either Government Hospital Cash Allowance **OR** medicine charge due to hospitalization in government hospital/implant benefit which not covered by government.

11) Outpatient Physiotherapy Treatment caused by accident, follow up period within 90days with hospitalisation and 60days for non-hospitalisation.

12) Backdated effective date is automatic allowable for retiree termination only, not more than 90 days of email received before Group EB Endorsement proceed for endorsement.

All other terms, conditions and exclusions of this Takaful Contract shall remain unchanged.

This endorsement shall not be binding upon Etiqa Family Takaful Berhad unless signed by its authorised representative, nor shall anything contained herein be held to waive, alter, change or extend any of the conditions, limits, provisions, agreements, statements or declaration of the Contract other than as above stated.

Dated at Kuala Lumpur, 04/06/2026

Authorised Signature

MASTER CERTIFICATE
GROUP HOSPITAL AND SURGICAL TAKAFUL

The Concept of Takaful	Takaful is a mutual assistance scheme based on the spirit of brotherhood and solidarity where a group of people agree to assist each other financially in case of certain defined need.
The Entire Certificate between You and Us	This Takaful Certificate, all application forms, the Takaful Schedule, the Schedule of Benefits, and Endorsements that We may issue on this Certificate, forms the entire contract between You and Us. Any change in the provisions of this Certificate must be contained in an Endorsement and duly signed by one of Our authorized officer. As this is a legal contract between You and Us, please read your Takaful Certificate carefully and confirm that this Takaful plan meets Your requirement.
Takaful Schedule	The Takaful Schedule is issued as a separate attachment, but forms a part of this Certificate. It contains important information on: • who the Certificate Holder is, • who the Person Covered are, • the type and scope of coverage, • the Period of Coverage and the option for renewal, • the Contribution amount Please check the Takaful Schedule to ensure that they correctly reflect the type and amount of Benefit requested as what have been agreed by You. Please return this Takaful Certificate to Us immediately for rectification if any of the information is incorrect.

TAKAFUL CERTIFICATE INFORMATION STATEMENT

Admission of Age	You are required to provide Us with proof of age (i.e. a birth certificate or identity card) of the eligible members before We can make any payment of Benefits to You.
Where to Pay Contributions	You may pay Contributions directly at Our Head Office or at any of Our branches, or by any method of payment that is acceptable to Us.
Failure to Pay Contribution	You are given a Grace Period of sixty (60) days to pay the Contribution due. If Your Contribution is not received within the Grace Period, Your Certificate shall be cancelled and We shall be entitled to the pro-rated Contribution for the period between the date of inception of this Certificate up to its cancellation date.

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How to Make a Claim	To make a claim under this Certificate please refer to the Claim Procedures in this MasterCertificate. The claim form is available at our branches and Head Office. Please refer to Our websiteat www.etiqa.com.my for more details on the claims requirements. Should You require any assistance, kindly call Our Etiqa Oneline at 1300 13 8888.
Free Look Period	You have the right to return this Master Certificate with written instruction to Us within fifteen (15) days after the Certificate has been received by You, for any reason. If returned, the Certificate will be considered void from the beginning and We will refund to You any Contributions paid less any medical examination fee incurred with regards to the Person Covered. Please note that for the purpose of determining the period of fifteen (15) days, this Master Certificate will be deemed to be returned to Us on the date We have received this Master Certificate if personally delivered, or on the date of posting if this Certificate is sent to Us by registered post, or on the date of transmission if this Certificate is electronically transmitted.
Right to Cancel or Terminate	You may cancel this Certificate at any time by giving Us not less than thirty (30) days prior written notice. The Certificate shall terminate on the date of receipt of the notice or the date of cancellation specified in the written notice, whichever is later. Upon termination, You shall remain liable to pay to Us the full contribution in respect of any Person Covered who was covered by the Certificate prior to the date of termination.
Change of Address	Please inform Us immediately of any change of address to ensure that there will be no interruption in communication from Us to You.
Contact Us	For service or information on this Certificate, please contact: • Etiqa Oneline at 1300 13 8888; or • Any of Our branch offices.
Service Standards	We assure You that We will strive to provide You with the highest standard of service. However, if We do not meet Your expectations, or if You are not satisfied with Our service, please refer Your complaint as follows: • Complaint Management Unit at Level 4, Tower C, Dataran Maybank, No 1, Jalan Maarof, 59000 Kuala Lumpur; or • Telephone Number 1300 13 8888 (Overseas: +603-2780 4500); or • Facsimile Number : 03-2785 3093; or • E-mail : cmu@etiqa.com.my

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Ombudsman for Financial Services (OFS)	The Ombudsman for Financial Services (OFS) may be contacted by the Claimant or Master Certificate Holder, in the event that the Claimant or Master Certificate Holder is dissatisfied with the decision of Etiqa Family Takaful Berhad to a dispute, or Etiqa Family Takaful Berhad's failure to respond to a complaint within sixty (60) days. The OFScontact details are as follows: Email : enquiry@ofs.org.my, or Fax : 603-2272 1577, or Postal address : Chief Executive Officer, Ombudsman for Financial Services (Formerly known as Financial Mediation Bureau) Level 14, Main Block, Menara Takaful Malaysia, No.4, Jalan Sultan Sulaiman,50000, Kuala Lumpur. Alternatively, the Claimant or Master Certificate Holder may file the dispute in person atthe OFS office. The OFS must be contacted within six (6) months from the date of the final decision from Etiqa Family Takaful Berhad/Us to the dispute of the Claimant or Master Certificate Holder. For further details on the OFS, please obtain the information pamphlets from Etiqa Family Takaful Berhad/Us or visit the OFS website at www.ofs.org.my. Engagement of the OFS is subject to the terms of reference pursuant to section 138 of the Islamic Financial Services Act 2013. Contacting the OFS does not affect the Claimant's or Master Certificate Holder's right to take legal action against Etiqa Family Takaful Berhad/Us should they be dissatisfied with the outcome by the OFS.
Bank Negara Malaysia (BNM)	Any Master Certificate Holder or Claimant who is not satisfied with the conduct of the Takaful Operator may write to BNM, giving details of the complaint, name of Takaful Operator and contract number or the claim number . The Contact details are as below Copies of the correspondence (if any) between the Master Certificate Holder or the Claimant and the Takaful Operator also be sent to facilitate tracing the case file kept by the Takaful Operator. The contact details are as follows: Director Jabatan LINK dan Pejabat Wilayah Level 13C Bank Negara Malaysia P. O. Box 10922 50929 Kuala Lumpur. Telephone Number: 03 - 2698 8044 Facsimile Number: 03 - 2693 4051
Our Head Office Address	If You need to write to Us, Our Head Office address is: Etiqa Family Takaful Berhad (199301011506) Level 19, Tower C, Dataran Maybank, No 1, Jalan Maarof, 59000 Kuala Lumpur. Alternatively, We can be contacted via the following Tel No: 03 2297 3888 Fax No: 03 2297 3800 Email: info@etiqa.com.my

