The Product Disclosure Sheet (PDS) provides some of the key information that you should consider before you participate in a medical takaful rider that best meet your needs. You should read your takaful certificate contract carefully for full details on your coverage.

FIND OUT MORE

Step 1 Is this rider right for you?

This takaful certificate covers hospitalisation and surgical expenses ("H&S") incurred due to illnesses covered under the certificate until [maturity age] age next birthday ("ANB").

Your takaful contributions will be pooled with other takaful participants' contributions to pay claims. If the total claims paid out from the Takaful Pool is high, the takaful contribution for all participants in the same Takaful Pool may increase, including your takaful contribution **even if you did not make a claim**.

Step 2 Does this rider meet your needs?

What is covered?

- ✔ Hospital Room & Board : RM[Room Board]
- ✔ Surgical expenses : As charged, subject to deductible of [Deductible Limit], per any disability
- ✔ Out-patient Cancer Treatment : As charged
- ✔ Out-patient Kidney Dialysis Treatment : As charged

Benefits payable are on cashless basis and subject to:

- ✔ Overall Annual limit : [Total Annual Limit]
- ✔ Overall Lifetime limit : No lifetime limit

What is not covered?

- ✘ Any claim caused by pre-existing illness.
- ✘ Any claim due to Illness or Specified Illnesses which occurs within the Waiting Period.
- ✘ Pregnancy or childbirth.
- ✘ Any medical care or treatment received primarily for experimental or investigative purposes.

The list above is not exhaustive. For more details, please refer to the Appendix by scanning the QR code above and refer to the Certificate Wording for full information on what is and is not covered.

Step 3 What else should you be aware of?

- You must answer the questions that we ask fully and accurately. Failure to take reasonable care in answering the questions may result in rejection of your claim or termination of your takaful certificate.
- If you decide you do not want this takaful certificate within 15 calendar days after the certificate has been delivered to you, you can contact us to cancel your takaful certificate and receive a full refund (less any medical examination expenses incurred).
- Your coverage will only start 30 calendar days after the risk effective date or the reinstatement date of the takaful certificate, whichever is later, for illness other than specified illnesses. For specified illnesses, your coverage will only start 120 calendar days after the risk effective date or the reinstatement date of the takaful certificate, whichever is later.
- The wakalah fee[1] you have to pay are RM[Wakalah Fee] or [Wakalah Fee]% of total takaful contributions, paid over [x] years, of which commission to your sales representative is RM[Commission] or [Commission]% and management expenses is RM[Management Fee] or [Management Fee]%. The overall details can be found in the Contribution, Fees & Charges table in the Appendix by scanning the QR code.

[1]These figures are based on the current takaful contribution upon attained age.

The above list is non-exhaustive. Please refer to Appendix by scanning the QR code for the full details on the key terms and conditions.

Step 4 Have you considered other products that might suit your needs?

Product Options Table			
	Recommended Product	Alternative Product Options	
	myMedic Plan [XXX]	Option 1 myMediShare [PXXX]	Option 2 myMedic Plan [XXX]
Annual Takaful Contribution	RMX,XXX *This includes the annual takaful contribution for a basic family takaful certificate*	RMXXX *The annual takaful contribution is [lower/higher] by RMXX*	RMX,XXX *The annual takaful contribution is [lower/higher] by RMXX*
Type	Cashless facility	Cashless facility	Cashless facility
Coverage Term	Until age XX *Renewal is guaranteed but takaful contribution rates are not guaranteed*	Until age XX *Renewal is guaranteed but takaful contribution rates are not guaranteed*	Until age XX *Renewal is guaranteed but takaful contribution rates are not guaranteed*
Co-Takaful[2]/ Deductible[3]	[Deductible option]	[Deductible/ co-takaful option]	[Deductible/ co-takaful option]
Hospital Room & Board	RMXX per day	RMXX per day	RMXX per day
Surgical Fees[4]	As charged	As charged	As charged
Overall Annual Limit[5]	RM[Annual Limit]	RM[Annual Limit]	RM[Annual Limit]
Overall Lifetime Limit[6]	No lifetime limit	No lifetime limit	No lifetime limit

[2]**Co-Takaful:** Fixed percentage of a medical charge that you have to pay. E.g. 5% Co-Takaful means you have to pay only 5% of medical bill up to RM500 per certificate year, and we will cover the balance.
[3]**Deductible:** Fixed amount you have to pay per any one disability before we can pay any benefit under the plan. E.g. RM3,000 deductible means you have to pay RM3,000 out of your own pocket and we will pay the balance (up to the relevant limits).

