



## PRODUCT DISCLOSURE SHEET

Read this Product Disclosure Sheet and the salient terms and conditions before You decide to take up this product.

Product Name : <Smart Health>

Proposer's Name : Proposer A

### 1. What is <Smart Health>?

Smart Health is a Unit deducting hospitalisation and surgical rider which offers comprehensive medical coverage. This rider provides the Life Assured with medical coverage up to 88 years old and is attachable to Regular Premium Investment Linked Plan. Upon termination of the Basic Policy, this rider will be terminated.

### 2. What are the covers/benefits provided?

The benefits offered are specified in the schedule below and are subject to the Overall Annual Limit and Overall Lifetime Limit of the plan purchased.

| PLAN BENEFITS   | PLAN 1   | PLAN 2           | PLAN 3           | PLAN 4           |
|---|--|------------------|------------------|------------------|
|   | (RM)   | (RM)             | (RM)             | (RM)             |
| <b>A) HOSPITAL BENEFITS</b>   |  |                  |                  |                  |
| Hospital Room & Board (max 200 days per disability)                                     | 150  | 250              | 350              | 450              |
| Intensive Care Unit (max 100 days per disability)                                       | As Charged<br>(Reasonable and Customary Charges) |                  |                  |                  |
| Hospital Supplies & Services  |  |                  |                  |                  |
| <b>B) SURGICAL BENEFITS</b>   |  |                  |                  |                  |
| Surgical Fees   | As Charged<br>(Reasonable and Customary Charges) |                  |                  |                  |
| Anesthetist Fees  |  |                  |                  |                  |
| Operating Theatre   |  |                  |                  |                  |
| <b>C) MEDICAL BENEFITS (NON-SURGICAL)</b>   |  |                  |                  |                  |
| Pre-Hospitalisation Diagnostic Tests (within 60 days prior to admission)                | As Charged<br>(Reasonable and Customary Charges) |                  |                  |                  |
| Pre-Hospitalisation Specialist Consultation (within 60 days prior to admission)         |  |                  |                  |                  |
| Daily In-hospital Physician Visit (2 visits per day)                                    |  |                  |                  |                  |
| Post-Hospitalisation Treatment (within 60 days per disability)                          |  |                  |                  |                  |
| <b>D) OUTPATIENT BENEFITS</b>   |  |                  |                  |                  |
| Emergency Accidental Outpatient Treatment (per accident including follow-up to 30 days) | As Charged<br>(Reasonable and Customary Charges) |                  |                  |                  |
| Emergency Accidental Dental Treatment (per accident including follow-up to 30 days)     |  |                  |                  |                  |
| Home Nursing Care (max 180 days per lifetime)   |  |                  |                  |                  |
| Day Surgery & Day Care Benefits   |  |                  |                  |                  |
| Ambulance Fees  |  |                  |                  |                  |
| <b>E) OUTPATIENT KIDNEY DIALYSIS &amp; CANCER TREATMENT</b>                             |  |                  |                  |                  |
| Outpatient Kidney Dialysis Treatment  | As Charged<br>(Reasonable and Customary Charges) |                  |                  |                  |
| Outpatient Cancer Treatment   |  |                  |                  |                  |
| <b>F) OTHER BENEFITS</b>  |  |                  |                  |                  |
| Government Hospital Daily Cash Allowance (max 150 days)                                 | 80   | 100              | 120              | 140              |
| Daily Guardian Benefit for Children (max 150 days)                                      | 80   | 100              | 120              | 140              |
| Hospital Cash Benefit (per disability)  | 100  | 100              | 100              | 100              |
| Medical Report Fees (per disability)  | 70   | 70               | 70               | 70               |
| Hospital Service Tax  | As Charged<br>(Reasonable and Customary Charges) |                  |                  |                  |
| Health Reward (HR)  | 10% of Annual Cost of Insurance                  |                  |                  |                  |
| <b>OVERALL ANNUAL LIMIT (INCLUDES BENEFITS A TO F)</b>                                  | <b>100,000</b>                                   | <b>150,000</b>   | <b>175,000</b>   | <b>225,000</b>   |
| <b>G) ORGAN TRANSPLANT (ADDITIONAL LIMIT, ONCE PER LIFETIME)</b>                        |  |                  |                  |                  |
| Heart, Kidney, Lung, Liver or Bone Marrow   | 30,000   | 40,000           | 60,000           | 80,000           |
| <b>OVERALL LIFETIME LIMIT (INCLUDES BENEFITS A TO G)</b>                                | <b>1,200,000</b>                                 | <b>1,800,000</b> | <b>2,100,000</b> | <b>2,700,000</b> |

**Reminder:** Please refer to the Supplementary Contract for the precise definitions, terms & conditions.

**3. How much premium do I have to pay?**

Not applicable as this is a Unit deducting rider. The insurance charges will be deducted monthly from the value of Your Units.

