

MCIS INSURANCE BERHAD (435318-U)

Head Office: WISMA MCIS, JALAN BARAT,
46200 PETALING JAYA, SELANGOR DARUL EHSAN,
MALAYSIA

BIMA Health
(Non Participating Policy)

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

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MASTER POLICY SCHEDULE

BIMA HEALTH

MONTHLY RENEWABLE TERM (MRT) GROUP MEDICAL ASSURANCE PLAN

GROUP POLICY NO. :

DATE OF ISSUE : 15/12/2021

MASTER POLICY COMMENCEMENT DATE : 01/01/2022

MASTER POLICYHOLDER : MILVIK MALAYSIA SDN BERHARD

APPLICATION DATE :

Head of Operations

SECTION 2 - DEFINITIONS

In this Master Policy where the context so admits the masculine gender shall be deemed to include the feminine, and likewise, the singular word shall be deemed to include the plural and vice versa, and the following words and expressions shall be deemed to have the following meanings:

- **Accident** means a sudden, unintentional, unexpected, unusual, and specific event that occurs at an identifiable time and place which shall, independently of any other cause, be the sole cause of bodily injury.
- **Alternate Facility** means a non-Hospital health care facility, or an attached facility designated as such by a Hospital, which provides surgical, rehabilitative, laboratory or diagnostic services on a scheduled outpatient basis.
- **Assured Member** refers to the person whose life is insured under this Master Policy, as named in the Certificate of Assurance and the Dependants of the Principal Member (if the selected plan tier includes the Dependants of the Principal Member).
- **Age** means the age of the Member on the exact birthday.
- **Annual Health Check-up** means investigative/laboratory tests conducted at a Provider to check on Body Mass Index (BMI), blood glucose, blood pressure, and cholesterol.
- **Annual Limit** means the annual maximum on the number of hospital nights covered.
- **Beneficiary** refers to the nominee who receives the benefit payable under the Certificate of Assurance. The nomination will be made by the Principal Member.
- **Certificate of Assurance** (Certificate) refers to the certificate issued to a Member as evidence of the insurance coverage under this Master Policy
- **Certificate Year** means the one-year period from and inclusive of the Certificate's Commencement Date, or the one-year period from and inclusive of each Certificate Anniversary.
- **Certificate Month** means the one-month period from and inclusive of the Certificate's Commencement Date, or the one-year period from and inclusive of each Certificate Anniversary.
- **Certificate Type** There four (4) different Certificate types:
 - a. Single Life: The Principal Member only
 - b. Joint Life: The Principal Member and one family relative (spouse, child or parent)
 - c. Family: The Principal Member, spouse, and their children under the age of twenty-five (25)
 - d. Family+: The Principal Member, spouse, their children under the age of twenty-five (25) and two parents (excluding parents-in-law).
- **Company / We / Us** refers to MCIS Insurance Berhad
- **Certificate Anniversary** refers to the same date as the Commencement Date each year during the duration of the Certificate of Assurance.
- **Certificate Commencement Date** means the date at which the Certificate of Assurance begins (as shown in the Certificate of Assurance). It is the date from which Certificate Anniversaries, Certificate years, Certificate months and Premium Due Dates are determined.
- **Doctor or Physician or Surgeon** means a registered medical practitioner qualified and licensed by the Malaysian Medical Council and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a doctor, physician or surgeon who is the Assured Member himself.
- **Dependent** shall mean any of the following persons:
 - a. A legally married spouse (for Joint Life, Family and Family+ policy types)
 - b. Children under twenty-five (25) years of age (for Joint Life, Family and Family+ policy types)
 - c. Parents (excluding parents-in-law) (for Joint Life, Family+ policy types)
- **Eligible Member** means the customer of the Master Policyholder who is eligible to participate in the coverage plan under this Master Policy.
- **Effective Date** means the date of issue of the Certificate and the start of insurance coverage under the Certificate as shown in the Certificate of Assurance.
- **Endorsements** means the variations, if any, annexed to this Master Policy and Certificate to modify or vary any terms or conditions.
- **Grace Period** means the period of time in which the premiums ought to be paid by the Principal Member and received in full by the Master Policyholder.
- **Hospital** means only an establishment duly constituted and registered as a Hospital for the care and treatment