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DEFINITION RELATING TO TAKAFUL COVER

You (Your, the Certificate Holder)	The owner of this Certificate, as stated in the Takaful Schedule
We (Our, Us, the Takaful Operator)	Etiqa Family Takaful Berhad (Company No. 199301011506)
The Certificate	The entire contract as it exists consisting of all application forms, this Master Certificate, the Takaful Schedule, the Schedule of Benefits and any Endorsements that We may issue on the Certificate.
Endorsement(s)	Any written change to the Certificate which is issued and properly authorised by Us.
Contribution	The amount of money that You pay to Us to participate in this Certificate. Your Contribution is used to pay for: • Wakalah Fee (the portion of the Contribution that is used to pay commissions and Our fee to operate and manage the Takaful Fund on Your behalf); and • Tabarru' (the portion of the Contribution that is used for the purpose of Takaful).
Ju'alah	Ju'alah means reward contract in which one of the parties offers specified reward(s) to anyone who will achieve a determined result in a known or unknown period. In relation to the contract of Takaful, it refers to the basis of distribution of surplus from the Risk Fund which is agreed between Us and Participant or Covered Members (where applicable) where the Participant or Covered Members offer a reward to Us for the good management of the Risk Fund.
Wakalah	Wakalah refers to a contract where a party, as principal authorizes another party as his agent to perform a particular task on matters that may be delegated, with or without imposition of a fee. In the context of this Certificate, this means You have appointed Us to invest and manage the Risk Fund on Your behalf with an agreed fee(s). You have also authorized Us to delegate our rights, duties and obligations to any third party as we deem fit. In the event of such delegation, We will remain liable and responsible for all such rights, duties and obligations towards You.
Wakalah Fee	The portion of the Contribution that is used to pay commissions and Our fee to operate and manage the Takaful Fund on Your behalf.
Amal Jariah	Amal Jariah means a regular donation or contribution that benefits the public.
Tabarru'	Tabarru' means donation, gift or contributions. In the context of this Certificate, this means Contribution for the purpose of Takaful. This portion is placed in the Risk Fund.
Risk Fund / Takaful Fund	The account/fund where the Tabarru' portion of the Contribution is placed for the purpose of Takaful. The Contributions allocated to this fund and its investment(s) are used to pay for the Takaful Benefits. The Risk Fund is collectively owned by a pool of Takaful Participants.

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Qard	Qard in the context of this Certificate, means an interest-free loan which is given by the Takaful Operator to the Risk Fund when it becomes insufficient to fulfil its Takaful obligation. The loan will be paid by the future surpluses from the Risk Fund.
Group Benefits Scheme (the Scheme)	The Benefits that Person Covered are entitled to from the Certificate, upon being acceptedfor inclusion in the Scheme.
Eligible Member	All present and future employees who are entitled to participate under the Scheme.
Person Covered	The designated persons whose name appears on the Certificate or any Endorsement issued by Us or Billing Listing, whereby they are all Eligible Member(s) and Dependent who have been listed by You and accepted by Us for inclusion in the Scheme.
Dependant	The person(s) who is a dependent to an Eligible Member and eligible for coverage under the plan offered by this Certificate as defined below ; i) One (1) legally married spouse of Eligible Member who is between the age of 18 and 64 years, based on age next birthday, ii) Any legally dependent and unmarried child(ren) (including step-child(ren) and legally adopted child(ren) who are wholly dependent on the Eligible Member, between the age of fifteen (15) days old but not more than eighteen (18) years old or not more than twenty-three (23) years of age if studying full-time student at a recognised school of higher education, college or university. Dependants of an Eligible Member are not covered until the Eligible Member becomes a Person Covered. Any Dependant, who is not included for cover when eligible within thirty-one (31) days, can apply to be included. Cover commences upon date of submission of completeparticulars of the Dependent.
Commencement Date	The date provided in the Takaful Schedule as the effective date for the Certificate.
Eligible Date	The date that Eligible Members become eligible to join in the Scheme.
Inclusion Date	The date that Person Covered have been accepted for inclusion into the Group Benefits Scheme.
Issue Date	The date that this Certificate and any Endorsement are issued, as shown in the Takaful Schedule.
Renewal Date	The one (1) full year period that starts on the Commencement Date, and any subsequent anniversary of the Commencement Date as long as the Certificate is renewed and the Contribution is paid.
Takaful Benefit(s) / Benefit(s)	Any payments that We will pay when Covered Event(s) occur. The manner of payment of the Takaful Benefits shall be paid in accordance to Section 142 of Islamic Financial Services Act 2013 (Schedule 10).

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Covered Event	The event(s), upon the occurrence of which the Benefits become payable under this Certificate. The Covered Event(s) are identified in the Certificate and Takaful Schedule.
Actively At Work	An Eligible Member who is employee of the Certificate Holder and who is engaged in full-time occupation for regular salary or pay, must be actively or physically present at work during working hours on the Inclusion Date or the Renewal Date, whichever is later, for the coverage to be effective. Absence due to normal holidays, paid leave, study leave or training as distinct from sick leave shall also satisfy these requirements.
Malaysian Resident	Malaysia Citizen or Malaysian Permanent Resident or holder of valid Work Permit or Employment Pass or Dependent's pass issued by the authorities in Malaysia.
Personal Data	Shall have the same meaning ascribed to it as under section 4 of the Personal Data Protection Act 2010. Personal Data refers to any information that relates directly or indirectly to You and extends to any individual whose personal data has been provided by You, who is identified or identifiable from that information or from that and other information in Our possession, including any sensitive personal data and expression of opinion about You and the individual. For clarity purposes, Your personal data may have otherwise been provided to Us by an authorised third party.
Material Information	1) The information, answers and disclosures provided by You or the Person Covered in your application form or any subsequent questionnaires provided to Us, on any matters relating to Your application between the time of submission of Your application and the time of issue, renewal, reinstatement or endorsement of this Master Certificate; and 2) Medical reports and any other reports provided to Us on Your behalf.
Claimant	The eligible person who submits a claim for an incurred loss.

DEFINITIONS RELATING TO TERMINOLOGY

Accident	A sudden, unforeseen and unplanned event that results in bodily injury that is violent, external and visible in nature.
Injury	Bodily injury effected directly and independently of all other causes by an Accident of which, except in the case of drowning or of internal injury revealed by autopsy, there is evidence of a visible contusion or wound on the exterior of the body.
Diagnosis	The definitive diagnosis made by a Physician, based upon such specific evidence, as referred to in the Definition of Critical Illness or, in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to Us. In the event of any doubt regarding the appropriateness or correctness of the diagnosis, We shall have the Person Covered and/or any of the evidence used in arriving at such diagnosis re-examined by a Physician appointed by Us and the opinion of such Physician as to such diagnosis shall be binding on both You and Us.

