

INTRODUCTION TO STUDENT HEALTHCARE PROGRAM (UNITEN)

EMPLOYEE BENEFITS PRODUCTS

1 **GROUP TERM LIFE GROUP HOSPITALISATION &** 2 **SURGICAL**





Coverage/Benefits

24 hours worldwide cover for Death & Total Permanent Disability due to accidental and natural causes

- Death due to all causes
- Total and Permanent Disability due to all causes
- Permanent Partial Disability (PPD) due to all causes
- Funeral Expenses (FE) due to all causes





1 DEATH - Death due to all causes (illness or accident)

• EXCLUSION

i)

There is <u>no exclusion for death</u> regardless of the caused of death **EXCEPT**

> For Takaful, we shall not pay the death benefit in full if death occurs due to the covered member commits suicide while sane:

Within one year from the coverage effective date we shall refund the total contribution paid or

ii) After one year from the coverage effective date we shall <u>pay 60%</u> of the accepted sum assured.

DEATH CLAIM DOCUMENTS

- a) Death Claim Form
- b) Statement of Medical Examiner
- c) Copy of Death Certificate (duly certified)
- d) Copy of I/c (duly certified)
- e) Copy of Police Report/post mortem report (if due to accidental or police case)





2 TOTAL PERMANENT DISABILITY (TPD)

Shall mean the **inability** of an Insured Person to ever again engage in **ANY gainful occupation or employment** for a compensation, profit or reward, during his remaining lifetime as a result of accidental bodily injury, sickness or disease.

In order to determine if the total disability has become a permanent one, it must **continue uninterruptedly** for a period of **at least six (6) months** and the first day of disablement occurs prior to the attainment of age 65.

A disability where the Covered Member is **unable to perform** at least three (3) out of six (6) Activities of Daily Living without physical assistance from another person, mechanical equipment, devices or adaptions.



2 TOTAL PERMANENT DISABILITY (TPD)

• The six (6) Activities of Daily Living are:

• Ability to get in and out of a chair <u>without</u> requiring physical assistance.	• Ability to move from room to room <u>without</u> requiring any physical assistance.	• Ability to exercise voluntary control over bowel and bladder functions necessary to maintain personal hygiene.
TRANSFER	MOBILITY	CONTINENCE
• Ability to put on or take off necessary items of clothing <u>without</u> physical assistance from another person.	• Ability to wash or shower without physical assistance from another person	• Ability to feed <u>without</u> any physical assistance, once food has been prepared.
DRESSING	BATHING	EATING

eTi

2 TOTAL PERMANENT DISABILITY (TPD)

• EXCLUSION

No benefit shall be payable for any of the following services, product or conditions or injury resulting from :-

- Participation in any criminal act, riot, civil commotion, insurrection, war (whether declared or not), revolution or any warlike operations, acts of foreign enemies, any act of terrorism and chemical warfare.
- Participation in any dangerous or hazardous sport or hobby such as polo, horse racing, underwater diving, hunting, motor vehicular racing, mountaineering or potholing
- 3) Participation in **any form of aviation** (except as a fare-paying passenger or crew member on a regular route operated by a commercial airline)



2 TOTAL PERMANENT DISABILITY (TPD)

EXCLUSION (*CONT)

5) Self-inflicted injuries or suicide or attempted suicide, while sane or insane.

- 6) Injuries or hospitalization as a result of **drug addiction**, or while under the **influence of alcohol**.
- 7) Disablement or sickness or illness which **existed prior to the Issue Date** or date of Reinstatement of the Basic contract or Supplementary Contract.
- 8) HIV infection, Acquired Immune Deficiency Syndrome (AIDS) and any AIDS related conditions, except if the illness is specifically covered by the Supplementary Contract.
- 9) Committing or trying to commit any **illegal act**.

