

PROPOSAL FORM

FOREIGN WORKERS HOSPITALISATION AND SURGICAL SCHEME (SPIKPA/SKHPPA)

Etiqa Insurance Berhad (Etiqa Insurance) is licensed under the Financial Services Act 2013 to transact both life and general insurance business in Malaysia and is regulated by Bank Negara Malaysia (BNM).

Important Notice

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

Basic Information

Company Name						
Company Registration No.	Date of Company Registration:			No. of Years in Business:		
GST Tax Details <i>(If applicable)</i>	Registration No.			GST Tax Registration Date		
Occupation/ Nature of Business						
Contact Details	Phone	Mobile:		House:		Office:
	Fax No.			Email		
Address						
	Postcode:	Town:			State:	
Bank Account Details <i>(Current or Savings Account)</i>	Bank Name					
	Account Type	<input type="checkbox"/> Current		<input type="checkbox"/> Savings		
	Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
	Account Effective Date					

Policy Information

Period of Insurance	From (dd/mm/yyyy):	To (dd/mm/yyyy):
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Employer's Name (If different against proposer's name)

Address of Employment of Worker (If different against proposer's address)

Postcode	Town	State
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Sectors / Nature of Business (Please tick ✓)	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Plantation	<input type="checkbox"/> Fishery	<input type="checkbox"/> Animal Farming/Livestock
	<input type="checkbox"/> Forestry	<input type="checkbox"/> Hunting	<input type="checkbox"/> Mining	<input type="checkbox"/> Manufacturing
	<input type="checkbox"/> Construction	<input type="checkbox"/> Transport	<input type="checkbox"/> Services	<input type="checkbox"/> Public Utilities
	<input type="checkbox"/> Commerce	<input type="checkbox"/> Maid		

Employee/Worker to be covered *

Name of Worker	Passport No.
Date of Birth	Gender
Nationality	Nature of Work
Insured for (Please tick ✓)	Permit No.
<input type="checkbox"/> Calling Visa <input type="checkbox"/> Renewal of Permit	Permit Expiry
<input type="checkbox"/> Special Application	

Dependant Information for each respective employee (at their home country)

Full Name of Dependant		
Date of Birth	Age	Relationship
Address		

* If more than one (1) worker, please complete the Workers Particulars Form as attached.

Who will be paying the premium for this insurance policy (Please tick ✓)
<input type="checkbox"/> Employer <input type="checkbox"/> Foreign Worker themselves

DECLARATION

1. I/We hereby declare that the information given is true and complete to the best of my/our knowledge and believe that all material information affecting the assessment of this application have been disclosed.

I/We understand that this Insurance cover will not be enforced until and unless this Proposal has been accepted by Etiqa Insurance Berhad

2. I/We, agree, consent and allow Etiqa Insurance to process my personal data (including sensitive personal data) (Personal Data) with the intention of entering into a contract of Insurance, in compliance with the provisions of the Personal Data Protection Act 2010.

3. I/We, understand and agree that any Personal Data collected or held by Etiqa Insurance (whether contained in this application or otherwise obtained) may be held, used, processed and disclosed by Etiqa Insurance to individuals and/or organizations related to and associated with Etiqa Insurance or any selected third party (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters/investigators, solicitors, industry associations, regulators, statutory bodies and government authorities) for the purpose of processing this application and providing subsequent service related to it and to communicate with me/us for such purposes.

I/We understand that I/we have a right to obtain access to and to request correction of any Personal Data held by Etiqa Insurance concerning me/us. Such request can be made by completing the Access Request Form available at all Etiqa Insurance branches or contact Etiqa Insurance via email at PDKA@etiqa.com.my. In accordance with the provisions of the Personal Data Protection Act 2010, I/we may contact the Customer Service Centre at Etiqa Online at 1300 13 8888 for the details of my/our Personal Data. Such information shall only be granted upon verification.

4. Please provide Etiqa Insurance with bank account details so that Etiqa Insurance can credit a refund of premium, or payment of claims or insurance benefits, if any. Please ensure that the account is active and belongs to the Policyholder.

- Account Holder's Name
- Bank Name
- Current / Savings Account Number

Should I/we not provide an updated bank account for auto-credit purposes to Etiqa Insurance, I/we consent that my account with Maybank Group may be utilized for the same purpose.

I/We agree that where payment has been made, based on the Auto Credit account details provided in this application, such payment will be deemed as full payment and Etiqa Insurance shall be discharged from any existing and future claim and demand in relation to it.



Signature of Applicant / Company's Stamp

Date:

DOCUMENT CHECKLIST

To be completed by Intermediaries

NO	DOCUMENT	DOCUMENT AVAILABILITY			
		Yes	No	Yes	No
1.	Duly Completed Proposal Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Full particular of worker and dependant if more than one (1) worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Passport copy / Permit Copy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: This list is not exhaustive, additional requirement may be required if deemed necessary.

For Office Use Only

Source		Channel	
Sales Channel Name		Sales Channel Code	
FE Name and PF No.		LG Name and PF No.	

PRODUCT DISCLOSURE SHEET	Etiqua Insurance Berhad
Read this Product Disclosure Sheet before you decide to take out the Foreign Workers Hospitalisation And Surgical Scheme. Be sure to also read the general terms and conditions.	Foreign Workers Hospitalisation And Surgical Scheme Date : 01.08.2016

1. What is this product about?

Foreign Worker Hospitalisation & Surgical Insurance Scheme (SKHPPA) is a yearly renewable hospital and surgical insurance scheme designed to reduce the financial burden of the employer of foreign workers in the event of hospital admission of their foreign workers to a Non-Corporatised Malaysian Government Hospital due to an accident or illness

2. Who is eligible?

Eligible persons for insurance under this policy are those present and future full-time foreign worker employees of policyholder, from the age of eighteen (18) to sixty (60), who are actively engaged at their usual work on the date the persons are eligible to join this policy.