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Medical Condition	Sickness, disease, illness or injury, that is, a pathological deviation from a normal healthy state, arising from a single cause or series of related causes.
Any One Disability	All the periods of Medical Condition arising from the same cause including any and all complications therefrom, except that if the Person Covered completely recovers and remain free from further treatment (including drugs, medicines, special diet or injection or advice for the condition) of the disability for at least (90) days following the latest date of discharge. Subsequently Medical Condition from the same cause shall be considered as though it were a new Medical Condition.
Congenital Condition	Congenital condition shall mean any medical or physical abnormalities that exists at birth, as well as neo-natal physical abnormalities that developed within six (6) months after birth. This includes all types of hernia and epilepsy, except if they are caused by a trauma which occurs after the date the Certificate is In-Force.
Eligible Expenses	Medically Necessary expenses incurred for the treatment of a Disability during the period of Coverage.
Medically Necessary	Any medical service that is necessary in accordance with : i. the diagnosis; ii. established medical practices; and iii. consistent with the current standard of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits. It must not be: i. experimental, preventive or screening in nature, investigational, or is provided for research purpose, or ii. for the convenience of the Person Covered or the Physician, or reasonably able to be treated outside of hospital.
Reasonable and Customary Charges	The charges by a Medical Service Provider in respect of Medical Services that are consistent with : i. the Diagnosis, ii. established medical treatment, iii. current standard of proven medical treatment to individuals of the same or comparable age and sex, and similar Disability or condition, v. that do not exceed charges made by other medical institutions of a similar standing in the locality where the charge is incurred.
Pre-Existing Condition	A Medical Condition about which the Person Covered is considered to have a reasonable knowledge of, based on any of the following occurring before the commencement or reinstatement of this Certificate: i) the Person Covered had received or is receiving treatment for the Medical Condition, or ii) medical advice, diagnosis, care or treatment has been recommended; or iii) clear and distinct symptoms are or were evident; or iv) the condition would have been apparent to a reasonable person in such circumstances.

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Specified Illnesses	Specified Illnesses are the following disabilities and its related complications, occurring within the first one hundred and twenty (120) days from the Inclusion Date of a Person Covered: i. Hypertension, diabetes mellitus and cardiovascular disease; ii. all tumours, cancers, cysts, nodules, polyps; iii. Stones of the urinary system and biliary system; iv. Any disease of the ear, nose (including sinuses) or throat conditions; v. Hernias, haemorrhoids, fistulae, hydrocele, varicocele; vi. Endometriosis including disease of the reproductive system ;or vii. Vertebro-spinal disorders (including disc) and knee conditions.
Hospitalisation	Admission of a Person Covered to a Hospital as a registered in-patient for treatment of Medical Condition upon recommendation of a Physician. The Person Covered must be required to physically stay in the hospital for the duration of Hospitalisation.
Intensive Care Unit	A special designated section in Hospital which is maintained on a twenty four (24) hours, solely for treatment of patients in critical conditions, and is equipped to provide special nursing and Medical Services not available elsewhere in the Hospital.
Out-Patient	Out-Patient shall mean the Person Covered is receiving treatment without being admitted to Hospital and includes treatment in a Day care centre.
Waiting Period	Any Medical Condition arising within the first thirty (30) days of continuous cover from the later of Inclusion Date or Reinstatement Date and is applied only when the Person Covered is first covered, except for: i. A covered accident occurring after the later of the Inclusion Date or Reinstatement Date; and ii. Specified Illness where the waiting period is the first one hundred and twenty (120) days from the later of Inclusion Date or Reinstatement Date. This shall not be applicable after the first year of cover. However, if there is a break in the Takaful cover, the Waiting Period will apply again.
Emergency	An event that necessitates immediate medical attention, failing which the Person Covered's life may be threatened or may suffer a permanent loss of functions to the injured bodily part.
Overall Annual Limit	The total Benefits payable under this Certificate in any Certificate Year are limited to the Overall Annual Limit stated in the Takaful Schedule. Once We have paid benefits up to the Overall Annual Limit, We will not pay anymore Benefit for the duration of the remaining Certificate Year. This includes a Master Certificate with coverage period less than one (1) year or twelve (12) months.

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DEFINITIONS RELATING TO MEDICAL PROVIDERS

Hospital	A registered institution established for the purpose of providing treatment and care of bed-paying sick or injured patients, and has facilities for: • 24-hour nursing services by registered and graduate nurses; • Diagnostic and major surgery; and • Under the supervision of Physicians. A Hospital is expressly NOT: • Primarily a clinic; • A convalescent, nursing or rest home; • A rehabilitation centre for alcoholics or drug addicts; or • A home for the elderly or infirmed.
Malaysian Government Hospital	A Hospital which charges of services are subject to the Fee Act 1951, Fees (Medical) Order 1982 and/or its subsequent revisions / amendments.
Medical Institution	A Hospital or facility which is licensed to provide Medical Services.
Medical Services	The advice, care, diagnosis, supplies, tests, or treatment provided to the Person Covered for a Medical Condition, by a Medical Service Provider.
Medical Service Provider	A Medical Institution, Ambulance, Anaesthetist, Dentist, Doctor, Pharmacist, Physician, Surgeon or Specialist.
Prescribed Medicines	Medicines that are dispensed by a Physician, a Pharmacist or a Hospital and which have been prescribed by a Physician or Specialist in respect of treatment for a covered Medical Condition.
Anaesthetist	An individual who is licensed or registered to practice anaesthesiology in the geographical area in which the Medical Service is provided, but excluding the Person Covered.
Doctor or Physician or Surgeon	Doctor, Physician or Surgeon shall mean a medical practitioner: i) Licensed or registered to practice western medicine; ii) Who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice where the Medical Service is provided; and iii) Who is not the Person Covered or his/her spouse.
Dentist	A person who is licensed or registered to practice dentistry in the geographical area in which the Medical Service is provided, but excluding a dentist or Specialist who is the Person Covered.

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Specialist	A medical or dental practitioner: i. Is referred by a Physician, ii. Licensed or registered to practice western medicine, iii. Who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice where the Medical Service is provided; iv. who specialises in a specific field of medicine or dentistry and who is recognised as such by the appropriate health authorities; and v. who is not the Person Covered or his/her spouse. A Specialist who is himself or herself the Person Covered shall not be considered a Specialist for this Certificate when making a claim.
Surgery	Surgery shall mean any of the following medical procedures: i) To incise, excise or electro-cauterize any organ or body part, except for dental services; ii) To repair, revise, or reconstruct any organ or body part; iii) To reduce by manipulation a fracture or dislocation; or iv) Use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra.
Cancer	Any malignant tumor positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma. For those above definition, the following are not covered: i) All cancers which are histologically classified as pre-malignant, non-invasive; carcinoma-in-situ; having either borderline malignancy; or having low malignant potential, ii) All tumors of prostate, thyroid and urinary bladder histologically classified as T1N0M0 (TNM classification), iii) Chronic Lymphocytic Leukemia less than RAI Stage 3, iv) All cancers in the presence of HIV, v) Any skin cancer other than malignant melanoma.
Kidney Failure	End stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis initiated or renal transplantation is carried out.