2) TOTAL PERMANENT DISABILITY (TPD)

TPD CLAIM DOCUMENTS

- 1. TPD/PPD claim form
- 2. Attending Physician Statement.
- 3. Copy of I/c (duly certified)
- 4. Medical Boarded Out Letter and Medical assessment by attending doctor
- 5. Police Report/post mortem report if due to accidental.





3 PARTIAL PERMANENT DISABILITY (PPD)

shall mean **disability** caused by accident or sickness and within thirty (30) days after such disability occurred resulting in the loss of 1 sight or arm or leg as a direct result provided that:-

- the first day of disablement occurs prior to the attainment of age 65 years
- the Insured Person survives the accident or sickness and is alive for thirty (30) days after such accident or sickness.
- Loss of arm and leg shall mean loss of use at or above the wrist and ankle joints respectively and loss of sight shall mean total and irrecoverable loss of sight.
- In the event of disability suffered by the Insure of the Life Insurance benefit Person, the benefit payable shall be a percentage, based on the disablement as defined in Tables .



③ PARTIAL PERMANENT DISABILITY (PPD)

	Nature of Injuries or Loss	% of the Sum Assured		Nature of Injuries or Loss	% of the Sum Assured	
			17. Loss of middle	Three phalanges	6%	
	or of all fingers and both thumbs		finger	Two phalanges	4%	
	of both eyes			One phalanx	2%	
		- 100%			2 /0	
	n insured being permanently bedridden. Any other nent total disablement	100% -	18. Loss of ring finger	Three phalanges	5%	
	ılder			Two phalanges	4%	
7. Loss of arm betwee	en shoulder and elbow	100%		One phalanx	2%	
8. Loss of arm at elboy	w	100%	19. Loss of little finger	Three phalanges	4%	
9. Loss of arm betwee	en elbow and wrist	100%	19, 2035 01 11410	Two phalanges	3%	
10. Loss of hand at wr	rist	- 100%		One phalanx	2%	
11. Loss of leg	at hip					
	between knee and hip below knee		20. Loss of metacarpals	First or second (additional)	3% 2%	
12. Eye – Loss of –	whole eye	100%		Third, fourth or fifth (additional)		
	Sight of Sight of, except perception of light Lens of		21. Loss of toes	All	5%	
-	rs and thumb of one hand			Great, both phalanges	5%	
14. Loss of four finger	rs	- 40%		Great, one phalanx	2%	
15. Loss of thumb	Both phalanges			Other than great, if more than one toe lost, each	1%	
	One phalanx	- 10%	22. Loss of hearing	Both ears	75%	Δl
16. Loss of index finger	er Three phalanges	- 10%		One ear	15%	T
	Two phalanges		23. Loss of speech		50%	Y
	One phalanx	- 4%			eTi(na
						2u







Coverage/Benefit

Provide protection against any medical expenses incurred whilst confined to a Registered Hospital necessitating treatment and/or surgery as a result of injury, disease or sickness including emergency outpatient treatment sustained by the student.



HOSPITAL BENEFITS	Limits
OVERALL ANNUAL LIMIT	RM 15,000
Room & Board (up to 120 days in Private and Government Hospital)	RM 150
Intensive Care Unit (maximum up to 20 days)	as charged
Hospital Supplies and Services, Surgical Fees, Anaesthetic Fees, Operating Theatre Fees	as charged
In-hospital Physician Visit (2x daily up to 120 days)	as charged
Pre-Hospital Diagnostic Tests and Pre-Hospitalisation Specialist Consultation (within 60 days prior to hospitalisation)	as charged
Post Hospitalisation Treatment (follow up within 60 days of discharge)	as charged
Emergency Accidental Outpatient Treatment (follow up within 14 days of first treatment)	as charged
Emergency Accidental Dental Treatment	as charged
Second Surgical Opinion	as charged
Ambulance Fees	as charged
Day Care Procedure	as charged
Government Hospital Cash Benefit Allowance	RM 100
Emergency Outpatient Sickness Treatment _between 10p.m to 8 a.m only (maximum per disability)	RM 100
Reimbursement of Medical Report Fees	RM 100
Reimbursement of Government Service Tax	6%



