

PRODUCT DISCLOSURE SHEET

Date: dd/mm/yyyy

Dear Customer,

This Product Disclosure Sheet (PDS) provides You with key information on Your non-participating medical and health insurance. Please refer to the Policy Contract for the full terms and conditions.

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

1 What is Allianz EliteChoice (Group Hospitalisation and Surgical Scheme)?

Allianz EliteChoice is a non-participating yearly renewable scheme which provides coverage for Hospitalisation and Surgical. This product also offers a range of optional riders namely Out-Patient Clinical and Dental Benefit under its Group Hospitalisation and Surgical scheme. Out-Patient Clinical rider offers a range of supplementary riders namely Direct Paediatrician Benefit and Out-Patient Mental Illness Treatment.

2 Know Your Coverage/Benefits

As an illustration, You will receive the following insurance coverage/benefits for a coverage period of 1 year:

Coverage	RB600 (RM)	RB400 (RM)	RB250 (RM)	RB200 (RM)	RB150 (RM)	RB100 (RM)
• Hospital Room and Board	600	400	250	200	150	100
• Overall Annual Limit	500,000	300,000	120,000	60,000	40,000	20,000

Note: This table is **non-exhaustive**. Please read Your **Policy Contract** and **Additional Information Sheet** for full details of the coverage.

Your medical and health insurance **excludes** any claim arising from or accelerated by directly or indirectly, wholly or partly, any 1 of the following occurrences:

- Pre-Existing Conditions occurring during the Waiting Period, whether disclosed to Us or not. This shall include any cross over Waiting Period admission where the admission date falls within the Waiting Period and the admission continues until after the Waiting Period, in which case the entire Disability is not payable;
- any Disability arising during the Waiting Period except for Accidental Injuries. This shall include any cross over Waiting Period admission where the admission date falls within the Waiting Period and the admission continues until after the Waiting Period, in which case the entire Disability is not payable; or
- private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilisation, venereal Disease and its sequelae, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) and Human Immunodeficiency Virus (HIV) related Diseases or its sequelae, and any communicable Diseases requiring quarantine by law.

Note: This list is **non-exhaustive**. You must refer to the **Policy Contract** and **Additional Information Sheet** for the full list of exclusions.

If You have any questions or require assistance on Your medical and health insurance, You can:



Call Us at
1 300 22 5542



Email Us at:
customer.service@allianz.com.my



Scan the QR code above or visit Our website at:
<https://www.allianz.com.my/elitechoice>

3 Know Your Obligations

For Your medical and health insurance, You must pay a premium of:

Premium	Please refer to Your Quotation and Additional Information Sheet for the estimated total premium that You have to pay.
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Premium payment duration: **1 year**

- Please add the applicable government tax if the Policy Owner is a business organisation or where the Policy is absolutely assigned to a business organisation. The applicable government tax shall be based on the prevailing rate and is subject to change in accordance with the laws of Malaysia.

You also have to pay the following fees and charges (included as part of Your Policy):

Stamp Duty (charged per Policy issued)	RM10.00	
Managed Care Fee	Group Hospitalisation and Surgical	RM18.00 per Insured Member
	Combined Group Hospitalisation and Surgical and Out-Patient Clinical rider	RM36.00 per Insured Member
	<ul style="list-style-type: none"> Organisations which intend to purchase Out-Patient Clinical rider must opt for the cashless basis under the Group Hospitalisation and Surgical plan, i.e. You will need to take up the RM36.00 Managed Care Fee option for the combined Group Hospitalisation and Surgical plan and Out-Patient Clinical rider. 	
Commission (included in the payable premium)	The maximum commission to the intermediary (if any) which is chargeable from Your premium is ten percent (10%). The example below shows the commission payable as nominal figures and as a percentage:	
	Type	Amount
	The total annual premium for Your Policy	RM 8,416.00
	Commission paid to the intermediary	10% of Your premium or RM 841.60

Please refer to Your **Quotation** and **Additional Information Sheet** for more details.

4 Other Key Terms

- You must disclose all material facts such as medical condition and state Your Insured Members' Age correctly. Otherwise, You may risk having their claim rejected or the Policy terminated.
- You are allowed a grace period of 60 days from the premium due date to pay Your premium, during which period Your Policy shall remain in force. If any premium remains unpaid at the end of the grace period, Your Policy shall lapse.
- Waiting Period: The eligibility for Hospitalisation and Surgical benefit will only start after the following periods from the Eligibility Date or effective date of plan conversion or upgrade, whichever is later:
 - 30 days: for any Disability other than Specified Illnesses; and
 - 120 days: for Specified Illnesses.
- Unless renewed, the coverage will cease on the expiry date and We shall strictly not be liable for any expenses that take place after the expiry date.
- If the Insured Member seeks treatment overseas, benefits in respect of the treatment shall be covered subject to the exclusions, limitations and conditions specified in the Policy Contract and shall exclude the cost of transport to the place of treatment provided.
- If the Insured Member is Hospitalised at a published daily Hospital Room and Board rate which is higher than his/ her eligible benefit, the Insured Member shall bear the difference in the daily Hospital Room and Board charges.
- Premium rates and its renewability are non-guaranteed. We reserve the right to establish, at the end of any subsequent Policy Year thereafter or whenever the terms of the Basic Policy/ riders are changed, new premium rates that shall be applied to the Insured Members.
 - For Group Hospitalisation and Surgical plan, the premium rate is on per Insured Member basis. It is determined based on the Basic Policy's claim experience, cost of medical treatment, advancement in medical technology, etc.
 We will, at least 30 days before the Policy Anniversary, notify You in writing of the new premium rates.

Note: This list is **non-exhaustive**. You should refer to the **Policy Contract** and **Additional Information Sheet** for the full list of terms and conditions.

? Can I cancel my Policy?

Yes, You may cancel Your Policy by giving a written notice to Us as follows.

- Free-look period:** You may cancel Your Policy within 15 days after Your Policy has been delivered to You. We will refund to You the premium paid without interest less any expenses incurred for medical examination.
- After free-look period:** Provided that the Policy is still in force and effect, You may cancel Your Policy. In such event, provided that no claim has been made during the current Policy Year, You shall be entitled to a refund of a pro-rated premium without interest less any expenses incurred for medical examination upon cancellation of the Policy.

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