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SUMMARY OF RIGHTS AND BENEFITS

This summary briefly highlights some of the important terms and conditions of the Master Certificate. For more detailed information, please refer to the respective sections.

The Type of Certificate	This is a yearly renewable Takaful Certificate for Group Hospital & Surgical Benefits thatprovides Takaful cover all Person Covered and their respective Dependents, if applicable. We agree to pay the Benefits of this Takaful Certificate in accordance with its provisions.
Benefits	The Benefits are covered in six (6) broad categories, as stated in the Schedule of Benefits: i. In-Patient Hospitalisation, ii. Surgical, iii. Pre/Post Hospitalisation Treatment, iv. Emergency Treatment, v. Out-Patient Treatment, where applicable; and vi. Any Miscellaneous Benefits
Restriction of Benefits	Payment of Benefits may be affected by such clauses as Our Rights to Dispute the Certificate and other clauses stated in the Restriction of Benefits provision.
Grace Period	You are given a Grace Period of sixty (60) days to pay Contributions due under this Certificate.
Payment of Contribution	Contributions are payable one (1) year in advance. The Contribution is due on the Commencement Date specified in the Takaful Schedule. Thereafter, each Contribution is due upon renewal of this Certificate, if renewal is effected. If We do not receive Your Contribution within the Grace Period, the Certificate shall be void and no Benefit shall be paid.
Renewal Contribution	If the Contribution for renewal is not paid upon expiry of the Grace Period, then this Certificate will expire and will have no further validity. Any claims occurring after the Certificate has expired and during the Grace Period will not be valid.
Small Sum Payable	If there is a sum payable below Ringgit Malaysia Ten (RM10) upon surplus or refund to You or Covered Members, it will be credited to the bank account number as provided to Us. In the event We have unsuccessfully attempt to credit such sum payable to You or Covered Members (where applicable), it will automatically be credited to charitable fund, which will be utilized as Amal Jariah on Your or Covered Members' behalf. The fund will be distributed to eligible recipients as approved by Shariah Committee for charitable purposes.

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OWNERSHIP OF THE CERTIFICATE

Ownership of the Certificate	Unless otherwise expressly provided for by Endorsement in the Certificate, We shall be entitled to treat You as the absolute owner of the Certificate. We shall not be bound to recognise any equitable or other claim to or interest in the Certificate, and the receipt of the Certificate or a benefit by You (or by Your legal or authorized representative) alone shall bean effective discharge of all Our obligations and liabilities. You shall be deemed to be responsible Principal or Agent of the Person Covered under this Certificate.
What are the Rights of the Owner	You control this Certificate during the entire period that this Certificate remains in force. Youmay exercise all rights provided under this Certificate without the consent of anyone else. Your rights include the right to: i. Cancel or terminate the Certificate at any time by giving a thirty (30) days prior writtennotice; ii. Determine the category of Person Covered and their respective entitlement of Benefits under the Group Benefit Scheme; iii. Renew the Certificate within sixty (60) days after the expiry of the current TakafulCertificate Year, and/or iv. Receive the reimbursed claim amount of the Person Covered.

ELIGIBILITY

Application for Inclusion	Cover is mandatory for all Eligible Members. Any Eligible Member who has been omitted from cover can apply to be included for cover within thirty-one (31) days of being eligible. If the application for inclusion is after thirty-one (31) days of being eligible, cover commences on the date of submission of complete particulars and declaration.
New Eligible Member	All New Eligible Members are automatically included into the Group Benefits Scheme when We are so informed within thirty-one (31) days of his/her joining the organisation. The effective date will commence on the eligibility date If notification is given to Us after thirty-one (31) days of the Eligible Date, then the cover commences on the date of submission of all the particulars of the members.
Member must not be confined in a Hospital	Person Covered who are confined in a Hospital on the Inclusion Date will, likewise, have their cover deferred until they return to active full time work The Dependent's eligibility date shall be deferred to the 1st (first) day following Dependent complete recovery from the Medical Condition.
Qualification Requirements	It is a special requirement of this Certificate that there must be an absolute minimum of ten (10) Person Covered for the Certificate to be valid, unless You and We agree otherwise.

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Records of All Person Covered	You are required to keep and furnish to Us a record of all Person Covered with the following essential particulars: i. Name, identification card number, gender and date of birth of all Eligible Member, including their Dependents; ii. New additions as well as any terminations; iii. Promotions in occupational duties ; and/or Request for subsequent inclusions. Such records shall be given to Us at the end of each month for so long as this Certificate remains in force. You must also give notice before any Renewal of Cover, of any injury, disease, physical defect or infirmity affecting the Person Covered.

CONTRIBUTION

Contribution	The Contribution must be paid in full within sixty (60) days from the Commencement Date or date of renewal of this Certificate. Subsequent Contributions must be paid within the Grace Period. Coverage will be effective from the Commencement Date or date of renewal of this Certificate upon this payment being made. The Takaful cover shall continue during the Grace Period. However, in the event that a claim is incurred within the Grace Period, but before the Contribution is paid, We shall deduct this unpaid Contribution, as well as balance of the Contribution for the remaining Period of Coverage, from the claim proceeds. In the event that the Contribution is not paid within the stipulated time, then this Certificate shall be cancelled and We shall be entitled to the pro-rated Contribution forthe period between the date of inception of this Certificate up to its cancellation date.
Deduction of Wakalah Fee	We shall deduct an amount as Wakalah Fee from the Contribution that You have paid. The amount of Wakalah Fee is as stated in the Takaful Schedule.
Allocation to the Risk Fund	Balance of the Contribution after deduction of the Wakalah Fee shall be allocated to the Risk Fund for the purpose of Takaful.
Surplus from the Risk Fund	If there is a yearly distributed surplus from the Risk Fund, if any, at the end of the financially audited Takaful period corresponding to the Certificate, and the overall position of the Risk Fund allows for such surplus to be distributed, the amount to be allocated to You shall be based on the surplus allocation ratio specified in the Takaful Schedule. Distribution of the net surplus is subjected to the condition that Your incurred claims have not exceeded the Contribution that has been allocated to the Risk Fund during the same financially audited Takaful period.
Insufficient Fund to Fulfil Takaful Obligation	In the event of any deficit in the Risk Fund or the Risk Fund is insufficient to meet the Takaful obligations, the deficit will be first funded by the amount allocated for contingency purposes. If the Risk Fund is still in deficit, a Qard will be arranged provided that the insufficiency is not due to Takaful Operator's negligence. The Qard will be carried forward to the following financial year and any surplus emerging thereafter will be used to pay off

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	the Qard. If the insufficiency is due to Takaful Operator's negligence, Takaful Operator will make the outright transfer for the insufficiency.