- of sick and injured persons as paying bed-patients, and which: -
- has facilities for diagnosis and major Surgery; and
 - provides twenty-four (24) hours a day nursing services by registered and graduate nurses; and
 - is under the supervision of a Physician; and
 - is not primarily a clinic, a place for alcoholics or drug addicts, a nursing, rest or convalescent home or a home for the aged or similar establishment.
- **Hospital Confinement** means inpatient confinement in a Hospital for at least one night, which is deemed Medically Necessary on the recommendation of a qualified medical practitioner. There is no minimum number of hours for which the insured life must be admitted overnight in a Hospital
 - **Hospitalization** means admission to a Hospital as a registered inpatient for Medically Necessary treatments for a covered Disability upon recommendation of a Physician. A patient shall not be considered as an inpatient if the patient does not physically stay in the Hospital for the whole period of Hospital Confinement.
 - **Injury** means bodily injury caused solely by Accident.
 - **Master Policy** (Policy) refers to this agreement, any supplementary Endorsements between the Company and Master Policyholder, and any individual proposal form or any other forms signed by the Members (Principal Member and Dependents) or the Master Policyholder constituting the entire Master Policy.
 - **Master Policy Schedule** means a schedule with Master Policyholder details that is annexed to this Master Policy.
 - **Master Policyholder / You / Your** means Milvik Malaysia Sdn. Bhd. (BIMA)
 - **Medically Necessary** means a medical service which is: -
 - consistent with the diagnosis and customary medical treatment for a covered Disability; and
 - in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits; and
 - not for the convenience of the Assured Member or the Physician, and unable to be reasonably rendered out of Hospital (if admitted as an inpatient); and
 - not of an experimental, investigational or research nature, preventive or screening nature; and
 - for which the charges are fair and reasonable and customary for the Disability
 - **Members** mean the customers of the Master Policyholder who are covered or own a Certificate under this Master Policy
 - **Non-Participating** means this Master Policy and the Certificate of Assurance does not participate in the Profits of the Company's life insurance business.
 - **Pre-Existing Condition** means any acute, chronic, or ongoing injury, sickness, disease or other physical, mental, medical, or nervous condition that the Insured Person has reasonable knowledge of before the effective date of insurance. An Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:
 - a) the Insured Person had received or is receiving treatment;
 - b) medical advice, diagnosis, care, or treatment has been recommended.
 - c) clear and distinct symptoms are or were evident; or
 - d) its existence would have been apparent to a reasonable person in the circumstance
 - **Premium Due Date** refers to the day on which premiums become due and payable to the Master Policyholder by the Principal Member.
 - **Principal Member** means the person named in the Certificate of Assurance who owns the Certificate and can exercise all rights, privileges and options available under the Certificate.
 - **Provider** means all organizations, companies or individuals licensed to and providing health services, including Hospitals, Physicians, or Alternate Facilities
 - **Sickness, Disease or Illness** means a physical condition marked by a pathological deviation from the normal healthy state.
 - **Waiting Period** means
 - a. For Hospital Benefit, the first thirty (30)-days from the Certificate Effective Date except for Accidental Injuries.
 - b. For Medication Support, the first thirty (30) days from the Certificate Effective Date.
 - c. For Yearly Health Screening, the first (12) months from the Certificate Effective Date, and the full premiums for 12 months must be paid for the Assured Member to access the benefit.

PART 3 - GENERAL PROVISIONS

1. MASTER POLICY

- 1.1 This Master Policy constitutes the entire Master Policy between the Company and the Master Policyholder.
- 1.2 Provided the premium is paid and acknowledged, the assurance under this Master Policy shall be indisputable, except in the case of fraud or willful misrepresentation on the part of the Master Policyholder and/or any Member.

2. CERTIFICATE TERM & RENEWAL

- 2.1 This is a one (1) - month assurance granted for any Assured Member under this Master Policy. The period commences from the Effective Date and will be automatically renewed until:
 - a) For the Principal Member, Spouse and Parents: The month following the 65th birthday; Or
 - b) For Children: The month following the 25th birthday; Or
 - c) The premium is not paid. Zero cover will be provided for the month if the premium is not paid, and non-payment of premium for three (3) consecutive months will result in the Certificate being lapsed; Or
 - d) The Principal Member cancels the certificate; Or
 - e) The Principal Member is no longer a valid subscriber of the Mobile Network, if the Mobile Network Operator is the payment channel; Or
 - f) Termination of Master Policy, whichever is earlier.
- 2.2 The Certificate renewal is not guaranteed. The Company may choose to not renew the Certificate by giving the Principal Member at least thirty (30) days' prior notice.