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

Insurance Charges – The insurance coverage charges are deducted monthly from the value of Your Units. The insurance charges will vary depending on the coverage chosen, age, and Our underwriting requirements. Details of insurance charges and other charges for the Policy are given in the Sales Illustration. The insurance charges are applicable to standard risks. The insurance charge is **NOT GUARANTEED**. We can revise the insurance charge at the time of renewal, by giving You at least ninety (90) days advance notice.

**Note:** 1. The charges are not guaranteed and may vary in future by giving ninety (90) days advance notice.  
2. The above listing is not exhaustive. Please refer to Policy documents for more details.

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

- Importance of disclosure – You must disclose all important facts that will affect Your and / or Life Assured's risk profile, such as occupation and age correctly.
- Free-look period – You may cancel Your Policy by returning the Policy within fifteen (15) days after the Policy has been delivered to You. We will refund You the unallocated premiums, the value of Units that have been allocated (if any) at Unit price at the next Valuation Date and any insurance charge and Policy fee that have been deducted less any medical fee incurred.
- Policy lapse – The Policy will lapse when the value of Units is insufficient to pay for the insurance and other charges.
- Upon claim, You or Your representatives will be required to submit a written notice to Us. Any delay in doing so may affect Our claim assessment. Please call Our customer service representative who will guide You or Your representatives in filing the claims.

**Note:** This list is non-exhaustive. Please refer to the Supplementary Contract for the terms and conditions under this Policy.

**6. What are the major exclusions under this rider?**

Smart Health will not cover any hospitalisation, surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

- Pre-existing Illnesses;
- Specified Illnesses occurring during the first one hundred and twenty (120) days of continuous cover;
- Any medical or physical conditions arising within the first thirty (30) days of the issuance of the Supplementary Contract or any date of reinstatement of the Supplementary Contract except for accidental injuries;
- Plastic/cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of near-sightedness (Radial Keratotomy or Lasik) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof;
- Dental conditions including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly while the Supplementary Contract is in force;
- Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilisation, 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.

**Note:** This list is non-exhaustive. Please refer to the Supplementary Contract for the terms and conditions under this Policy.

**7. Can I cancel my rider?**

You may cancel Your rider by giving Us a written notice. Thereafter, no coverage shall be provided under the Supplementary Contract. This rider is not a savings plan and therefore does not have any cash value upon surrender or termination.

**8. What do I need to do if there are changes to my contact details?**

It is important to inform Us on any changes in Your contact details to ensure that all correspondences reach You in a timely manner.

**9. Where can I get further information?**

Should You require additional information about life insurance, please refer to the insurance info booklet on "Life Insurance" available at all of Our branches or visit [www.insuranceinfo.com.my](http://www.insuranceinfo.com.my).

If You have any enquiries, please contact Us at: -

Gibraltar BSN Life Berhad [277714-A]  
Level 21, Mercu 2, No.3 Jalan Bangsar, KL Eco City, 59200 Kuala Lumpur, Malaysia  
Customer Service: 1300-22-6262 (Toll-free) / 03-2298 0088 (Direct Line)  
[www.GibraltarBSN.com](http://www.GibraltarBSN.com)  
Email: [customerservice@gibraltarbsn.com](mailto:customerservice@gibraltarbsn.com)

**10. Other similar types of plan available.**

Please ask Us for any other similar types of plans offered by Us.



**Gibraltar BSN**

**IMPORTANT NOTE:**

**THIS IS AN INSURANCE PRODUCT THAT IS TIED TO THE PERFORMANCE OF THE UNDERLYING ASSETS, AND IS NOT A PURE INVESTMENT PRODUCT SUCH AS UNIT TRUSTS. YOU MUST EVALUATE YOUR OPTIONS CAREFULLY AND SATISFY YOURSELF THAT THE INVESTMENT-LINKED PLAN CHOSEN MEETS YOUR RISK APPETITE, AND THAT YOU CAN AFFORD THE PREMIUM THROUGHOUT THE POLICY DURATION. TO INCREASE INVESTMENT VALUE AT ANY TIME, IT IS ADVISABLE THAT YOU PAY THE ADDITIONAL PREMIUMS AS 'TOP UPS'. RETURN ON AN INVESTMENT-LINKED FUND IS NOT GUARANTEED.**

Gibraltar BSN Life Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

The information provided in this Product Disclosure Sheet is valid as at: 1 January 2019