



---

---

**Group Hospital & Surgical Policy**  
**Policy No.: HCR/05926069/64**

---

---

**Insured** : **MONASH UNIVERSITY MALAYSIA SDN BHD**

**Insured Person** : **As per Name List attached**

**Insured Benefits** : **As per Schedule of Benefits attached**

**Address** : **Level 2, Building 2, Jalan Lagoon Selatan, 47500 Bandar Sunway**

---

**Period of Insurance (Both dates inclusive)**

**From** : **01/01/2024** to : **31/12/2024**

**And for any subsequent period for which the Insured shall pay and the Company shall agree to accept a Renewal premium.**

---

**PREMIUM WARRANTY**

**It is a fundamental and absolute Special Condition of this contract of insurance that the premium due must be paid and received by the Insurers within sixty (60) days from the inception date of this Policy/Endorsement/Renewal Certificate.**

**If this condition is not complied with, then this contract is automatically cancelled and the Insurer shall be entitled to the pro rata premium for the period they have been on risk.**

*This is a system generated document. No signature is required.*



## Group Hospital & Surgical Policy HCR/05926069/64

### BENEFIT SCHEDULE

GROUP HOSPITAL & SURGICAL		
TABLE OF BENEFITS		PLAN 1
1	Hospital Room & Board (Daily max up to 120 days)	200
2	Intensive Care Unit (Daily max up 30 days)	350
3	Hospital Supplies and Services	Full Reimbursement subject to Overall Limit provided the charges are within the recommendation of the MMA Guidelines and Reasonable and Customary Charges
4	Surgeon Fee	
5	Anaesthetist Fee	
6	Operating Theatre Charges	
7	Daily In-Hospital Physician's Visit (Max. 120 days)	
8	Pre-Hospital Diagnostic Tests <i>(within 31 days before hospital confinement)</i>	
9	Pre-Hospitalisation Specialist Consultation <i>(within 31 days before hospital confinement)</i>	
10	Second Surgical Opinion <i>(within 31 days before hospital confinement)</i>	
11	Post-Hospitalisation Treatment <i>(within 60 days from hospital discharge)</i>	
12	Emergency Accidental Outpatient Treatment <i>(within 24 hours after the accident &amp; follow-up up to 60 days)</i>	
13	Daycare Procedure	
14	Ambulance Charges (by road)	
15	Government Service Tax	
16	Government Hospital Daily Cash Allowance (Max. 120 days)	
17	Medical Report Fee Reimbursement	200
18	Accidental Dental Treatment <i>(within 24 hours after the accident &amp; follow-up up to 14 days)</i>	20,000
19	Annual Outpatient Cancer Treatment	20,000
20	Annual Outpatient Kidney Dialysis Treatment	20,000
21	Outpatient GP and SP Treatment (Annual Limit)(SP with Panel GP Referral)	3,000
22	SP with Direct Access (Deductible Amount Per Claim)(ITEM 21)	50
23	Emergency Sickness Treatment (10pm - 8am)	200
<b>OVERALL ANNUAL LIMIT (PER PERSON)</b>		<b>30,000</b>
24	Funeral Expenses	2,000
25	Mental Illness (pay & file) (Annual Limit)	1,000
26	Alternative Medical Treatment (pay & claim)(Annual Limit)(due to accident)	2,000
27	Emergency Medical Evacuation / Repatriation <i>(pay &amp; claim for Repatriation benefit - send back to home country)</i>	200,000
28	Compassionate Visitation Benefit	5,000
29	Reimbursement Of Tuition Fees Due To Prolonged Period Of Disability (Per Semester)	10,000
30	Accidental Death Benefit	50,000
<b>SCHEDULE OF ANNUAL PREMIUM (RINGGIT MALAYSIA)</b>		
	Employee Only	751.00
	Employee & Spouse	1877.50
	Employee & Children	1877.50
	Employee & Family	3004.00



---

---

## Group Hospital & Surgical Policy HCR/05926069/64

---

---

**ENDORSEMENT**

Attaching to and forming part of the GH&S Policy

Notwithstanding anything stated in the Policy, it is hereby understood and agreed that the following terms and conditions shall be amended as follows:

### ELIGIBILITY AND SCOPE

#### 2. Addition of Insured Persons

For eligible persons who have applied to be included as an Insured Person under this Policy if:

- a) The Policyholder requests such inclusion in writing within **sixty (60)** days from date of eligibility;
- b) The Dependents are eligible to be insured in accordance with the terms and standards of acceptance of the Company, and
- c) The required additional premium is paid.