[4]**Surgical Fees:** This is subject to Co-Takaful/ Deductible.

[5]**Overall Annual limit:** Maximum amount you can claim in a year.

[6]**Overall Lifetime limit:** Maximum amount you can claim throughout your coverage term.

This table does not capture all of the features of products compared. Please ask us/your sales representative for more information on the differences in features of these products.

Customer's Acknowledgement

Please ensure you are filling this section yourself and are aware of what you are placing your signature for.

☐ I acknowledge that [sales representative's name] has provided me with a copy of the PDS.

☐ I have read and understood the key information contained in this PDS.

*Your acknowledgement of this PDS shall not prejudice your right to seek redress in the event of subsequent disputes over the product terms and conditions.

....
Name:
Date:

Helaian Penerangan Produk menyediakan beberapa maklumat penting yang perlu anda pertimbangkan sebelum anda sertai rider takaful terbaik yang memenuhi keperluan anda. Anda perlu membaca Sijil dengan teliti untuk mendapatkan butiran penuh tentang perlindungan anda.

KETAHUI LEBIH LANJUT

Langkah 1 Adakah rider ini tepat untuk anda?

Sijil takaful ini melindungi penghospitalan dan perbelanjaan pembedahan ("*H&S*") yang berlaku akibat penyakit yang dilindungi di bawah sijil sehingga [maturity age] tahun hari lahir akan datang ("*ANB*").

Caruman takaful anda akan digabungkan dengan caruman peserta takaful yang lain untuk membayar tuntutan. Sekiranya jumlah tuntutan yang dibayar dari Tabung Takaful adalah tinggi, caruman takaful bagi setiap peserta dalam Tabung Takaful yang sama akan dinaikkan, termasuk caruman takaful anda walaupun anda tidak membuat tuntutan.

Langkah 2 Adakah rider ini memenuhi keperluan anda?

Apakah yang dilindungi?

- ✔ Bilik & Penginapan Hospital : RM[Room Board]
- ✔ Perbelanjaan pembedahan : Seperti yang dicaj, tertakluk kepada deduktibel [Deductible Limit], setiap keilatan
- ✔ Rawatan Kesakitan Pesakit Luar : Seperti yang dicaj
- ✔ Rawatan Dialisis Buah Pinggang Pesakit Luar : Seperti yang dicaj

Manfaat yang dibayar adalah atas dasar tanpa tunai dan tertakluk kepada:

- ✔ Had Tahunan Keseluruhan : [Total Annual Limit]
- ✔ Had Seumur Hidup Keseluruhan : Tiada Had Seumur HIdup

Apakah yang tidak dilindungi?

- ✘ Sebarang tuntutan akibat penyakit sedia ada.
- ✘ Sebarang tuntutan yang disebabkan oleh Penyakit atau Penyakit Tertentu yang berlaku dalam Tempoh Menunggu.
- ✘ Kehamilan atau melahirkan anak.
- ✘ Sebarang jagaan atau rawatan yang diterima terutamanya untuk tujuan eksperimen atau siasatan.

Senarai di atas adalah tidak lengkap. Untuk maklumat lanjut, sila rujuk kepada Lampiran dengan mengimbas kod QR di atas dan rujuk kepada Sijil bagi maklumat penuh mengenai apakah yang dilindungi dan tidak dilindungi.

Langkah 3 Apakah perkara lain yang anda perlu beri perhatian?