3. What are the covers / benefits provided?

Item	Benefits	Amount (RM)
1 (a)	Daily Hospital Room & Board (Maximum up to 30 days)	As charged in accordance to charges consistent with Third (3rd) Class Room and Board to a maximum of RM60.00 per day in a Non-Corporatised Malaysian Government Hospital in conformance to the charges specified under Fees Act 1951, Fees (Medical) Order 1982.
1 (b)	Intensive Care Unit (Maximum up to 15 days)	
2	Hospital Supplies & Services	
3	Operating Theatre	
4	Surgical Fees (Excluding organ transplantation)	
5	Anesthetist Fees	
6	In-Hospital Physician Visits (Maximum up to 30 days)	
7	In-Hospital Specialist Consultation Visits (Maximum up to 30 days)	
8	Ambulance Fees/Medical Report Fees	
Maximum Overall Annual Limit (Item 1-8) per Insured Person		RM20,000.00

The duration of cover is for one (1) year. You need to renew your cover annually.

Note: The description on the available cover is only a brief summary for quick and easy reference. The precise terms and conditions that apply are stated in the policy contract.

4. How much premium do I have to pay?

- The annual premium is RM120 per foreign worker insured inclusive of RM15 of the Managed Care Organisation (MCO) fee. The renewal premium is not guaranteed.

5. What are the fees and charges that I have to pay?

- Stamp Duty – You have to pay RM10 in addition to the premium for stamp duty
- Goods and Services Tax (GST) – 6% of RM120.00
- Commission to the Insurance Agent – 10% of RM105 (annual premium less the MCO fee) will be deducted for commission.

6. What are some of the key terms and conditions that I should be aware of?

- Importance of disclosure – You must disclose all material facts of all the insured members such as their medical condition, occupation, and state their ages correctly.
- Statement Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013 – Insured member is to disclose in the proposal form, fully and faithfully all the facts which he/she know or ought to know, otherwise the policy issued may be invalidated.

- Geographical Territory – All benefits provided in this policy are applicable within Malaysia only for twenty-four (24) hours a day. Cover ceases from the time the Insured Person leaves Malaysia and resumes upon his/her return to Malaysia.
- Limitation of Benefits – All benefits provided in this policy are only payable in the event the insured person is confined in a non-corporatised Malaysian Government Hospital.
- Grace Period – This is a Cash Before Cover policy. Notwithstanding the Cash Before Cover condition, a Grace Period of fourteen (14) days from its due date will be allowed for payment of each premium after the first policy year. During such fourteen (14) days, the Company shall remain liable there under if by the last of such days, the premium is actually paid. If any premium is not paid in respect of this policy contract before the end of the Grace Period, this policy contract shall be deemed as terminated at the expiry date of this policy.

Note: The list above is non-exhaustive. Please refer to the policy contract for the full terms and conditions under this policy.

7. What are the major exclusions under this policy?

This policy does not cover any hospitalization, surgery or charges caused by any one of the following occurrences: Plastic/Cosmetic surgery; Dental treatment or oral surgery; Treatment or surgical operation for congenital abnormalities or deformities; Pregnancy or miscarriage; Treatment which is not Medically Necessary; Suicide or self-inflicted injury while sane or insane; Accidental injuries or illnesses arising from racing or hazardous sports; Cardiovascular diseases and all cancers occurring within the first one hundred and twenty (120) days of insurance of the Insured Person; Pre-existing conditions unless the Insured Person passes the medical examination as continued by FOMEMA Sdn Bhd (FOMEMA) within 30 days from the Insured Person's arrival to Malaysia.

Note: The list above is non-exhaustive. Please refer to the policy contract for the full list of exclusions under this policy.

8. Can I cancel my policy?

Yes, you (the Policyholder) may cancel this policy at any time by giving written notice to us. Upon cancellation, you are entitled to a refund of the premium as per the schedule below, provided that you have not made a claim during the current policy year.

Period Not Exceeding	Refund of Annual Premium
15 days	90%
1 month	80%
2 months	70%
3 months	60%
4 months	50%
5 months	40%
6 months	30%
7 months	25%
8 months	20%
9 months	15%
10 months	10%
11 months	5%
Period Exceeding 11 months	No refund

9. What do I need to do if there are changes to my contact details?

It is important that you inform us of any change in your organization's contact details to ensure that all correspondences reached in a timely manner.
You can write in / fax us at the address / fax number below.

10. Where can I get further information?

Should you require additional information about medical and health insurance, please refer to the insurance info booklet on 'Medical & Health Insurance', available at all our branches or you can obtain a copy from the insurance agent or visit www.insuranceinfo.com.my.

If you have any enquiries, please contact us at:

Etiqa Insurance Berhad (9557T)
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No. 1, Jalan Maarof
59000 Kuala Lumpur, Malaysia
Tel : 03 2297 3888 Fax : 03 2297 3800
Email : info@etiqa.com.my
Homepage : www.etiqa.com.my

IMPORTANT NOTE:

YOU ARE ADVISED TO NOTE THE SCALE OF BENEFITS IN YOUR INSURANCE POLICY. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH THE AGENT OR CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.

The information provided in this disclosure sheet is valid as at 01.08.2016