3. GRACE PERIOD

Following the non-payment of premiums for three (3) consecutive calendar months, the Certificate will lapse. A policy who has one or two consecutive months (i.e. less than three months) of non-payment is treated as a 'non-cover earning' policy, not a lapsed policy. If the next month's premium is successfully collected for the policy, then coverage will be provided (with no additional requirements) and the policy is no longer at risk of potentially lapsing.

4. FREE-LOOK PERIOD

- 4.1. As per Schedule 8 of the Financial Service Act 2013, a Principal Member shall have fifteen (15) days after delivery of the Certificate documents to examine its terms and conditions. A Principal Member may terminate the insurance coverage within the fifteen (15) days Free Look Period.
- 4.2. If the Principal Member decides not to continue with the insurance coverage due to any reason(s) within the Free Look Period from the delivery of the first Certificate document, the Principal Member may cancel the insurance coverage by contacting the Master Policyholder or any other formal communication method.
- 4.3. The Company shall refund the full premium paid through the Master Policyholder if the cancellation happens within Free Look Period.
- 4.4. Upon cancellation of this Certificate, this Certificate shall be deemed not effective from the Effective Date.

5. MEMBER PARTICIPATION

- 5.1. The person eligible to be covered under this Master Policy shall meet the following criteria: -
 - a) Have not attained the sixty-fifth (65th) birthday
 - b) must be a client to the Master Policy Holder.
- 5.2. Eligible Member(s) shall be assured under this Master Policy, once the application and premium payment has been duly made by the Member(s) and the Company has intimated acceptance of the risk by issuance of the Certificate(s) of Assurance.

6. SANCTIONS & UNLAWFUL ACTIVITIES

- 6.1. The Company may be subject to restrictions imposed by economic and trade sanctions and laws made either by international bodies/countries or Bank Negara Malaysia.
- 6.2. Therefore, the Company will not provide coverage to Assured Member or be liable to pay any claims or provide benefits to if that exposes the Company in any way to these sanctions or any other applicable laws and regulations. This is applicable to Principal Member and/or any of the individual associated with this Master Policy and the Certificate of Assurance.
- 6.3. In compliance with Section 16(3) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Act 2001(AMLATFPUAA) and the Malaysian Anti-Corruption Commission Act 2009, the Company reserves the right to withhold or terminate the business including claims payment under this Master Policy and the Certificate of Assurance where it deems fit and proper. The Company shall deal with all monies payable in respect of this Master Policy and the Certificate of Assurance in a manner it deems appropriate, including but not limited to handing it over to the relevant authorities. The Company shall not be liable for any potential or actual losses arising from or related to any steps taken pursuant to this clause.

7. SURRENDER

- 7.1. If the Principal Member decides not to continue with insurance coverage after the Free Look Period, the Principal Member may cancel the insurance coverage by contacting the Maser Policyholder or any other formal communication method.
- 7.2. The effective date of cancellation shall be the next Premium Due Date. No Cash Value shall be payable and no premium paid will be refunded.

8. DATA REQUIRED

- 8.1. The Master Policyholder shall maintain a record in respect of each Member under this Master Policy, showing the Member's information as stated in the Enrolment form and other pertinent information as may be necessary to carry out the terms of this Master Policy. For all intent and purposes, the Member's information shall at all material times be retained, owned and controlled by the Master Policyholder.
- 8.2. The Master Policyholder shall obtain express consent from the Members that their personal data as hereinabove referred to in 8.1 may be shared with the Company and shall document the same for record and audit purposes and for purposes of compliance with the Personal Data Protection Act 2013.
- 8.3. The Master Policyholder shall furnish the Company details that are required for statutory reporting to BNM.
- 8.4. Upon or with regard to the happening of any event affecting or relating to the assurance of any Member under this Master Policy, the Master Policyholder shall provide advise on the documents required by Company for claims processing as specified in this Master Policy under **Section 4 – Benefits** and then act as the liaison between Members and the Company for any further enquiries.
- 8.5. The Company shall be permitted to examine the Master Policyholders' records at all reasonable times, as far as they relate to the subject matter of this Master Policy.