- Anda mesti menjawab soalan yang ditanya oleh kami dengan sepenuhnya dan tepat. Kegagalan dalam mengambil penjagaan yang wajar dalam menjawab soalan-soalan boleh mengakibatkan penolakan tuntutan anda atau sijil anda akan ditamatkan.
- Jika anda memutuskan untuk tidak mengambil sijil takaful ini dalam tempoh 15 hari selepas sijil ini telah diberikan kepada anda, anda boleh menghubungi kami untuk membatalkan sijil anda dan menerima bayaran balik penuh (tolak sebarang perbelanjaan pemeriksaan perubatan yang ditanggung).
- Perlindungan anda hanya akan bermula 30 hari dari tarikh kuat kuasa atau tarikh kuat kuasa semula sijil takaful, mana-mana yang terkemudian, bagi penyakit selain daripada penyakit tertentu. Bagi penyakit tertentu, perlindungan anda hanya akan bermula 120 hari selepas tarikh kuat kuasa atau kuat kuasa semula sijil takaful, mana-mana yang terkemudian.
- Yuran wakalah[1] yang anda perlu bayar adalah RM[Wakalah Fee] atau [Wakalah Fee]% daripada jumlah caruman takaful, yang dibayar sepanjang [x] tahun, di mana komisen kepada wakil jualan anda adalah RM[Commission] atau [Commission]% dan perbelanjaan pentadbiran adalah RM[Management Fee] atau [Management Fee]%. Butiran keseluruhan boleh didapati di dalam jadual Caruman, Yuran dan Caj di dalam Lampiran dengan mengimbas kod QR.

[1] Angka ini adalah berdasarkan caruman takaful semasa pada umur dicapai.

Senarai di atas adalah tidak lengkap. Sila rujuk kepada Lampiran dengan mengimbas kod QR untuk butiran penuh tentang terma dan syarat utama.

Langkah 4 Sudahkah anda pertimbangkan produk lain yang mungkin sesuai dengan keperluan anda?

Jadual Pilihan Pelan			
	Produk yang Disyorkan	Pilihan Produk Alternatif	
	myMedic Plan [XXX]	Pilihan 1 myMediShare [PXXX]	Pilihan 2 myMedic Plan [XXX]
Caruman Takaful Tahunan	RMX,XXX *Ini termasuk caruman takaful tahunan bagi sijil asas takaful keluarga*	RMXXX *Caruman takaful tahunan adalah [lower/higher] sebanyak RMXX*	RMX,XXX *Caruman takaful tahunan adalah [lower/higher] sebanyak RMXX*
Jenis	Kemudahan tanpa tunai	Kemudahan tanpa tunai	Kemudahan tanpa tunai
Tempoh Perlindungan	Sehingga umur XX *ANB* *Pembaharuan adalah dijamin tetapi kadar caruman takaful adalah tidak dijamin*	Sehingga umur XX *ANB* *Pembaharuan adalah dijamin tetapi kadar caruman takaful adalah tidak dijamin*	Sehingga umur XX *ANB* *Pembaharuan adalah dijamin tetapi kadar caruman takaful adalah tidak dijamin*
Ko-Takaful[2]/ Deduktibel[3]	[Deductible option]	[Deductible/ co-takaful option]	[Deductible/ co-takaful option]
Bilik & Penginapan Hospital	RMXX setiap hari	RMXX setiap hari	RMXX setiap hari
Yuran Pembedahan[4]	Seperti yang dicaj	Seperti yang dicaj	Seperti yang dicaj
Keseluruhan Had Tahunan[5]	RM[Annual Limit]	RM[Annual Limit]	RM[Annual Limit]
Keseluruhan Had Sepanjang Hayat[6]	Tiada had sepanjang hayat	Tiada had sepanjang hayat	Tiada had sepanjang hayat

[2]**Ko-Takaful:** Peratus tetap daripada caj perubatan yang anda perlu bayar. Contoh 5% Ko-Takaful bermakna anda hanya perlu bayar 5% daripada bil perubatan terhad kepada RM500 bagi setiap tahun sijil, dan kami akan tanggung bakinya.
[3]**Deduktibel:** Jumlah tetap yang anda perlu bayar bagi setiap satu keilatan sebelum kami membayar mana-mana manfaat di bawah pelan ini. Contoh RM3,000 deduktibel bermakna anda perlu bayar RM3,000 daripada poket anda sendiri dan kami akan bayar bakinya (terhad kepada had yang munasabah).