#### 7. Sanction Limitation

No (re) insurer shall be deemed to provide cover and no (re) insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re) insurer to any sanction, prohibition, or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America or Malaysia.

### GENERAL POLICY DEFINITIONS

#### 4. Child

Shall mean any person who has attained the age of fifteen (15) days, is an unmarried person, financially dependent upon the Insured and up till twenty-four (24) years of age.

#### 13. Dependents

Shall mean any of the following persons:

- (a) a legally married spouse, up to age sixty-five (65),
- (b) Unmarried children who are fifteen (15) days old

#### 15. Disability

Shall mean a Sickness, Disease, Illness or the entire Injuries arising of a single or continuous series of causes. ANY ONE DISABILITY shall mean all of the periods of disability arising from the same cause including any and all complications therefrom except that if the Insured Person completely recovers and remain free from further treatment (including drugs, medicines, special diet or injection or advice for the condition) of the disability for at least **fourteen (14) days** following the latest date of discharge and subsequent disability from the same cause shall be considered as though it were a new disability.

#### 18. Emergency

Shall mean Treatment needed between the hours of 10 pm and 8 am or in the event whereby immediate medical attention is required within twelve (12) hours for Injury, Illness or symptoms which are sudden and severe failing which will be life-threatening (such as accident and heart attack), or lead to significant deterioration of health permanently.

### DESCRIPTION OF BENEFITS

3. **Hospital Miscellaneous Services** will be amended to be "**Hospital Supplies and Services**"

#### 15. Government Service Tax

Reimbursement of service tax levied on all eligible charges, based on the prevailing rate chargeable under the law.



---

---

## Group Hospital & Surgical Policy HCR/05926069/64

---

---

**ENDORSEMENT**

Attaching to and forming part of the GH&S Policy

**Notwithstanding anything stated in the Policy, it is hereby understood and agreed that the following Benefits shall be included:**

**20. Outpatient General Practitioner Clinical Treatment will be amended to be “Outpatient General Practitioner Clinical and Specialist Treatment”.**

### **Outpatient General Practitioner Clinical Treatment**

Reimbursement of Reasonable and Customary Charges for Treatment or Consultation services rendered by a legally registered Doctor on AXA's list of Panel Clinics as a result of common Sicknesses and bodily Injuries, where Hospitalisation is not required, up to the maximum limits as stated in the Schedule of Benefits. This benefit is applicable within Malaysia only.

- i) Routine Consultation Reimbursement of Reasonable & Customary Charges incurred for the routine Consultation by a Physician.
- ii) Medication Reimbursement of Reasonable & Customary Charges incurred for the medication relevant to the Treatment of the Disability, which requires a Physician's prescription.
- iii) Injection Reimbursement of Reasonable & Customary Charges incurred for the injection which requires a Physician's or Physician assistant's administration at a Panel Clinic for Treatment of an Illness, Injury and mandatory vaccinations/immunization for children.
- iv) Diagnostic Lab / X-Ray Procedures Reimbursement of Reasonable & Customary Charges for all laboratory examinations and diagnostic x-ray done for the determination and diagnosis of a Disability.
- v) Outpatient Surgical Procedures Reimbursement of Reasonable & Customary Charges incurred or Outpatient surgical procedure done.
- vi) It is hereby declared and agreed that the following items shall be covered under this benefit:
  - 1. Registration Fee
  - 2. Medical Record
  - 3. Billing Fee
  - 4. Name Tag / ID Band
  - 5. Dispensing Fee Others deemed fit and necessary for medical purpose.

### **Outpatient Specialist Treatment**

Reimbursement of Reasonable and Customary Charges for Treatment or Consultation services rendered by a legally registered Specialist as a result of a specific Sickness and bodily Injury, where Hospitalisation is not required, up to the maximum limits as stated in the Schedule of Benefits. The Insured Person must obtain a referral letter from an Appointed Physician, referring him/her for Specialist Consultation. Due proof of such referral or recommendation by the Physician must be furnished to the Company. This benefit is applicable within Malaysia only.

