PRODUCT DISCLOSURE SHEET

Date: dd/mm/yyyy

Dear Customer,

This Product Disclosure Sheet (PDS) provides You with key information on Your medical and health insurance. Please refer to the Company Agreement for the full terms and conditions.

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

1 What is Summit for Malaysia?

Summit for Malaysia is a yearly renewable group term scheme or plan which provides coverage for In-patient, Out-patient, Wellness and Maternity benefits. Additional upgrade options are available for Wellness plan and Maternity plan benefits. This product also offers a range of optional riders namely Dental, Optical and Repatriation plans.

2 Know Your Coverage/Benefits

As an illustration, for the total premium specified in the Quotation Reference, You will receive the following insurance **coverage/benefits for a coverage period of 1 year:**

Coverage	The plan benefits will be as shown in 'Quotation Reference'

Your medical and health insurance **excludes**:

- **Complications caused by conditions not covered under your Plan** - Expenses incurred because of complications directly caused by an illness, injury or treatment for which cover is excluded or limited under your plan.
- **Cosmetic treatment** - Any cosmetic treatment, even when medically prescribed. This includes treatment carried out by a plastic surgeon, whether or not for medical/psychological purposes. The only exception is reconstructive surgery necessary to restore function or appearance after a disfiguring accident or as a result of surgery for cancer, provided that the accident or initial surgery was also covered by this policy.
- **Drug addiction or alcoholism** - Care and/or treatment of drug addiction or alcoholism (including detoxification programmes and treatments to stop smoking), death associated with drug addiction or alcoholism, or the treatment of any condition that in our reasonable opinion is related to, or a direct consequence of, alcoholism or addiction (e.g. organ failure or dementia).
- **Experimental or unproven treatment or drug therapy** - Any form of treatment or drug therapy that in our reasonable opinion is experimental or unproven, based on generally accepted medical practice.
- **Intentionally caused diseases or self-inflicted injuries** - Care and/or treatment or services for intentionally caused diseases or self-inflicted injuries, including a suicide attempt.
- **Products purchased without a prescription** - Products that are purchased without a doctor's prescription.
- **Sleep disorders** - Treatment of sleep disorders, including insomnia, obstructive sleep apnoea, narcolepsy, snoring and bruxism.
- **Termination of pregnancy** - Termination of pregnancy, except where the life of the pregnant woman is in danger.
- **Travel costs** - Travel costs to and from medical facilities (including parking costs) for treatment, except when covered under 'Local ambulance', 'Medical evacuation' and 'Medical repatriation' benefits.

Note: This list is **non-exhaustive**. You must refer to the **Company Agreement**, **supplementary contract(s) (if any)** and **Employee Benefit Guide** 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	Email Us at:	Scan the QR code above or visit Our website at:
1 300 22 5542	customer.service@allianz.com.my	https://www.allianz.com.my/summit-plans

3 Know Your Obligations

For Your medical and health insurance, You must pay a Premium of:	
Premium	The total premium that the Company has to pay and the Policy terms may vary depending on Our underwriting requirements. The estimated total premium that the Company has to pay is as specified in the Quotation Reference.
Premium payment duration: **1 Year**	

<table>
<tr><td colspan="2">• If the Policy Owner is a business organisation or where the Policy is absolutely assigned to a business organization, government tax is applicable. The applicable government tax shall be based on the prevailing rate and is subject to change in accordance with the laws of Malaysia.</td></tr>
<tr><td colspan="2">You also have to pay the following fees and charges:</td></tr>
<tr><td>Stamp duty</td><td>RM 10.00</td></tr>
<tr><td>Commission (included in the payable Premium)</td><td>The maximum commission to the intermediary (if any) which is chargeable from Your premium is ten percent (10%).
Below is an example of the calculation of commission;
<table>
<tr><th>Type</th><th>Amount</th></tr>
<tr><td>Sample annual premium</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>
</table></td></tr>
</table>

Please refer to the **Quotation Reference** for more details.

4 Other Key Terms

- The premium rates are not guaranteed and factors likely to affect in premium adjustments on renewal will be claims experiences, significant changes in headcount and medical inflation and We reserve the right to revise the premium rates.
- All employees and dependants must be resident in Malaysia in order to be eligible for cover. Employees posted outside of Malaysia by You for temporary work assignments will remain eligible, however they must:
  - retain their primary residence in Malaysia;
  - be employed and salaried by You; and
  - meet all other eligibility criteria outlined in this section and Agreement.
- We may provide coverage to persons residing/based outside of Malaysia, but this is subject to prior approval and acceptance by Us at all times and will depend on the particular countries involved.
- We must be notified of Eligible Person additions, changes or cancellations, in writing, within 28 days of the person becoming eligible, the change event or the person not being eligible anymore. Where notification is not made by You within the agreed period, You are obliged to highlight to the Insurer the late notification. In that case, We reserves the right to only make the requested change from the day such notice is given or to decline any addition requested. If You fail to advise Us of changes and/or cancellations within the agreed 28 days period, for any reason, You will remain responsible for the payment of the relevant premium until such notice is given and accepted by Us.
- Waiting Period:
  - Subject to the applicable Underwriting terms. For Policy with Moratorium (MORI), a Waiting Period of 24 months will apply from either the start date of the Insured Person(s) cover or the date shown in the special terms section of the Insurance Certificate that must have passed before claims for any pre-existing medical conditions may become eligible under the plan. Upon the expiry of 24 continuous months of cover under this group scheme, a pre-existing medical condition may be covered, provided that the Insured Person has not had symptoms, needed or received treatment, medication, a special diet or advice, or had any other indications of the condition. We reserve the right to withdraw from offering moratorium underwriting terms if the required minimum number of insured employees and/or dependants as per Our standard guidelines at the time is not met during the Insurance Year or at renewal.
- The date of Treatment is the relevant factor when deciding on the Our liability to pay medical benefits. The liability ceases 6 months after the end of the Insurance Year of the Agreement or 6 months after termination of the individual cover of the Insured Person during the Insurance Year, or if the Agreement is terminated by Us in accordance with the terms of the Company Agreement.
- We may offer You the renewal of the Agreement by providing the new renewal conditions including the Table of Benefits, Benefit Guide(s), Group Policy Change Document (where applicable) and Premiums, within the agreed Renewal Terms Provision Notice Period as set out in the Agreement Schedule, before the expiry of the Agreement. You shall promptly inform Us in writing of its decision to renew or not to renew in order to allow preparation for any renewal.

Note: This list is **non-exhaustive**. You should refer to the **Company Agreement**, **Supplementary Contract(s) (if any)** and **Employee Benefit Guide** 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 claims and expenses incurred by Us.
- **After free-look period,** termination of the policy is possible with effect from the next renewal date by giving 3 months prior written notice to Us. Additions, changes and cancellations of Insured Persons need to be informed to Us at least once a month.

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).