[4]**Yuran Pembedahan:** Ini adalah tertakluk kepada Ko-Takaful/Deduktibel.

[5] **Had tahunan Keseluruhan:** Jumlah maksimum yang anda boleh tuntut dalam setahun.

[6] **Had seumur hidup:** Jumlah maksimum yang anda boleh tuntut sepanjang tempoh perlindungan.

Jadual ini tidak memaparkan kesemua ciri-ciri produk yang dibandingkan. Sila rujuk kepada pihak kami/wakil jualan anda untuk maklumat lebih lanjut mengenai perbezaan ciri-ciri produk-produk ini.

Pengakuan Pelanggan

Sila pastikan anda mengisi bahagian ini sendiri dan anda sedar akan tujuan tandatangan anda.

☐ Saya mengakui bahawa [sales representative's name] telah memberikan saya salinan Helaian Penerangan Produk.

☐ Saya sudah membaca dan memahami informasi penting yang terdapat dalam Helaian Penerangan Produk ini.

* Pengakuan anda terhadap Helaian Penerangan Produk ini tidak akan menjejaskan hak anda untuk mendapatkan ganti rugi sekiranya berlaku sebarang pertikaian berkaitan terma dan syarat produk.

....

Nama:

Tarikh:

APPENDIX – SCHEDULE OF BENEFITS FOR *my*Medic

No.	Descriptions of Benefits	Maximum Amount (in RM)			
		Plan 150	Plan 250	Plan 350	Plan 500
A. HOSPITAL AND SURGICAL BENEFITS					
1.	Daily Hospital Room and Board *(No limit on number of days)*	150 per day	250 per day	350 per day	500 per day
2.	Intensive Care Unit *(Maximum 60 days per any one disability)*	As charged, subject to the deductible			
3.	Surgical Fees *(Post-Surgery care limited to 90 days after hospital discharge)*				
4.	Anaesthetist Fees				
5.	Operating Theatre				
6.	Hospital Supplies and Services				
7.	In-Hospital Physician's and Specialist's Visit				
8.	Ambulance Fees				
9.	Day Surgery				
10.	Medical Report Fees	100 per disability			
11.	Daily Cash Allowance at Malaysian Government Hospital *(No limit on number of days)*	100 per day			
B. OUTPATIENT TREATMENT					
1.	Pre-Hospital Diagnostic Tests *(Within 60 days prior to hospitalisation)*	As charged, subject to the deductible			
2.	Pre-Hospital Specialist Consultation *(Within 60 days prior to hospitalisation)*				
3.	Post-Hospitalisation Benefits *(Within 90 days after hospital discharge)*				
4.	Home Nursing Care Benefit *(Up to 180 days lifetime)*				
5.	Organ Transplant *(Once per lifetime)*				
6.	Out-patient Cancer Treatment	As charged			
7.	Out-patient Kidney Dialysis Treatment				
8.	Emergency Accidental Out-patient Treatment *(Within 24 hours of an accident, up to 30 days follow-up treatment)*				
9.	Emergency Accidental Dental Treatment *(Within 24 hours of an accident, up to 14 days follow-up treatement)*				
C. OVERALL LIMITS [Applicable to items under both (A) & (B)]					
1.	Overall Annual Limit	300,000	500,000	700,000	1,000,000
2.	Overall Lifetime Limit	No lifetime limit			
D. ADDITIONAL BENEFITS					
1.	International Emergency Medical Assistance Services	Yes			

Notes:

a) As charged based on the reasonable and customary charges, subject to the deductible and Overall Annual Limit.
b) If the person covered is admitted to or seek treatment at any Government Hospital, the deductible will be waived.
c) If the person covered is hospitalised at a room and board which is higher than his/her room and board benefit limit, then he/she will need to pay the difference in the room and board charge and the benefit limit.
d) Service Charge of RM1 per month and an additional RM4 per month will be deducted as Managed Care Charge.