PERIOD OF COVER

Period of Cover and Renewal	This Certificate shall become effective as of the date stated in the Schedule. The Certificate Anniversary shall be one (1) year after the effective date and annually thereafter. On eachsuch anniversary, this Certificate is renewable at the Contribution rates in effect at that timeas notified by Us. This Certificate is renewable at Our option. Application for change of benefits to a higher plan can only be made on renewal and is subject to acceptance by Usupon renewal.

DESCRIPTION OF BENEFITS

The following Benefits under this Certificate are payable for Medically Necessary and Reasonable and Customary Charges, subject to: (i) the maximum limits stated in the Schedule of Benefits, and (ii) maximum number of days specified in the Schedule of Benefits.

SECTION A: IN-PATIENT MEDICAL BENEFITS

Hospital Room & Board	We shall reimburse to You all covered Reasonable and Customary Charges incurred by the Person Covered as an In–Patient in a Hospital for room accommodation and meals.
Intensive Care Unit	We shall reimburse to You all covered Reasonable and Customary Charges incurred by the Person Covered as an In-Patient in the Intensive Care Unit (ICU), High Dependency Unit (HDU), Coronary Care Unit (CCU) of a Hospital for room accommodation and meals. In the event that the maximum number of days in the Intensive Care Unit (as specified in the Schedule of Benefit) is exceeded, We shall then pay the Hospital Room & Board Benefit in lieu of the Intensive Care Unit No Hospital Room and Board Benefits shall be paid for the same confinement period where the Daily Intensive Care Unit Benefits is payable.
Hospital Supplies & Services	We shall reimburse to You all covered Reasonable & Customary incurred by the Person Covered while confined as an In-Patient in a Hospital : i) General nursing Care ii) Prescribed and consumed drugs and medicines iii) Dressings, splints and plaster casts iv) X-ray, laboratory examinations, electrocardiograms, physiotherapy, basal metabolism tests, intravenous injections and solutions v) Administration of blood and blood plasma (excluding the cost of blood and plasma vi) ID Band, registration fees, billing charges and administration fees.

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In-Hospital Physician/ Specialist Visit	We shall reimburse to You all covered Reasonable and Customary incurred by the Person Covered in respect of the attending Physician/Specialist's visits for a non-surgical disability, subject to a maximum of two (2) visits per day. The Specialist must be referred to by a General Practitioner. .
Daily Cash Allowance at Government Hospital	We shall pay daily cash allowance for each complete day of confinement of the Person Covered for a covered Medical Condition in a Malaysian Government Hospital provided the Person Covered shall confine to a Daily Room and Board rate that does not exceed the amount shown in the Schedule of Benefits.

SECTION B: IN-PATIENT SURGICAL BENEFITS

Surgical Fees	We shall reimburse to You all covered Reasonable and Customary Charges incurred by the Person Covered in the Hospital for : i) pre-surgical assessment, ii) Surgery , iii) in-Hospital visits by the Surgeon or Specialist to the Person Covered, and iv) post-surgical care. If more than one (1) surgery is performed for Any One Disability, the total payments for all the surgeries performed shall not exceed the maximum stated in the Schedule of Benefits.
Anaesthetist Fees	We shall reimburse to You all covered Reasonable and Customary Charges incurred by the Person Covered for the administration of anaesthesia by an Anaesthetist.
Operating Theatre	We shall reimburse to You all covered Reasonable and Customary Operating Room charges incidental to the surgical procedure.
Organ Transplant (if applicable)	We shall reimburse to You all covered Reasonable and Customary Charges incurred by the Person Covered a recipient of a of a kidney, heart, lungs, liver or bone marrow transplant. We shall not, cover the cost of acquisition of the organs or any costs incurred by the donors. This Organ Transplant Benefit will be terminated once a claim for this Benefit is made and paid by Us.

SECTION C: PRE/POST HOSPITALISATION BENEFITS

Pre-Hospital Diagnostic Tests	We shall reimburse to You all covered Reasonable and Customary Charges incurred by the Person Covered for Electrocardiogram(ECG, X-rays , laboratory tests and any other medical test or procedure which : i) Are performed for diagnostic purposes; and ii) Are recommended by the Person Covered's Physician ; and iii) Results in Hospitalisation / Undergoing a surgery on the Person Covered . We shall not pay for any medication and consultation fee charge by the Physician.

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Pre-Hospital Specialist Consultation	We shall reimburse to You all covered Reasonable and Customary Charges incurred by the Person Covered for the first consultation with the Specialist, provided i) it has been recommended by the Person Covered 's Physician ; and ii) it results on the Hospitalisation of the Person Covered or the Person Covered Undergoing a surgery . We shall not pay for any clinical treatment (including medications and subsequent consultation after the Medical Condition is diagnosed).
Post-Hospitalisation Treatment	We shall reimburse to You all covered Reasonable and Customary Charges for follow up treatments incurred by the Person Covered for a non-surgical Disability after being discharged from the Hospital. The follow-up treatments must be for the same Medical Condition and treated by the same attending Physician. This includes the charges for all medication prescribed during the follow up treatment but shall not exceed the supply needed for the maximum number of days as stated in the Schedule of Benefits.

SECTION D: EMERGENCY OUTPATIENT TREATMENT

Emergency Accidental Out-Patient Treatment	We shall reimburse to You all covered Reasonable and Customary Charges for treatment of bodily Injury to the Person Covered as an outpatient in any registered clinic or Hospital. Such treatment must be done within 24 hours from the time of Accident. We shall reimburse to You all covered Reasonable and Customary Charges for follow up treatment by the same medical practitioner, registered Clinic of Hospital up to maximum number of days from the date of accident as specified in the Schedule of Benefit.
Emergency Accidental Dental Treatment (if applicable)	We shall reimburse to You all covered Reasonable and Customary Charges incurred by the Person Covered for emergency dental treatment to sound natural teeth (crown and dentures excluded) in any registered dental clinic or Hospital. Such treatment must be done within 24 hours from the time of Accident. We shall reimburse to You all covered Reasonable and Customary Charges for follow up treatment for the same Injury by the same Dentist up the maximum limit per accident as specified in the Schedule of Benefits.
Emergency Out-Patient Sickness Treatment	We shall reimburse to You all covered Reasonable and Customary Charges by the Person Covered for consultation and medical treatment of an illness that is of acute and emergency but is not caused by accident in any 24 hours service clinic or hospital between the times specified in the Schedule of Benefits. All claims for this benefit must be accompanied by an official receipt from the Hospital or clinic specifying the nature of sickness, diagnosis and date and time of attendance by a Physician.