9. PREMIUM

- 9.1. The payment of premium facility currently available to the Principal Member(s) for this product is via the Credit/Debit Card or the Mobile Network Operator.
- 9.2. Table of Monthly Premiums is as follows:

Tier	Single Life	Joint Life	Family	Family+
Bronze	RM10	RM20	RM30	RM40
Silver	RM30	RM50	RM80	RM100
Gold	RM60	RM90	RM120	RM160

- 9.3. The premium is non-guaranteed and We reserve the rights to revise the premium by giving at least thirty (30) days' prior notice. If at any point the product is repriced, the premium/benefit revision will be applicable from the next premium due date.
- 9.4. If the Principal Member pays through postpaid bill, credit card, debit card, saving accounts or e-wallet the contribution payment will be collected monthly.
- 9.5. If the Principal Member opts for payment via prepaid balance, subscription can be done on Bronze Tier only and payment will be deducted from the Principal Member's airtime balance in accordance with the selected cover with the option for weekly or monthly payment.
- 9.6. When the weekly payment option is chosen, if the full monthly contribution is not paid (the Principal Member missed one or more of the four weekly payments), the benefit for the following month will be in proportion to the amount of contribution.

10. ASSIGNMENT OF SUCCESSION

The assurance provided herein and the benefits payable under such assurance are not assignable.

11. EVIDENCE OF AGE

Documentary evidence of age satisfactory to the Company shall be required before any benefit in respect of any assurance under this Master Policy and the Certificate of Assurance shall be payable.

12. MISSTATEMENT

- 12.1. The age shown on the Certificate of Assurance is the Assured Member's age at the last birthday.
- 12.2. If the Assured Member is not eligible for insurance at the correct age, the Company shall refund the premium paid on the Certificate of Assurance for the period when the customer was under or over-age to the Principal Member without interest. The Company shall refund the amount through the Master Policyholder.
- 12.3. The proof of age of the Assured Member shall be required prior to payment of any benefits under the Certificate of Assurance.

13. FULL DISCLOSURE

- 13.1. All material facts and circumstances up to the Commencement Date of insurance in respect of any Member under this Master Policy must be fully disclosed to the Company.
- 13.2. Any non-disclosure or misrepresentation or fraud shall entitle the Company to avoid all or any liability arising under the assurance.
- 13.3. In order for Us to update You with the necessary changes of important information, it is requested that You keep Us informed of the Principal Member's current correspondence address as well as the current address of the nominee(s).

14. CURRENCY

All the currency mentioned in this Master Policy refers to Ringgit Malaysia (RM) unless otherwise stated.

15. GOVERNING LAW

The Laws of Malaysia shall govern this Master Policy and the Certificate(s) of Assurance and the Courts of Malaysia shall have the exclusive jurisdiction in respect of any claims and disputes arising out of or in relation to this Master Policy and the Certificate(s) of Assurance.

16. TAX

The Company will charge the Principal Member any applicable taxes at the prevailing rate as may be prescribed by the Government of Malaysia from time to time, on the premium, or on any supply or services rendered hereunder.

17. ARBITRATION

17.1. All disputes arising out of this contract shall be referred to the decision of an Arbitrator to be appointed in writing by the parties to this contract, or if the parties cannot agree upon a single Arbitrator, to the decision of two (2) Arbitrators, one to be appointed in writing by each of the parties, and in case of disagreement between the Arbitrators, to be decision of an Umpire appointed in writing by the Arbitrators before entering upon the reference.

17.2. The Umpire shall sit with the Arbitrators and preside at their meetings. The making of an award shall be a condition precedent to any right of action against the Company. If the Company disclaims liability for any claim made under this Contract and such claim is not within twelve (12) calendar months from the date of such disclaimer referred to arbitration, then the claim shall for all purposes be deemed to have been abandoned and shall not hereafter be recoverable.

18. STAMP DUTY

18.1. The stamp duty of RM10 will be borne by Us.

19. TERMINATION

19.1. Master Policy

- (a) The Company reserves the right to cancel the portfolio as a whole by giving at least six (6) months' notice to the Master Policy Owner if it decides to discontinue underwriting this insurance product.
- (b) In the event of portfolio cancellation, the coverage for each respective Assured Member continues until the next Premium Due Date.

