

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 Supplementary 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 Group Out-Patient Clinical?

Group Out-Patient Clinical is an optional, non-participating and yearly renewable rider (subsequently called "Rider") attachable to Group Hospitalisation & Surgical plan (subsequently called "Basic Policy"). It provides reimbursement of actual Eligible Expenses incurred for Insured Member's visit to General Practitioner and/or Specialist for Medically Necessary Out-Patient treatment, where Hospitalisation is not required.

2 Know Your Coverage/Benefits

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

Out-Patient Clinical Benefit	Refer to Your Quotation for the benefits & coverage chosen by You
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Note: Please read Your Supplementary Contract 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:

- plastic/ cosmetic Surgery or treatment including but not limited to double eyelids, acne, keloids, scars, skin tags, gynaecomastia, diffused alopecia/ hair loss, or treatment of their complications;
- circumcision unless Medically Necessary for the treatment of a Disease;
- any corrective treatment for refractive errors including but not limited to Orthoptics, Visual Stimulation, Radial Keratotomy, Lasik, Intralase, Zyoptics, Phakic IOL implant or intraocular lenses replacement Surgery;
- all corrective glasses or contact lenses, except monofocal intraocular lenses in cataract Surgery. Expenses incurred for contact lenses, use of cosmetic topically/ orally/ surgical procedures and any complications arising therefrom;
- the use or acquisition of all types of external prosthetic, external appliances, or corrective devices, including but not limited to artificial limbs, hearing aids, pacemakers, braces, aero chambers and equipment for nebulising, Continuous Positive Airway Pressure (CPAP), Continuous Ambulatory Peritoneal Dialysis (CAPD), orthopedic pads, implantable cardiac defibrillator (ICD), cochlear implants, and any prescriptions thereof or therefor, except for the rental of such equipment, devices or appliances provided by the Hospital or registered clinic for use during Out-Patient treatment only subject to the limits as specified in the Schedule of Benefits;
- any dental conditions including but not limited to dental treatment, oral Surgery, orthodontics and orthognathic Surgery; temporo-mandibular joint disorder;
- 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;
- any treatment or assessment for Congenital Conditions, hereditary or developmental conditions, deformities and any Disability or complications arising therefrom including but not limited to childhood hernias/ hydrocele (all hernias up to Age of 6 are not covered), clubfoot, Ventricular Septal Defect (VSD), Atrial Septal Defect (ASD), Thalassemia, Squint, Haemangioma, etc;
- pregnancy, childbirth (including surgical delivery), miscarriage (except any miscarriage of below 28 weeks due to Accidental causes under this Policy coverage), voluntary abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility and erectile dysfunction and tests or treatment related to impotence or sterilization;
- any care or diagnostic test or treatment which is not Medically Necessary, has not been established as being effective or which is experimental or treatment which have not been recognized and approved by Ministry of Health of Malaysia. This exclusion includes but is not limited to stem cell treatment, related workout and any complications arising thereafter and blood surety; or
- any treatment received purely for investigation purposes, health screening, check-ups, tests or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any Preventive Treatments, preventive medicines or examinations carried out by a Physician or Specialist, except for benefit payable under diagnostic services and pap smear examination as stipulated herein.

Note: This list is **non-exhaustive**. You must refer to the **Supplementary 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/group-outpatient-clinical>

3 Know Your Obligations

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

Premium	Refer to Your Quotation 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	
MCO Fees	RM22 per Insured Member	
Commission (included in the payable premium)	The maximum commission to the intermediary (if any) which is chargeable from Your premium is ten percent (10%). Below example 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 the **Quotation** for more details.

4 Other Key Terms

- You must disclose all material facts such as medical condition (if applicable) and state Your age correctly. Otherwise, You may risk having Your claim rejected or Rider terminated.
- You are allowed a grace period of 60 days from the premium due date to pay Your premium, during which period Your Rider shall remain in force. If any premium remains unpaid at the end of the grace period, Your Rider shall lapse.
- 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 Supplementary Contract of this Rider and shall exclude the cost of transportation to the place of treatment provided.
- The premium rates and its renewability are not guaranteed. We reserve the right to establish, at the end of any Rider period or whenever the terms of this Rider are changed, new premium rates at which subsequent premiums shall be computed.

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

? Can I cancel my Rider?

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

- Free-look period:** You may cancel Your Rider within 15 days after Your Supplementary Contract 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 Basic Policy and this Rider are still in force and effect, you may cancel the Rider. In such event, provided 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 Rider.

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).