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Day Care Procedure (if applicable)	We shall reimburse to You all covered Reasonable and Customary Charges of all incidental costs. Inclusive of pre day care visits and post day care visits relating to the day care procedure levied by the Hospital or Day care Specialist Centre performed in an out-patient setting up to the maximum specified in the Schedule of Benefits. Medical procedures shall include endoscopy (all types), Intravenous Pyelography (IVP/IVU), Barium studies and Angiographic studies and other such diagnostic procedures as deemed medically necessary and duly referred by a qualified medical practitioner.

SECTION E: OUTPATIENT TREATMENT BENEFITS (IF APPLICABLE)

Out-Patient Cancer Treatment (if applicable)	We shall reimburse to You all covered Reasonable and Customary Charges for radiotherapy or chemotherapy for the treatment of cancer on the Person Covered as an outpatient in a legally registered cancer treatment centre or a Hospital immediately after being discharged from the Hospital or Surgery. This includes doctor's consultation and related examination, laboratory or diagnostic tests or any drugs prescribed under this Benefit.
Outpatient Kidney Dialysis Treatment (if applicable)	We shall reimburse to You all covered Reasonable and Customary Charges incurred for kidney dialysis on the Person Covered as an outpatient performed in a legally registered dialysis centre or Hospital immediately following discharge from Hospital or Surgery. We will pay the Reasonable and Customary Charges for doctor's consultation and related examination, laboratory or diagnostic tests or any drugs prescribed under this Benefit.

SECTION F: MISCELLANEOUS BENEFITS

Medical Second Opinion (if applicable)	We shall reimburse to You all covered Reasonable and Customary Charges for consultation or second opinion by a Specialist to determine whether a surgical operation is necessary or required in view of the Person Covered's medical condition, subject to the maximum limit specified in the Schedule of Benefit. The Person Covered may request a Medical Second Opinion by contacting the telephone number stated in the cashless admission card. Once eligibility is confirmed, the Person Covered is eligible for Medical Second Opinion services. Payment is made only if the Person Covered is subsequently hospitalised and if charges are incurred within a period as stated in the Schedule of Benefits prior to such Hospitalisation. You may need to bear additional costs due to subsequent diagnostic tests requested that were not performed in the initial diagnosis.
Ambulance Fees	We shall reimburse to You all covered Reasonable and Customary Charges incurred for necessary domestic ambulance service (inclusive of attendant's fees) to and/or from the Hospital of Confinement. Payment will not be made if the Person Covered is not hospitalised.
Medical Report Fees	We shall reimburse to You all covered Reasonable and Customary Charges incurred for obtaining one (1) medical report per Disability from the Hospital or attending Physician that is in connection with a Hospitalisation that is covered under this Certificate.

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Person Covered Child's Daily Guardian Benefit (if applicable)	We shall reimburse to You all covered daily Hospital accommodation and meal charges in respect of a guardian accompanying a Person Covered aged below fifteen (15) years during Hospitalisation of that Person Covered.
Funeral Expenses (if applicable)	We shall reimburse to You the covered Funeral Expenses as specified in the Schedule of Benefits upon Your submission of evidence of the death of the Person Covered.

RESTRICTION OF BENEFITS

Rights to adjust terms for misstatement of age or sex	If the Person Covered age has been incorrectly stated and the coverage would not have been possible in terms of our rules and regulations at the correct age, the coverage for the affected Person Covered shall be void and all contributions paid for the affected Person Covered will be refunded. If however the coverage would still have been possible, then any difference in the contribution paid for the affected Person Covered required from the inception of the affected Person Covered will be payable to us or refunded, as the case may be.
Coordination of Benefits	If the Person Covered has other insurance policies or Takaful contract providing the same benefits, We shall only pay Our proportion in respect of the total amount of coverage under all the policies or contracts.
Upgraded Room & Board Co-Payment	In a situation where the actual Room and Board charged per day is higher than the one the Person Covered is entitled to, the Person Covered shall pay the difference of the two rates and pay twenty percent (20%) of the other eligible benefits related to the same admission as described in the Schedule of Benefits.
Overseas Treatment	If the Person Covered receives Medical Services outside Malaysia and has not been residing or travelling overseas for more than 90 days in the year prior to the Medical Service, then the Benefits payable will be determined according to the Certificate, provided that the Medical Services are: i) In respect of an emergency, and could not be postponed unto the Member Covered was scheduled to return to Malaysia; or ii) Not due to a Medical Condition for which a Medical Service had been provided previously in Malaysia; or iii) Not due to a Medical Condition which has been diagnosed in Malaysia; or iv) in respect of a Medical Condition that cannot be provided by a Malaysian Medical Institution as recommended by a Malaysian Physician; or v) Not in respect of the costs of transportation from Malaysia to the place of treatment outside Malaysia. Charges in respect of Medical Services outside Malaysia will be converted to Ringgit Malaysia based on the prevailing official exchange rate on the day of discharge from the Hospital providing the Medical Services.

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Residence Overseas	No benefit whatsoever shall be payable for any medical treatment received by the Person Covered outside Malaysia, if the Person Covered resides or travels outside Malaysia for more than ninety (90) consecutive days.
Non-compliance with Medical advice	The Person Covered must act in compliance with proper medical advice. Failure to do so may invalidate any future claims if future medical treatment or service is necessitated due to such non-compliance.
Exclusions	This Certificate does not cover any Hospitalisation, Surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences: i) 12 months Pre-Existing Illness. ii) Specified Illnesses within 120 days from the Commencement Date or Reinstatement Date whichever is the later; iii) Any medical or physical conditions arising within the first thirty (30) days of the Person except for accidental injuries. iv) Cosmetic surgery or treatment including (but not limited to) eg. Double eyelids, acne, hair loss or treatment of their complications except as medically necessitated by accidental injuries. v) Any corrective treatment including glasses or contact lenses for refractive errors, except mono-focal intraocular lenses up to a maximum reimbursement amount of One Thousand Ringgit Malaysia in cataract surgery. vi) Use or acquisition of all appliances (e g artificial limbs, pacemakers, hearing aids, aero chambers). vii) Equipment for nebuliser, Continuous positive airway pressure (CPAP), Continuous ambulatory peritoneal dialysis (CAPD), orthopaedic pads and the rental of such devices except during hospital confinement. viii) Dental treatment or oral surgery except as necessitated by an accidental injuries to sound natural teeth occurring wholly during the period of Takaful. ix) Private nursing care or house calls engaged by Person Covered or services for rest cure provided by nursing home purely for recuperative purposes. x) Conditions related to sexually transmitted diseases, AIDS and AIDS Related Complex or its sequelae, and any communicable diseases requiring quarantine by Malaysian Law. xi) Treatment arising from injuries sustained while committing a crime or felony, or while under the influence of alcohol, narcotics, or mind altering substance or injuries which are self- inflicted while sane or insane. xii) Any treatment or surgical operation for congenital abnormalities or deformities including hereditary and developmental conditions. xiii) Hyperhidrosis. xiv) Contraceptive medications and devices, sterilization procedures or treatment for its complications, reversal of such procedures and the work up or treatment of sexual dysfunction or infertility, sex transformation surgery and sex hormone therapy. xv) Allergy testing – blood /topical including patch test. xvi) Investigation and treatment relating to pregnancy including childbirth, Ectopic Pregnancy and Vesicular Mole and all complications arising therefrom. xvii) Care and treatment that is experimental, investigative or diagnostic /examination which are non-medically necessary or incidental to treatment or diagnosis of a covered Disability. xviii) Stem Cell Therapy except hamoepoietic blood disorders. xix) Vitamins, Food Supplements, Herbal Cures and Anti- Obesity / Weight Reducing Agents including any of the counter medications. xx) Any circumcision unless medically indicated. xxi) War, direct or indirect participation in riots, rebellions. Insurrection or military, civil commotion, explosion of war weapons, revolution, act of foreign enemy or hostilities.