19.2. Termination of Certificate

- (a) The Certificate shall be automatically terminate at the earliest of any of the following circumstances: -
 - (i) Upon death of the Assured Member;
 - (ii) When the Company decides to not renew the Certificate;
 - (iii) On the next Premium Due Date after the termination date of the Master Policy, when the Company decides to discontinue underwriting this insurance product;
 - (iv) On the month after the Principal Member's sixty-fifth (65th) birthday;
 - (v) when the Certificate becomes void;
 - (vi) when the Certificate becomes lapse;
 - (vii) any other date on which the Assured Member ceases to be eligible for assurance;
 - (viii) On the next Premium Due Date after a written request from Principal Member for termination of the Certificate is received by the Company.

20. CERTIFICATION, INFORMATION AND EVIDENCE

20.1. All certificates, information, medical reports and evidence as required by the Company shall be furnished at Assured Member's expense, and in such a form that the Company may require. In any event, all notices which the Company shall require must be given in writing and addressed to the Master Policyholder. An Assured Member shall, at the Company's request and expense, submit to a medical examination whenever such is deemed necessary.

21. CLAIM PROCEDURES

21.1. If any event happens which may give rise to a claim, the following documents must be provided by Principal Member to the Master Policyholder via its branches or representatives:

- (a) submit fully completed Claim Form.
- (b) National Registration Identity Card (NRIC) or Passport.

- (c) Birth Certificate/Legal Guardianship Certificate (Claims for children) if the Family Name of the Child is different from the Family Name of the Principal Member.
- (d) Evidence of Hospitalisation (if claiming for Hospital Benefit)
 - i. Discharge Summary; Or
 - ii. Full Medical Report
- (e) Evidence of Prescription (if claiming for Medication Support)
 - i. Doctor note or prescription (showing the date of prescription and medication prescribed/purchased)
 - ii. Payment receipt and bill
- (f) Evidence for consultation or investigative/laboratory tests (if claiming for Health Screening benefit)
 - i. Doctor/hospital note (showing date of consultation/test, patient's name, specialism area or test administered).

21.2. Claims should be notified to the Master Policyholder within three (3) months from the date of the claim event, together with the documents required.

21.3. You shall furnish the Company with fully completed Claim Form with all the relevant documents for assessment at no cost to the Company.

21.4. Claims will be assessed by the Master Policyholder and notified to the Principal Member within three (3) working days. Any enquiries related to the claim status, the Principal Member may contact the following:

- (a) Email : Claims@bima.com.my
- (b) Hotline : 03 2022 5555 [Monday to Friday – 9:00am to 6:00pm (Excluding public holidays)]
- (c) WhatsApp: 03 2022 5900 [Monday to Friday – 9:00am to 6:00pm (Excluding public holidays)]

21.5. Failure to give notice within stipulated time shall not invalidate any claim provided it can be proven that there is a reasonable justification provided.

22. INCOMPLETE CLAIMS

22.1. All claims must be submitted to the Company within three (3) months 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 original bills for such claims have been submitted and agreed upon by the Company. Only actual costs incurred shall be considered for reimbursement for the Medication Support and Yearly Health Screening benefits. Any variation or waiver of the foregoing shall be at the Company's sole discretion.

23. MEDICALLY NECESSARY TREATMENT

23.1. No benefit shall be payable for any period of Hospital Confinement unless the entire confinement and all the hospital services so rendered and performed had been recommended and approved as Medically Necessary in accordance with the diagnosis and treatment of the condition for which the Hospital Confinement was required.

24. GEOGRAPHICAL TERRITORY AND RESIDENCE OVERSEAS

24.1. For the Hospital Benefit, the insurance coverage is applicable worldwide.

24.2. For the Medication Support benefit, the insurance coverage is confined to only within Malaysia for medication prescribed by Physicians qualified and licensed by the Malaysian Medical Council.

