

# 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 Dental?

Group Dental is an optional, non-participating and yearly renewable rider (subsequently called "Rider") attachable to Group Hospitalisation & Surgical plan (subsequently called "Basic Policy"). It provides for Eligible Dental Expenses incurred during the period of insurance in respect of treatment or services undertaken by the dentist.

## 2 Know Your Coverage/Benefits

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

Dental 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:

- dental treatment for which payment is not required or which is payable by other insurance or indemnity covering the Insured Member;
- oral Surgery requiring the setting of fractures and dislocations and others not specifically provided under the Schedule of Benefits;
- dispensing of drugs for treatment of oral Disease unless otherwise provided under the Schedule of Benefits;
- replacement of mislaid, lost or stolen of denture or bridgework and other prosthetic device;
- replacement of existing prosthodontic appliances more than 5 years, unless the existing appliance cannot be made serviceable or is Medically Necessary;
- dental treatments and supplies which in accordance with accepted dental art standards are not required from a dental viewpoint; or which are not recommended or approved by the attending Dentist, or which are not accepted dental arts standards;
- dental treatments performed mainly for aesthetic purposes including the transformation or extraction and replacement of healthy teeth in order to modify appearance;
- prosthetic services (including bridges and crowns) started prior to the Eligibility Date;
- expenses for the initial placement of a complete or partial denture or for fixed bridgework if it involves the replacement of one or more natural teeth missing or lost prior to the Eligibility Date;
- dental treatments required following an Injury that the Insured Member willfully inflicted upon him or herself, whether or not of sound mind;
- fees invoiced by a Dentist for an appointment missed by an Insured Member or for the filling out of claim forms required by the Insured Member or for additional information required by Us; also for travel time, transportation costs and counselling provided by means of telecommunications;
- fees invoiced by a Dentist for a treatment plan, either for extra time spent for explanations due to the complexity of the treatment, or when the diagnostic material comes from another source for consultation with the Insured Member for consultation with another Dentist;
- fees invoiced by a Dentist for the analysis of an alimentary diet and recommendations for initial instructions as well as reinstructions in oral hygiene and for a plaque control program; or for any protective appliances or dental related product/supplies;
- dental care related to implants except those provided under the Schedule of Benefits;
- treatment provided by non-Panel Dental Clinics unless specifically provided under the Schedule of Benefits;
- any other dental service not specifically listed under the Schedule of Benefits; or
- war, riot, rebellion, insurrection, civil commotion, explosion of war weapons, terrorism related activity, active duty in any armed forces, direct participation in strikes, nuclear war, biological and chemical warfare/ activities.

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](mailto:customer.service@allianz.com.my)



Scan the QR code above or visit Our website at:  
<https://www.allianz.com.my/group-hospitalisation-and-surgical>

### 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						
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 <b>example</b> shows the commission payable as nominal figures and as a percentage,						
	<table border="1"> <thead> <tr> <th>Type</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>The total annual premium for Your Policy</td> <td>RM 8,416.00</td> </tr> <tr> <td>Commission paid to the intermediary</td> <td>10% of Your premium or RM 841.60</td> </tr> </tbody> </table>	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
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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.
- 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.
- The premium rates are not guaranteed and are experience rated.

**Note:** This list is **non-exhaustive**. You should refer to the **Supplementary Contract** 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](http://www.pidm.gov.my)).**