- i) Consultation Reimbursement of Reasonable & Customary Charges for the Consultation by a Specialist except when Consultation is a follow-up Treatment after discharge from Hospital or Day Surgery, which is covered under the Hospital & Surgical benefit.
- ii) Medication Reimbursement of Reasonable & Customary Charges incurred for the medication relevant to the Treatment of the Disability, which requires a specialist's prescription.
- iii) Injection Reimbursement of Reasonable & Customary Charges incurred for the injection which requires a Specialist's or Specialist assistant's administration for Treatment of Illness or Injury.
- iv) Diagnostic Lab / X-Ray Procedures Reimbursement of Reasonable & Customary Charges for all laboratory examinations and diagnostic x-ray done by a Specialist for the determination and diagnosis of a Disability.
- v) Outpatient Surgical Procedures Reimbursement of Reasonable & Customary Charges incurred for Outpatient surgical procedure done by a Specialist



---

---

## Group Hospital & Surgical Policy HCR/05926069/64

---

---

**ENDORSEMENT**

Attaching to and forming part of the GH&S Policy

**Notwithstanding anything stated in the Policy, it is hereby understood and agreed that the following terms and conditions shall be amended as follows:**

vi) It is hereby declared and agreed that the following items shall be covered under this benefit:

1. Registration Fee
2. Medical Record
3. Billing Fee
4. Name Tag / ID Band
5. Dispensing Fee Others deemed fit and necessary for Medical purpose.

vii) Outpatient Specialist Treatment

All Outpatient Specialist Treatment sought at a AXA panel Hospital or Clinic may be on Cashless basis.

All Outpatient Specialist Treatment sought at a non-panel Hospital or Clinic will be on Reimbursement basis.

### **POLICY EXCLUSION:**

35. Long Term Medication for the listed Chronic Illnesses (Arthritis, Asthma, Stroke, Diabetes Mellitus, Epilepsy, Gout, Hyperlipidemia, Hypertension, IHD / Coronary Heart Disease, Parkinson, Peptic Ulcer, Psoriasis, Thyroid and conditions arising therefrom or associated therewith) shall be covered, subject to the following:

- All insured members are to seek treatment at Panel General Practitioners. Treatment & Services rendered by a Specialist **must be recommended by a Panel General Practitioner in writing**. Only drugs prescribed for use within **one (1) month** after receiving treatment shall be reimbursable.

### **DESCRIPTION OF BENEFITS**

#### **28. Second Surgical Opinion**

Reimbursement of the actual charges for consultation or opinion with a second specialist to determine whether a surgical operation is necessary or required in view of the Insured Person's medical condition up to the Overall Annual Limit stated in the Schedule of Benefits.

#### **29. Overall Annual Limit**

Benefits payable in respect of expenses incurred for treatment provided to the Insured Person during the period of insurance shall be limited to Overall Annual Limits as stated in the Schedule of Benefits irrespective of the type/types of disability. In the event the Overall Annual Limit having been paid, all insurance for the Insured Person hereunder shall immediately cease to be payable for the remaining policy year.

#### **30. Out-Patient Treatment For Mental Illness**

The Policy shall pay this Benefit as provided under the Schedule of Benefits subject to the Annual Limit stated for each Insured Person. The term "mental illness" shall mean a nervous disorder or the functional disorder of the psychic or mental constitution including any physiological or psychosomatic manifestations which necessitate the Insured Person to receive medically required treatment.



## Group Hospital & Surgical Policy HCR/05926069/64

ENDORSEMENT

Attaching to and forming part of the GH&S Policy

### POLICY CONDITIONS

#### 2. Cancellation

Either We or You may cancel this Policy at any time by the giving of 30 days' notice in writing. Upon cancellation by Us and subject to applicable law, We shall refund to You a rateable proportion of the premium for the unexpired term for the cancellation. Upon cancellation by You, if no claim has been made and admitted by Us during the current policy year, We may retain the customary short-period rate for the time the Policy has been in force and refund balance of the premium paid to You as follow:

<u>Period Not Exceeding</u>	<u>Refund of Annual Premium</u>
15 days (for renewal only)	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%
Exceeding 11 months	No refund

If a claim has been made by You and admitted by Us during the current policy year, there will be no refund of any premium

#### 24. Portfolio Withdrawal Condition

The Company reserves the right to cancel the portfolio as a whole if it decides to discontinue underwriting this insurance product. Cancellation of the portfolio as a whole shall be given by written notice to the Policyholder and the Company will run off all policies to expiry of the period of cover within the portfolio.