Standard Exclusions :

- a) 30 days waiting period except due to accident
- b) 12 months of Pre-existing Illness
- c) 120 days for specified illness and related complications
- d) **Co-Payment clause** : in a situation where the actual Room & Board charged per day is higher than the member's entitlement.
- e) Overseas Travel exceeding 90 days not covered.
- ✓ In respect of an emergency, and could not be postponed unto the Member Covered was scheduled to return to Malaysia.
- In respect of a Medical Condition that cannot be provided by a Malaysian Medical Institution as recommended by a Malaysian Physician.
- Charges in respect of Medical Services outside Malaysia will be converted to Ringgit Malaysia based on the prevailing official exchange rate on the day of discharge from the Hospital providing the Medical Services.





Other important exclusions :-

f) 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.

- g) Dental conditions including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the Period of Coverage.
- h) Private nursing, rest cures or sanitaria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable diseases required quarantine by law.
- i) Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.



j) Pregnancy, childbirth (including surgical delivery), miscarriage, abortion, 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.

k) Hospitalization primarily for investigatory purposes, diagnosis, X-ray examinations, 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 such as health supplements or examinations carried out by a Physician, and treatments specifically for weight reduction or gain.

I) Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.

m)War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any of the armed forces, direct participation in strikes, riots and civil commotion or insurrection.



o) Ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.

p) Expenses incurred for donation of any body organ by a Covered Member and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.

q) 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.

r) Care or treatment for which payment is not required or to the extent which is payable by any other Family Takaful Contract, insurance or indemnity covering the Covered Member and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance / Takaful Contract.



s) Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations).

t) Costs/expenses of services of a <u>non-medical nature</u>, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items.

u) 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.

v) Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.

q) Expenses incurred for sex changes.

Procedure for Hospitalisation.



Referred by GP Clinic for Hospital Admission. Calls 24-Hour Assist to facilitate Hospital Admission.



Approval and Guarantee Letter given Admitted and

treatment given.

Hospital - Present Membership Card & NRIC for verification. Preliminary verification and check against policy.



Bills submitted to TPA.

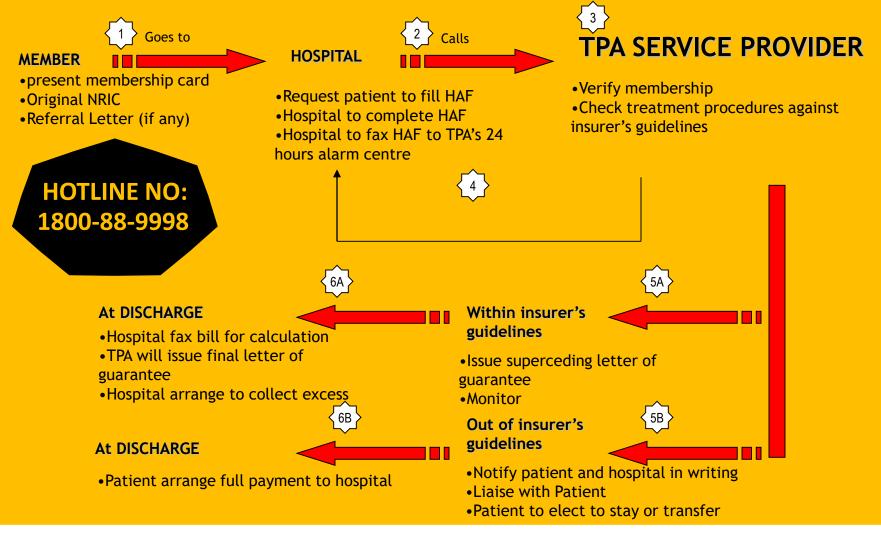


Discharged from Hospital. No payment necessary (except excluded items not in the policy)





ADMISSION & DISCHARGE PROCEDURES Full Service Programme For Panel Hospital in Malaysia













THANK YOU

