



MUI Continental Insurance Berhad (29123-D)

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SKIM KEMASUKAN HOSPITAL & PEMBEDAHAN PEKERJA ASING (SKHPPA) FOREIGN WORKER HOSPITALIZATION AND SURGICAL INSURANCE SCHEME (SKHPPA)

Statement Pursuant to Section 149(4) of the Insurance Act, 1996. You are to disclose in the proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the Policy issued may be void.

In view of increasing Hospital and Surgical charges, this Scheme is specially designed to reduce the financial burden of the Employers of foreign workers in the event of hospital admission of their foreign workers due to accident or illness.

Some Important Information On The Purchase of SKHPPA

To Prospective PolicyHolder

This page contains important information about your Insurance. You should read all the information carefully to make sure that you fully understand it and that it meets your needs. You are advised to read through the checklist below which explains the essential features of the SKHPPA so that you are able to make an informed decision before purchasing the policy. If you have any inquiries, please seek clarification from your insurance intermediary or MUI Continental Insurance Berhad office nearest to you.

1. The benefits payable under the policy are highlighted in the "Description of Benefits/Coverage."
2. This is a yearly renewable plan, whereby the premiums and benefits are subject to review from time to time. Any changes to benefits and premium can only be imposed by MUI Continental Insurance Berhad on policy anniversary **with 90 days** written notice based on the emerging claims experience of the portfolio.
3. Cover ceases from the time your foreign worker leaves Malaysia and resumes upon his/her return to Malaysia.

PERIOD OF COVER AND RENEWAL

The Policy shall become effective as of the date stated in the Schedule. The Policy Anniversary shall be one (1) year after the effective date and annually thereafter. On each such anniversary, **this** Policy is renewable at the premium rates in effect at that time as notified by the Company.

DEFINITIONS

PRE-EXISTING ILLNESS shall be limited to disabilities which existed before the effective date of cover and for which the Insured Person should have reasonably been aware of. An Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:-

- a) the Insured Person had received or is receiving treatment;
- b) medical advice, diagnosis, care or treatment has been recommended;
- c) clear and distinct symptoms are or were evident; or
- d) its existence would have been apparent to a reasonable person in the circumstances.

SPECIFIED ILLNESSES shall mean the following disabilities and its related complications, occurring within the first one hundred and twenty (120) days of Insurance of the Insured Person:

- a) Cardiovascular disease

- b) All cancers

APPLICATION PROCEDURES

- The SKHPPA proposal forms are available at any of MUI Continental Insurance Berhad branch office.
- The Employer must complete the proposal form and submit the completed proposal form together with premium to any MUI Continental Insurance Berhad office.
- Coverage is effective upon receipt of payment of premium.
- The Policy will be sent to the employer within 21 working days.
- If the policy has not been received within the stipulated period, kindly contact the MUI Continental Insurance Berhad branch office.

DESCRIPTION OF BENEFITS/COVERAGE SCHEDULE OF BENEFIT (ANY ONE DISABILITY)

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 (ICU) (Maximum up to 15 days)	
2	Hospital Supplies and Services	
3	Operating Theatre	
4	Surgical Fees (Exclude 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 (Items 1 to 8)		RM10,000.00
ANNUAL PREMIUM : RM120.00 per Insured Person		

IMPORTANT NOTE: All benefits payable for any number of disabilities in any one given Period of Insurance is subject to the Overall Annual Limit of RM10,000.00 per Insured Person.

EXCLUSIONS

This Scheme does not cover any hospitalization, surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

1. Pre-existing illness. However, this exclusion is waived in the event the Insured Person passes the medical examination as confirmed by Fomema Sdn. Bhd. (FOMEMA) within 30 days from the Insured Person's arrival to Malaysia.
2. Specified Illnesses occurring during the first one hundred and twenty (120) days of continuous cover.
3. Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof.
4. Dental conditions including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the Period of Insurance.
5. Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immunodeficiency Syndrome) or ARC(AIDS Related Complex) and

HIV(Human Immunodeficiency Virus) related diseases, and any communicable diseases requiring quarantine by law.

6. Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
7. Pregnancy, child birth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilization.
8. Hospitalization primarily for investigatory purposes, diagnosis, X-ray examination, general physical 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, and treatments specifically for weight reduction or gain.
9. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
10. War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.
11. Ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
12. Expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
13. Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies , including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone setting, herbalist treatment, massage or aroma therapy or other alternative treatment.
14. Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured Person and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract.
15. Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations).
16. Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items.
17. Sickness or Injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.
18. Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
19. Expenses incurred for sex changes.

FREQUENTLY ASKED QUESTIONS

Q1 WHAT DOES THE SKHPPA COVER?

A It covers hospitalization & surgical charges incurred by the foreign worker in the event of hospital admission to a Non-Corporatised Malaysian Government Hospital due to an Accident or Illness.

Q2 IS THE SKHPPA A COMPULSORY SCHEME?

A Yes.

Q3 MY FOREIGN WORKERS ARE INSURED UNDER THE FOREIGN WORKERS COMPENSATION SCHEME (FWCS), DO THEY NEED TO BE INSURED UNDER SKHPPA?

A Yes. The SKHPPA and the FWCS are two different schemes and both are compulsory.

Q4 CAN THE PREMIUM BE DEDUCTED FROM THE FOREIGN WORKERS SALARY?

A Yes, the employer can advance the payment for the required premium and then subsequently deduct the same from the foreign worker's salary.

Q5 HOW MUCH IS THE PREMIUM AND WHEN WILL COVERAGE TAKE EFFECT?

A The annual premium is RM120.00 per worker per annum and coverage will take effect upon registration with premium duly paid.

Q6 IS MEDICAL CHECK-UP REQUIRED?

A Not necessary as long as the foreign workers are legally working in Malaysia and have passed the medical examination administered by Fomema Sdn. Bhd. (FOMEMA).

Q7 ANY RESTRICTION TO HOSPITAL ADMISSION?

A Yes, admission to Non-Corporatised Malaysian Government Hospital only.

Note: The brochure provides a summary of the main features of the above product for illustration purposes and does not constitute a contract of insurance. Policy owners are advised to refer to the policy document for full details of the product terms and conditions, including those outlined in this brochure.