#### 25. Cashless Admission for Government Hospitals

It is hereby declared and agreed that the cashless facility is extended to cover admissions into Government Hospitals in Malaysia, where allowable.

#### 26. Cashless Facility for Post Hospitalization Treatment

It is hereby declared and agreed that the cashless facility is extended to cover Post Hospitalization treatment but shall not exceed the maximum number of days as set forth in the Schedule of Benefits

#### 27. Waiting Period for Pre-Existing illnesses

It is hereby declared and agreed that the waiting period for Pre-Existing Illnesses is applicable with effect from the Commencement Date of the Policy for **all New Insured Students and Dependents only**.

#### 28. Waiting Period for All Disabilities

It is hereby declared and agreed that the waiting period for all Disabilities is deemed to be deleted with effect from the Commencement Date of the Policy for **all Existing and New Insured Students and Dependents only**.

#### 29. Reimbursement Of College Tuition Fees Due To Prolonged Period Of Disability (Per Semester)

In the event of a prolonged disability, which actually prevents the Insured person from attending to his academic session at his registered college and as a direct result of this non-attendance such that the Insured person has to repeat his coursework in a new academic session, this Benefit will reimburse the actual college tuition fees paid for the academic session which was missed.

In the context of this Benefit, a prolonged disability is defined as a covered medical condition which renders the Insured person being confined to the hospital continuously for more than one month and shall include any post hospital convalescence immediately following the discharge from the hospital.



---

---

## Group Hospital & Surgical Policy HCR/05926069/64

---

---

**ENDORSEMENT**

Attaching to and forming part of the GH&S Policy

Tuition Fees shall mean all legally required university registration fees, costs for required courses (and any applicable laboratory fees for participation in said courses, exclusive of any extra-curricular course fees), and any costs for the use of facilities for attending said courses. The costs associated with room and board or textbooks (whether required or not) are not covered.

### **30. Emergency Medical Evacuation**

Medical necessary expense incurred up to the maximum amount as set forth in the Schedule of Benefits for emergency transportation and medical treatment to move an Insured Person who has a critical medical condition to the nearest Hospital where appropriate treatment and facilities are available.

Expense for emergency transportation must be (a) recommended by the attending Physician or (b) required by the standard regulations of the conveyance transporting the Insured Person(s). Expenses for medical supplies and services must be recommended by the attending Physician. Transportation means any land, water or air conveyance required to transport the Insured Person(s) during an emergency medical evacuation. Emergency transportation includes, but is not limited to air ambulance and land ambulance.

### **31. Emergency Medical Repatriation**

Reimbursement of the costs of repatriating the mortal remains of the Insured Person(s) back to their home country in the event of death of Insured Person(s) caused by a covered illness or accident up to the maximum amount as set forth in the Schedule of Benefits. Death shall be established by an official death certificate.

### **32. Compassionate Visitation Benefit**

Additional travelling expenses for a parent/legal guardian located outside Malaysia required on medical advice from the treating physician to remain with the Insured Person(s) during hospitalization and if the Insured Person is hospitalized for more than five (5) consecutive days and the medical condition does not allow repatriation up to the maximum amount as set forth in the Schedule of Benefits.

### **33. Accidental Death**

An amount payable should an Insured Person sustain a bodily injury caused by an accident resulting directly and independently of any other cause within one year in death. Death shall be established by an official Death Certificate.

### **34. Permanent Disablement**

An amount payable should an Insured Person sustain a bodily injury caused by an accident resulting directly and independently of any other cause within one year in disablement (total or partial).

### **35. Alternative Medical Treatment**

This policy is extended to cover the expenses for Alternative Medical Treatment incurred by an Insured Person as a result of an Accident. The Benefit will be paid in accordance with the Schedule of Benefits subject to the Annual Limit stated for each Insured Person. Alternative Medical Treatment means medical treatment by registered traditional medicine practitioner, osteopath, chiropractor, acupuncturist, herbalist and/or bonesetter.

The treatment must be medically necessary and carried out by a suitably qualified traditional medicine practitioner, osteopath, chiropractor, acupuncturist, herbalist and/or bonesetter recognized by us. The claim must be accompanied with an official payment receipt.

---

THIS SPACE IS LEFT BLANK INTENTIONAL