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	xxii) Any treatment directly or indirectly arising from exposure to radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature. xxiii) Expenses incurred for donation of any body organ by a Person Covered and costs of acquisition of the organ including all costs incurred by the donor during organ transplant. xxiv) Investigation and treatment of sleep and snoring disorders and alternative therapy such as (but not limited to) to chiropractic services, acupuncture, acupressure, reflexology, bone-setting, herbalist treatment, Osteopathy, Podiatic, Dietetic consultation. xxv) Psychotic, mental or nervous disorders and behavioural conditions including any neuroses and their physiological or psychosomatic manifestations and sleep disorder. xxvi) Services of a non-medical nature provided by the Hospital such as television, telephones, telex services, radios or similar facilities. xxvii) Illnesses or injury sustained during air travel except as a fare paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes. xxviii) Sickness or Injury arising from racing of any kind (except foot racing), hazardous sports and illegal activities

GENERAL PROVISIONS

Geographical Territory	All benefits provided in this Certificate are applicable worldwide for twenty-four (24) hoursa day.
Alterations	We reserve the right to amend the terms and provisions of this Certificate by giving thirty (30) days prior notice in writing by ordinary post to Your last known address in Our records, and such amendment will be applicable from the next renewal of this Certificate. No alteration to this Certificate shall be valid unless authorized by Us and such approval is endorsed thereon.
Cancellation	You may cancel the Certificate at any time by giving a written notice to Us; and provided that no claims have been made during the current Period of Coverage, You shall be entitled to a refund of the Contribution as follow:- Period Not Exceeding — Refund of Annual Contribution 15 days (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% Period exceeding 11 months — No refund
Our Right to Request for Medical Examination	We reserve the right to request that the Person Covered be subjected to a medical examination by a doctor of Our choice, as and when We require. We will bear the cost of such medical examination.

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Governing Law and Jurisdiction	This Certificate shall be construed and governed by the laws of Malaysia. Any action or suit against Us shall only be instituted in the courts of Malaysia. This Certificate shall (where required) comply and fulfil the requirements of the Foreign Account Tax Compliance Act (FATCA) and any similar laws, code, regulations (as amended from time to time) or any other applicable agreement entered into with or between Malaysia authorities for the implementation of FATCA.
Change in Risk	You shall give immediate notice in writing to Us of any material change in the Person Covered's occupation, business, duties or pursuits and pay any additional Contribution that may be required by Us.
Subrogation	If We become liable for any payment under this Certificate, We shall be entitled to the extent of such payment that the Person Covered is entitled to against any party and You agree to: i) Authorise Us to sue in Your name to seek recovery of the loss, and other remedies; and ii) Provide Us with all necessary assistance in performing the above. We shall pay for all expenses incurred in the recovery of the loss.
Take-over Certificates	If this Certificate shall have commenced immediately upon termination of a preceding Certificate and if a Person Covered shall have been afflicted with a Medical Condition prior or at the time this Certificate started (and benefits under the preceding contract would have been available to him), such Person Covered shall continue to be covered for the existing Medical Condition, but not to exceed the limits of the previous contract on condition We have secured a copy of the preceding contract.
Upgraded Benefits	If the Eligible Benefits to any Person Covered under the terms of this Certificate be increase while it is in force or at the time of Renewal, and if Person Covered has suffered a Disability before the Benefit has been increased, We will only reimburse the actual Charge for the treatment of such Disability up to the limits of the earlier Benefit
Conversion of Benefits	If the Eligible Benefits under the terms of this Certificate has been converted from an 'Inner Limits ' to an ' As Charged /full Reimbursement ' coverage and if the Person Covered has suffered a Disability before the Benefit has been converted, We will only reimburse the actual Charge for treatment of such Disability up to the limits of the earlier Benefit.
Portfolio Withdrawal Condition	We reserve the right not to continue with the underwriting of this Takaful product. In doing so, We will not offer renewal of Your Certificate once it expired at the end of current Period of coverage. We will write to inform You of Our intention within sixty (60) days prior to withdrawal of the portfolio and the Certificate will expire at the end of current contract year.

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Claim Procedures	You shall write to inform Us of Your claim within 30 days from the date of discharge from the Hospital. You are to submit the following requirements to speed up the processing of Your claim: i) All original bills and receipts; ii) A Physician's report with information of diagnosis, scans and tests done, the date of Disability, date of Discharge, conclusion and summary of treatment provided and follow ups. iii) Claim Form – Hospital and Surgical By Claimant. Failure to give notice within such time shall not invalidate any claim if it can be shown not to have been reasonably possible to give such notice and that notice was given as soon as it was reasonably possible.
Incomplete Claims	All claims must be submitted to Us within thirty (30) days of completion of the events for which the claim is being made. Claims are not deemed complete and Eligible Benefits are not payable unless all bills for such claims have been submitted and agreed upon by Us. Only actual costs incurred shall be considered for reimbursement. Any variation or waiver of the foregoing shall be at Our sole discretion.
Currency of Payment	Any payment You make to Us or We make to You, under this Certificate shall be in Ringgit Malaysia (RM).
Condition Precedent to Liability	The due observance and the fulfilment of the terms, provisions and conditions of this Certificate shall be conditions precedent to any of Our liability to effect payment under this Certificate.
Notice	All notices or communication made by You to Us, or by Us to You, shall be in writing and sent by registered mail.
Misrepresentation / Fraud	This Certificate shall be void, or terms and conditions of the Certificate may be changed ; i. If the application form or declaration of the Person Covered is untrue in any respect, ii. if any Material Fact affecting the risk be incorrectly stated herein or omitted therefrom, iii. or if this Takaful cover, or any renewal thereof shall have been obtained through any misstatement, misrepresentation or suppression, iv. if any claim made shall be fraudulent or exaggerated, or if any false declaration or statement shall be made in support thereof. We shall not pay any Benefit for a claim that is fraudulently or falsely made, either by the Person Covered or by anyone else on his/her behalf. Should this fraudulent or false claim occurs, the Takaful cover in respect of that Person Covered shall immediately be cancelled and void and the Contribution paid in respect of the Person Covered shall be forfeited to Us.