24.3. For the Yearly Health Screening benefit, the insurance coverage is confined to Providers only within Malaysia.

25. CHANGES OF PROVISIONS/CLAUSES

25.1. We reserve the right to amend the terms and provision(s) / clause(s) of this Master Policy in order to comply with Malaysian Law or any governmental statutory or regulatory body or association having supervisory authority or jurisdiction over Us. We may make necessary changes to any provision(s) / clause(s) in this Master Policy by providing thirty at least (30) days' notice by ordinary post to your last known address in Our records, or by email or other modes of communication.

26. MISREPRESENTATION / FRAUD

26.1. If the proposal or declaration by Principal Member and/or Life Assured is untrue in any respect or if any material fact affecting the risk be incorrectly stated or omitted, or if this insurance, reinstatement or any renewal shall have been obtained through any misstatement, misrepresentation or suppression, or if any claim made shall be fraudulent or exaggerated, or if any false declaration or statement shall be made in support, then in any of these cases, the Certificate of Assurance shall be void subject to the remedies available in the governing laws and regulations.

27. LEGAL PROCEEDINGS

27.1. No action at law or in equity shall be brought to recover on this Policy prior to expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. If You fail to supply the requisite proof of loss as stipulated by the terms, provisions and conditions of the Policy, You 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 the Company with cogent reason(s) for the failure to comply with the Policy terms, provisions and conditions. The acceptance of such proof of loss shall be at the sole and entire discretion of the Company. After such grace period has expired, the Company will not accept, for any reason whatsoever, such written proof of loss.

28. CASH VALUE

28.1. The Certificate of Assurance does not acquire any cash value.

29. PERIOD OF COVER

29.1. The insurance coverage for Assured Member will take effect from the Certificate Effective Date as specified in the Certificate of Assurance provided that the full payment of premium has been made to the Master Policyholder.

30. INCONTESTABILITY

30.1. The Certificate of Assurance shall be incontestable after it has been in-force during the lifetime of Principal Member and/or the Assured Member for two (2) years from the Certificate Effective Date except for:-

- (i) non-payment of premium; or
- (ii) suppression, omission or misrepresentation of a statement on a material matter made by Principal Member and/or the Assured Member; or
- (iii) fraudulent statements made by Principal Member and/or the Assured Member.

For the purposes of this clause, "material matter" means a matter or fact which, if known by the Company, would not have resulted in the issuance of the Certificate of Assurance to Principal Member and/or Assured Member, or would have resulted in imposed terms less favourable to Principal Member and/or Assured Member than those imposed in the Certificate of Assurance.

30.2. In the event that the Certificate of Assurance is invalidated during the first two (2) years or void thereafter for reasons related to Principal Member and/or Assured Member being on the sanctions list (Refer to clause 7); or fraud and misrepresentations (Refer to clause 1), then the Company's liability shall be limited to the premium paid on the Certificate of Assurance without interest, and the Certificate of Assurance shall terminate thereafter.

31. NOMINEE

31.1. The Principal Member who has attained age eighteen (18) years old (age last birthday) may appoint nominee(s) to receive the Certificate of Assurance benefits (if any). Nomination may be made at the time of application of the Certificate of Assurance or at any time after the Certificate of Assurance is issued. If the Principal Member did not receive the Nomination Form, he/she may request for it from BIMA.

31.2. On a Single life certificate, in the event there is an outstanding claim and the Principal Member passes away, the claim will be paid to the nominee. For other certificate types, the Dependents will be eligible to claim upon

death of the Principal Member while in hospital. In the event of death of any Dependents while in hospital, the Principal Member is the beneficiary.

31.3. The appointment and revocation of nominee(s) is governed by the Financial Services Act 2013.

SECTION 4 - BENEFITS

While the insurance coverage for the Assured Member is in force, upon receipt of due proof, subject to the provisions herein contained and upon approval of claim, We will reimburse medical expenses for the Assured Member subject to the applicable benefit plan and the terms and conditions stated in this section.

1. **Hospital Benefits:**

A daily hospital benefit is paid for each night of in-patient Hospitalization of the Assured Member.

Tier	Daily Hospital Benefit
Bronze	RM100 per night
Silver	RM150 per night
Gold	RM200 per night

Annual Limits:

Certificate Type	Annual Limit*
Single Life	30 nights per year
Joint Life	50 nights per year
Family	70 nights per year
Family+	90 nights per year

The Annual Limit is on a per certificate basis, and refers to the combined limit for the Principal Member and Dependents.

