



Smart SME Plus

Product Disclosure Sheet

Date: as per quotation date

Important Note

1. Read this Product Disclosure Sheet before you decide to take out the **Smart SME Plus** Insurance Policy. Be sure to also read through the general terms and conditions.
2. You are advised to note the table of benefits for Death and Disablement in your insurance policy. You must nominate a nominee and ensure that your nominee is aware of the policy that you have purchased. You should read and understand the insurance policy and discuss with the agent or contact us directly for more information.
3. Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form (or when you apply for this insurance). You must answer the questions fully and accurately.

Failure to take reasonable care in answering the questions 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.

In addition to answering the questions in the Proposal Form (or when you apply for this insurance), you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

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 the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.

1. What is this product about?

This product offers a comprehensive coverage for costs of medical treatment incurred by a group of insured (usually employees of an organization) for hospitalization, day surgery costs and various outpatient treatments.

The Smart SME Plus is a policy to suit small and medium industry's medical needs. Duration of cover is one (1) year. You are required to renew your insurance policy on an annual basis before the policy anniversary.

2. What are the covers / benefits provided?

Basic Medical Coverage-Hospitalisation and Surgical benefit:

NO	BENEFITS	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5	PLAN 6
1	Hospital Room & Board (Daily max up to 180 days)	370	270	200	160	135	80
2	Intensive Care Unit (Daily max up 30 days)						
3	Hospital Supplies and Services						
4	Surgeon Fee						
5	Anaesthetist Fee						
6	Operating Theatre Charges						
7	Daily In-Hospital Physician's Visit (Max. 180 days)						
8	Pre-Hospital Diagnostic Tests (within 60 days before hospital confinement)						
9	Pre-Hospitalisation Specialist Consultation (within 60 days before hospital confinement)						
10	Second Surgical Opinion (within 60 days before hospital confinement)						
11	Post-Hospitalisation Treatment (within 60 days from hospital discharge)						

Full Reimbursement
subject to Overall Annual Limit
provided the charges
are within the
recommendation
of the MMA Guidelines

12	Emergency Accidental Outpatient Treatment (within 24 hours after the accident & follow-up up to 60 days)	and Reasonable and Customary Charges					
13	Accidental Dental Treatment (within 24 hours after the accident & follow-up up to 14 days)	Full Reimbursement subject to Overall Annual Limit provided the charges are within the recommendation of the MMA Guidelines and Reasonable and Customary Charges					
14	Out-patient Cancer Treatment						
15	Out-patient Kidney Dialysis Treatment						
16	Daycare Procedure						
17	Ambulance Charges (by road)						
18	Government Service Tax						
19	Government Hospital Daily Cash Allowance (Max. 180 days)	200	100	100	100	100	100
20	Emergency Sickness Treatment (10pm - 8am)	100	100	100	100	100	100
21	Medical Report Fee Reimbursement	80	80	80	80	80	80
22	Emergency Medical Evacuation	10,000	10,000	10,000	10,000	10,000	10,000
OVERALL ANNUAL LIMIT (PER MEMBER)		100,000	75,000	50,000	35,000	20,000	12,000
23	Funeral Expenses	10,000	10,000	10,000	10,000	10,000	10,000

Optional Rider-Clinical Benefits:

NO	BENEFITS	(RM)
1	<p>OUTPATIENT GP TREATMENT</p> <p>Routine Consultation Medication Injection Out-patient Surgical Procedures Preventive Screening- Pap Smear (once per policy year) Diagnostic Lab / X - Ray Procedure Limit per visit Number of Visit per year per insured Co-payment Overseas Treatment (limit per visit-RM)</p>	<p>at AXA Panel Clinics</p> <p>Unlimited Unlimited Nil 50</p>
2	<p>OUTPATIENT SPECIALIST TREATMENT</p> <p>Consultation Medication Injection Out-patient Surgical Procedures Diagnostic Lab / X - Ray Procedure Limit per visit Number of Visit per year per insured Co-payment Limit per ANNUM (RM) Overseas Treatment (Limit per visit -RM)</p>	<p>With Panel GP Referral</p> <p>Unlimited Unlimited Nil 1,200 150 (Without GP Referral)</p>

3. How much premium do I have to pay?

Annual Premium for Cashless Plan (RM):

Hospitalisation and Surgical Benefit	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5	PLAN 6
Employee Only	1,794.00	1,136.00	877.00	633.00	456.00	335.00
Employee & Spouse	4,485.00	2,840.00	2,192.50	1,582.50	1,140.00	837.50
Employee & Children	4,485.00	2,840.00	2,192.50	1,582.50	1,140.00	837.50
Employee & Family	7,176.00	4,544.00	3,508.00	2,532.00	1,824.00	1,340.00

Annual Premium for Reimbursement Plan (RM):