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Alteration to the Terms and Conditions of this Certificate	No Takaful intermediary is authorised to alter or amend this Certificate, to waive any conditions or provisions, to extend the time of paying a contribution or to bind Us by making any promise or representation. No change in this Certificate shall be valid unless evidenced by an Endorsement signed by Our officer. We reserve the right to make any amendments to the terms and conditions of this Certificate by giving thirty (30) days written notice by registered mail, which will be sent to Your last known address in Our records.
Obligation to take reasonable care and not to misrepresent	If You are or the Person Covered is required by Us, before the Master Certificate is varied, to answer any questions or provide declarations, or if You are or the Person Covered is required to confirm or amend any answers or declarations previously provided in relation to the Master Certificate, it is Your duty or the duty of the Person Covered to take reasonable care not to make a misrepresentation when answering the questions or making the disclosures.
Right to vary terms in event of changes in laws	We may vary the terms of the Master Certificate if there are changes in legislation, or a directive is issued by any government authority, which imposes responsibilities on either party or which affects any of the terms of the Master Certificate. The changes will be determined by Us to be appropriate and equitable. We shall notify the effected Master Certificate Holder or Person Covered in writing, when terms in the Master Certificate need to be changed.
Legal Proceedings	No action at law or in equity shall be brought to recover on this Certificate prior to expiration of sixty (60) days after You provide Us with all necessary evidence to support a claim of a Person Covered. If the Person Covered shall fail to supply the requisite proof of loss as stipulated by the terms, provisions and conditions of the Certificate, the Person Covered may, within a grace period of one (1) calendar year from the time that the written proof of loss to be furnished, submit the relevant proof of loss to Us with cogent reason(s) for the failure to comply with the Certificate terms, provisions and conditions. The acceptance of such proof of loss shall be at Our sole and entire discretion. After such grace period has expired, We will not accept, for any reason whatsoever, such written proof of loss.
How to settle a dispute through arbitration	If You dispute a decision We have made relating to the Master Certificate, and You do not wish to mediate the dispute, or You do not accept OFS's decision or award, You may refer to arbitration. Request for referral must be made within twelve (12) months of the dispute. You and We shall mutually agree to appoint a single Arbitrator. If You or We cannot agree upon a single Arbitrator within one (1) month of the notice of arbitration, then You and We shall each appoint an Arbitrator, and the two (2) Arbitrators will appoint an umpire. The umpire shall sit with the Arbitrators and preside in their meetings. All appointments must be in writing by the respective parties making the appointment. The single Arbitrator (in the case where You and Us agree to a single Arbitrator), or the Arbitrators and umpire (in the case where You and Us do not agree on a single Arbitrator), shall review the dispute and make a decision. The arbitration decision will cover the settlement of the dispute and the costs of arbitration. The decision of arbitration is not contestable and is binding on both You and Us.
Right to terminate due to Anti-Money Laundering and Counter Financing of Terrorism	If We discover, or have justified suspicion, that the Certificate is exploited for money laundering activities or to finance terrorism, We reserve the right to terminate the Certificate immediately. We shall deal with all Contributions paid and all benefits or sums payable in respect of the Certificate in accordance with any applicable laws.

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Termination	A Person Covered is no longer covered under this Master Certificate upon: i. Cancellation, termination or expiry of this Master Certificate; or ii. Attainment of the maximum age of cover, as specified in the Takaful Schedule; or iii. Termination of employment or membership (whether because of retirement, resignation or otherwise); iv. The date of full settlement of the sum covered for the Person Covered under the Master Certificate, or v. Non-payment of Contribution when due. A Dependant is no longer covered: i. When the Person Covered is no longer covered; or ii. When the Dependant ceases to be a Dependant.
Data, data protection obligations and rights	We shall be able to process Personal Data according to the section 4 of the Personal Data Protection Act 2010. We shall be able to disclose Personal Data provided by the Master Certificate Holder or the Person Covered, as the context may require, to: i) Etiqa Life Insurance Berhad, Etiqa Family Takaful Berhad, Etiqa Life International (L) Ltd or Etiqa Offshore Insurance (L) Ltd; ii) Other entities within the Maybank Group; iii) Our authorised agents and service providers with whom We have contractual agreements for some of Our functions, services and activities; iv) Other insurance companies or Takaful operators and distribution partners (such as, banks, Islamic banks, insurance brokers, Takaful brokers, reinsurance companies, Retakaful operators); v) Industry trade associations such as Life Insurance Association of Malaysia (LIAM), Persatuan Insurans Am Malaysia (PIAM) and Malaysian Takaful Association (MTA); vi) Our merchants and strategic partners; vii) Any parties authorised by the Master Certificate Holder or a Person Covered (from time to time); or viii) Enforcement regulatory and governmental agencies as permitted or required by law, authorised by any order of court or to meet obligations to regulatory authorities. The Master Certificate Holder and Persons Covered will keep Us updated in respect of all such Personal Data as soon as is practicable. We shall not be liable for any direct or indirect loss or damage due to any inaccuracy or incompleteness in the Personal Data provided to Us. We may from time to time request that the Master Certificate Holder and Person Covered provide other Personal Data required for the purposes of the Master Certificate. Prior to providing Us with the Personal Data of a Person Covered, or another individual, the Master Certificate Holder or Persons Covered providing the Personal Data, must inform that individual of Our privacy notice. ix) For the detailed privacy notice on how We collect, use, process, protect and disclose Personal Data, please visit Our branches, contact Etiqa Oneline at 1300 13 8888, or refer to Our website at www.etiqa.com.my.

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Changes in Taxation, Regulations and Legislation	We may vary the terms of this Certificate as We consider appropriate and equitable, if there are changes in taxation, regulations or legislation that affect this Certificate. We will notify You in writing three (3) months prior when terms in this Certificate need to be changed. If any such tax applies, it shall be Your obligation to pay such chargeable tax (where applicable). In the event You do not pay such all value added tax, goods and services tax or any other tax of a similar nature, Etiqa may, but is not obliged to pay such tax on Your behalf, and You shall reimburse or indemnify Etiqa for all of such tax upon demand by Etiqa.

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