LAMPIRAN – JADUAL MANFAAT UNTUK *my*MEDIC

No.	Deskripsi Manfaat	Amaun Maksimum (dalam RM)			
		Pelan 150	Pelan 250	Pelan 350	Pelan 500
A. HOSPITAL DAN MANFAAT PEMBEDAHAN					
1.	Bilik dan Makan Hospital Harian *(Tiada had bilangan hari)*	150 setiap hari	250 setiap hari	350 setiap hari	500 setiap hari
2.	Unit Rawatan Rapi *(Maksimum 60 hari bagi setiap satu keilatan)*	Seperti caj yang dikenakan, tertakluk kepada deduktibel			
3.	Yuran Pembedahan *(Pembedahan terhad kepada 90 hari selepas discaj hospital)*				
4.	Bayaran Pakar Bius				
5.	Dewan Bedah				
6.	Peralatan Hospital dan Perkhidmatan				
7.	Pakar Dalam Hospital dan Lawatan Pakar				
8.	Bayaran Ambulans				
9.	Pembedahan Harian				
10.	Yuran Laporan Perubatan	100 setiap keilatan			
11.	Elaun Tunai Harian di Hospital Kerajaan Malaysia *(Tiada had bilangan hari)*	100 setiap hari			
B. RAWATAN PESAKIT LUAR					
1.	Ujian Diagnostik Pra-Hospital *(Dalam tempoh 60 hari sebelum dimasukkan ke hospital)*	Seperti caj yang dikenakan, tertakluk kepada deduktibel			
2.	Konsultansi Pakar Pra-Hospital *(Dalam tempoh 60 hari sebelum dimasukkan ke hospital)*				
3.	Manfaat Selepas Penghospitalan *(Dalam tempoh 90 hari selepas discaj hospital)*				
4.	Manfaat Penjagaan Kejururawatan di Rumah *(Sehingga 180 hari seumur hidup)*				
5.	Pemindahan Organ *(Sekali seumur hidup)*				
6.	Rawatan Kanser Pesakit Luar	Seperti caj yang dikenakan			
7.	Rawatan Dialisis Buah Pinggang Pesakit Luar				
8.	Rawatan Pesakit Luar Kemalangan Kecemasan *(Dalam masa 24 jam selepas kemalangan, sehingga 30 hari rawatan susulan)*				
9.	Rawatan Pergigian Kemalangan Kecemasan *(Dalam masa 24 jam selepas kemalangan, sehingga 30 hari rawatan susulan)*				
C. HAD KESELURUHAN [Terpakai kepada kedua – dua item di bawah (A) & (B)]					
1.	Had Tahunan Keseluruhan	300,000	500,000	700,000	1,000,000
2.	Had Sepanjang Hayat Keseluruhan	Tiada had sepanjang hayat			
D. MANFAAT TAMBAHAN					
1.	Perkhidmatan Bantuan Perubatan Kecemasan Antarabangsa	Ya			

Nota:

a) Dicaj berdasarkan caj munasabah dan biasa diamalkan, tertakluk kepada deduktibel dan Had Tahunan Keseluruhan.
b) Sekiranya orang yang dilindungi dimasukkan atau mendapat rawatan di mana – mana Hospital Kerajaan, deduktibel yang dikenakan akan dikecualikan.
c) Sekiranya orang yang dilindungi dimasukkan ke hospital di bilik dan penginapan yang lebih tinggi daripada had manfaat bilik dan penginapan beliau, beliau perlu membayar perbezaan dalam caj bilik dan penginapan dan had tersebut.
d) Caj Perkhidmatan sebanyak RM1sebulan dan tambahan RM4 sebulan akan ditolak sebagai Caj Penjagaan Terurus.