Hospitalisation and Surgical Benefit	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5	PLAN 6
Employee Only	1,617.00	1,024.00	791.00	572.00	413.00	304.00
Employee & Spouse	4,042.50	2,560.00	1,977.50	1,430.00	1,032.50	760.00
Employee & Children	4,042.50	2,560.00	1,977.50	1,430.00	1,032.50	760.00
Employee & Family	6,468.00	4,096.00	3,164.00	2,288.00	1,652.00	1,216.00

**** The premium rates shown do not include applicable tax, duty or levy.**

Annual Premium for Optional Rider:

Clinical Benefit	(RM)
Annual premium per Person	RM675

**** The premium rate shown does not include applicable tax, duty or levy.**

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

- 6% of Gross Premium as Service Tax
- RM10 as Stamp Duty
- Agent commission of 10% is included in your premium

5. How do I make a medical claim under this policy?

Medical expenses are on 'Pay and File' basis whereby the insured is required to settle the bills first and submit all claim documents to AXA for reimbursement of the eligible expenses.

However, Cashless facility may also be arranged by AXA for the convenience of insured members. In this case, the insured may enjoy a cashless admission to any of AXA approved panel hospitals.

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

Age Limit

- Maximum entry age of 65 years (next birthday)
- You must disclose all material facts such as personal particulars, occupation and any medical condition which you already had when you apply for the policy. This includes any medical condition or symptoms whether or not being treated and any previous medical condition which recurs or which you should reasonable have known about even if you have not consulted a medical practitioner. If you are in doubt you should disclose the medical condition.
- Failure to notify AXA of all material facts and medical condition may result in claims being refused or cover withdrawn.
- If there is any change in your health profile, occupation, business, duties or pursuits, you must notify us immediately.

Eligibility and Scope

1. Persons eligible to be covered must be:-

- A full-time employee of the organization, aged between 18 to 65 years (next birthday)
- A dependent of an employee, who is a legally married spouse, up to age 65 years and/or children who has attained the age of 15 days old up to 24 years old (next birthday) and unmarried.

2. No Selection Basis

- You are to insure all employees in the same category of occupation of management level under the same plan.

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



3. Automatic Additions and Deletions

- a. Notification of each addition shall be advised by the Insured within thirty (30) days of the date of eligibility and the appropriate additional premiums paid. The date of eligibility shall be the commencement date of employment.
- b. Deletions of Insured Persons will be similarly effected from the date of termination of employment with the Insured.

Premium Warranty

All premiums must be paid to and received by AXA within sixty (60) days from the inception date of the policy. Otherwise, the policy shall be automatically cancelled.

Note: The list is not exhaustive. Please refer to the policy contract for details.

7. What are the major exclusions under this policy?

Generally, the Policy does not cover:-

- Any medical or physical conditions arising within the first 30 days of the Insured Person's cover except for Accidental Injuries.
- Pre-existing illnesses for the first 12 months of cover.
- Plastic/Cosmetic Surgery, circumcision, eye examination, glasses and refraction or surgical correction of Near-sightedness and the use or acquisition of external prosthetic appliances or devices.
- Dental conditions including dental Treatment or oral Surgery except as necessitated by Accidental Injuries to sound natural teeth.
- Private nursing, illegal drugs, intoxication, sterilization, sexually transmitted diseases, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related Diseases.
- Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
- Pregnancy, childbirth (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 sterilisation.
- Hospitalisation 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.
- Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
- War or any act of war, criminal or terrorist activities, active duty in any armed forces, direct participation in riot, strikes and civil commotion or insurrection.
- Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
- 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.
- Investigation and Treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy- Care or Treatment for which payment is not required or to the extent which is payable by any other insurance or Indemnity.
- Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations).
- Costs/expenses of services for a non-medical nature.
- Sickness or Injury arising from racing of any kind (except foot racing), and hazardous sports, winter sports, professional sports and illegal activities.
- Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
- Expenses incurred for sex changes.
- Any treatment directed towards developmental delay/or learning disabilities in children.

Note: This list is non-exhaustive. Please refer to the policy contract for details.

8. What is Pre-Existing Conditions?

Pre-existing Conditions mean disabilities that the Insured Person has reasonable knowledge 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.

9. Can I cancel my policy?

This Policy may be cancelled by the Policyholder at any time by giving a written notice to the Company; and provided that no claims have been made during the current policy year, the Policyholder shall be entitled to a refund of the premium as follows:

Period Not Exceeding	Refund of Annual Premium
15 days	90 % (applicable to renewal only)
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

The company reserves the right to reject the refund if there is any claim incurred during the current Policy Year.

10. Where can I get further information?

Should you require additional information about our Smart SME Plus Policy, you may contact us or your insurance agent. For additional information about medical and health insurance, please refer to the insurance info booklet on 'Medical & Health Insurance', which is available at all our branches. You can also obtain a copy of the booklet from your insurance agent or visit www.insuranceinfo.com.my.

Customer Service Centre

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The information provided in this disclosure sheet is valid as at 29/08/18.

