

Product Disclosure Sheet

Foreign Workers Hospitalisation & Surgical Scheme (FWHS)

(Please read this Product Disclosure Sheet before you decide to take up the FWHS. Be sure to also read the general terms and conditions.)

1. What is this product about?

Foreign Workers Hospitalisation & Surgical Insurance Scheme (FWHS) 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 can be insured?

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?

This product covers the following benefits:

Item	Benefits	Amount (RM)
1(a)	Daily Hospital Room & Board (Maximum up to 30 days)	As charged in accordance to charges consistent with Third (3 rd) Class Room and Board to a maximum of RM160 per day, in a Non-Corporatised Malaysian Government Hospital in conformance to the charges specified under Fees Act 1951, Fees (Medical) Order 1982 and/or its subsequent amendments.
(b)	Intensive Care Unit (Maximum up to 15 days)	
2	Hospital Supplies & Services	
3	Operating Theatre	
4	Surgical Fees (Excluding organ transplantation)	
5	Anaesthetist 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		RM 20,000.00

Note:

- a. The benefits payable under eligible Policy is (are) protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Berjaya Sompo Insurance Berhad or PIDM (visit www.pidm.gov.my).
- Please refer to the Policy Contract for the full product features and benefits.

4. What is the Period of Cover and Renewal Options?

Duration of cover is for one (1) year. You need to renew your insurance Policy annually.

5. How much premium do I have to pay?

The annual premium is RM 120.00 per foreign worker insured inclusive of RM 15.00 of the Managed Care Organization (MCO) fee. The renewal premium is not guaranteed.

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

What you have to pay in addition to the premium

Stamp Duty

Service Tax

RM 10.00

6% and/or 8% of premium inclusive MCO fees (#)

#The new service tax 8% is to be calculated on a pro-rated basis effective from 01 March 2024 onwards

What is included in the premium

Commission paid to the insurance intermediaries (if any)

Amount

10% of RM105 (annual premium less the MCO fee) will be deducted for commission.

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

a) Duty Of Disclosure

- 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.

b) 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.

c) Limitation Of Benefits

All benefits provided in this policy are only payable in the event the insured person is confined in a non-corporatized Malaysian Government Hospital.

d) 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.

8. 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:

- a. Pre-existing conditions unless 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.
- b. Cardiovascular diseases and all cancers occurring within the first one hundred and twenty (120) days of Insurance of the Insured Person.
- c. Plastic/Cosmetic surgery.
- d. Dental treatment or oral surgery.
- e. Treatment or surgical operation for congenital abnormalities or deformities.
- f. Pregnancy or miscarriage
- g. Treatment which is not Medically Necessary.
- h. Suicide or self-inflicted injury while sane or insane.
- i. Accidental injuries or illnesses arising from racing or hazardous sports.

Note: The list above is non-exhaustive. Please refer to the Policy Contract for the full list of exclusions

9. 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

10. What do I need to do if there are changes to my contact/personal details?

It is important that you inform us of any change in your contact and personal details to ensure that all correspondences reach you in a timely manner. You may inform our branch office or our Customer Service Centre.

11. Where can I get further information?

Should you require additional information or any enquiries about Health Insurance, please contact our Customer Service Centre during the operating hours from 8:30 am to 5:00 pm (Monday-Friday) at 03-2170 7300 or call our Toll-Free number stated at the bottom of this page.

IMPORTANT NOTE: YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH THE AGENT OR CONTACT OUR COMPANY DIRECTLY FOR MORE INFORMATION. YOU SHOULD SATISFY YOURSELF THAT THIS POLICY WILL BEST SERVE YOUR NEEDS.

The information provided in this disclosure sheet is a brief summary for quick and easy reference. The exact terms and conditions that apply are stated in the policy contract.

Berjaya Sompo Insurance Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

The information provided in this disclosure sheet is valid from 1st March 2024