If the annual maximum for the number of hospital nights covered is reached within a Certificate Year, then no further nights spent in hospital may be claimed (for any reason, and for any life on the Certificate) until the Certificate Anniversary is reached.

There is a waiting period of 30 days from the Certificate Effective Date for non-accidental hospitalization.

2. **Medication Support:**

A customer earns cover on a monthly basis that may be used when prescribed medication is required. The amount earned for Medication Support accumulates after every month of premium payment.

The medication should be prescribed by a Physician.

Medication Support covered earned monthly:

Certificate Type	Bronze	Silver	Gold
Single Life	0	RM15 per month	RM20 per month
Joint Life	0	RM15 per month	RM20 per month
Family	0	RM30 per month	RM40 per month
Family+	0	RM30 per month	RM40 per month

The Medication Support benefit can only be accessed after thirty (30) days from the Certificate Effective Date.

3. **Yearly Health Screening** (for the Gold tier only):

A customer earns cover on a yearly basis that may be used for an Annual Health Check-Up done at a Provider. The Health Check-Up may include laboratory/investigative tests of Body Mass Index (BMI), blood glucose, blood pressure and cholesterol. The amount earned for Health Screening accumulates after each year of premium payment.

Assured Members of Gold tier certificates are eligible for a Yearly Health Screening benefit of RM200. This benefit can be accessed only after 12 months of premiums have been paid.

4. **BIMA Doctor Service** (for the Silver and Gold tier only):

A customer has complementary and unlimited access to BIMA's telemedicine service. The Principal Member and their Dependents under the policy may call the BIMA Doctor line (03 2022 5555) and receive medical advice and/or consultation via phone from BIMA's panel of qualified doctors. The service is available Monday to Friday (except Public Holiday) from 9AM to 6PM. More details about BIMA's telemedicine service can be found on BIMA's Telehealth Terms of Use on BIMA's website.

5. **Exclusions:**

This policy shall not pay the benefits mentioned above if the claim event occurs directly or indirectly due to any of the following listed events:

- 4.1. Pre-Existing Conditions claimed for within the first twelve (12) months from the Certificate Effective Date.
- 4.2. Pregnancy/childbirth within twelve (12) months from the Certificate Effective Date.
- 4.3. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), war, mutiny, strike, riot, civil commotion, military rising, insurrection, rebellion, conspiracy, revolution, military usurped power, martial law, state of siege, any event or cause that determine the proclamation or maintenance of martial law or state of siege.
- 4.4. Nuclear, Biological and Chemical Risks and losses.
- 4.5. Elective or cosmetic surgery.
- 4.6. Alcohol abuse and illegal drug use.

IMPORTANT INFORMATION

Complaint Unit

Dear Master Policyholder

We are pleased to inform You that in line with the Bank Negara Malaysia's requirement and our Company's intention to provide You with the best and most efficient services, our Complaints Unit has been established and has been in operation effective from 1st June, 2003.

The Complaints Unit will deal directly with You. Special and specific procedures are established to handle all complaints in a fair and effective manner. You can direct Your complaints to the Complaint Unit as follows:

Position:	Complaint Officer
Address:	Wisma MCIS Jalan Barat 46200 Petaling Jaya Selangor Darul Ehsan
Tel No:	03-7652 3388 (General Line) Ext 3579 03-7652 3579 (Direct Line)
Fax No:	03-7956 4388
Email:	info@mcis.my

Complaints should preferably be made in writing and sent to Complaint Unit by hand, normal mail, fax or e-mail.

Our Corporate Website is <https://www.mcis.my> (Go to "Talk To Us" and refer to "Complaint Guide" to find out how You can submit a formal complaint).

You may also approach our Customer Service Staff or any of our Branches Office nearest to You to lodge your complaint.

Policyholders' complaints received from all locations and sources will be monitored closely by the Complaint Unit to ensure satisfactory resolutions.

We take this opportunity to extend Our sincere thanks to You for choosing to insure with us. In return, We assure You that You will receive the services and benefits as We have committed to You.

Yours faithfully

MCIS INSURANCE BERHAD

A handwritten signature in black ink, appearing to read 'Prasheem Seebran', with a long horizontal line extending to the right.

Prasheem Seebran
Chief Executive Officer