

Policy No.
TGWH000781/1

Group Takaful Wakalah Hospital & Surgical
SCHEDULE

TAKAFUL SCHEDULE

Takaful Contract No : TGWH000781/1

Takaful Contract Holder : PHARMANIAGA BERHAD

Address : NO. 7, LORONG KELULI 1B,
KAWASAN PERINDUSTRIAN BUKIT RAJA SELATAN,
SESKYEN 7, SHAH ALAM,
40000 SELANGOR

Period of Coverage : 01/01/2019 TO 31/12/2019

Renewal : 01/01/2020

Group Benefits Scheme : GROUP HOSPITAL & SURGICAL TAKAFUL

Covered Members : AS PER LIST LODGED TO THE COMPANY

Scope of Coverage : AS PER SCHEDULE OF BENEFITS

Contribution : 6,535,291.00

Sales & Service Tax : 392,117.50

Stamp Duty : 10.00

Total Contribution : 6,927,418.50

Wakalah Fee:

Type	% of Contribution	Fixed Wakalah Fee
Wakalah Fee*	2.00 %	0.00
Commission	1.00 %	0.00

*The Wakalah Fee is inclusive of Commission

Net Surplus Allocation Ratio

Takaful Contract Holder	Takaful Operator
50 %	50 %

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Group Takaful Wakalah Hospital & Surgical
PHARMANIAGA BERHAD
SCHEDULE OF BENEFITS AND ANNUAL CONTRIBUTION
MAXIMUM ELIGIBILITY(RM)

Eligible Age of Entry Maximum Age of Cover	18-64 years old 65 years old	18-64 years old 65 years old	18-64 years old 65 years old	18-64 years old 65 years old
SCHEDULE OF BENEFITS	PLAN1	PLAN2	PLAN3	PLAN4
Room & Board Daily Maximum up to - 180 days	250.00	180.00	130.00	300.00
Room & Board - Govt. Hospital Daily Maximum up to - 180 days	250.00	180.00	130.00	300.00
Intensive Care Unit Daily Maximum up to - 30 days	350.00	350.00	350.00	350.00
Hospital Miscellaneous Service	as charged	as charged	as charged	as charged
Surgical Fees	as charged	as charged	as charged	as charged
Operating Theatre Fees	as charged	as charged	as charged	as charged
Anaesthetist's Fees	as charged	as charged	as charged	as charged
In-Hospitalisation Physician Visit (2 visits/day - Daily maximum up to 180 days)	as charged	as charged	as charged	as charged
Pre-Hospitalisation Diagnostic Services (Within 60 days to hospitalisation)	as charged	as charged	as charged	as charged
Pre-Hospitalisation Specialist Consultation fee (Within 60 days to hospitalisation)	as charged	as charged	as charged	as charged
Post Hospitalisation follow up treatment (Follow up within 60 days of discharge)	as charged	as charged	as charged	as charged
Emergency Outpatient Accidental Treatment (Follow up within 14 days of first treatment)	2,500.00	2,500.00	2,500.00	2,500.00
Emergency Accidental Dental Treatment (Within 24 hours up to 14 days from date of accident)	500.00	500.00	500.00	500.00
Second Surgical Opinion Fee	as charged	as charged	as charged	as charged
Ambulance Fees	250.00	250.00	250.00	250.00
Government Hospital Cash Allowance	50.00	50.00	50.00	50.00
Day Care Surgery & Services	as charged	as charged	as charged	as charged
Emergency Sickness Treatment Between 12:00 a.m to 06:00 a.m only (Maximum per disability)	as charged	as charged	as charged	as charged
Medical Report Fee	50.00	50.00	50.00	50.00

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Eligible Age of Entry Maximum Age of Cover	18-64 years old 65 years old	18-64 years old 65 years old	18-64 years old 65 years old	18-64 years old 65 years old
SCHEDULE OF BENEFITS	PLAN1	PLAN2	PLAN3	PLAN4
Out-Patient Cancer Treatment-Subject to Overall Annual Limit	as charged	as charged	as charged	as charged
Out-Patient Kidney Dialysis-Subject to Overall Annual Limit	as charged	as charged	as charged	as charged
OVERALL MAXIMUM LIMIT PER ANNUM	30,000.00	30,000.00	30,000.00	30,000.00
Funeral Expenses	2,000.00	2,000.00	2,000.00	2,000.00
ANNUAL CONTRIBUTION(RM)				
Employee Only	1,202.00	1,134.00	1,079.00	1,246.00
Employee and Spouse	3,005.00	2,835.00	2,698.00	3,115.00
Employee and Child	3,005.00	2,835.00	2,698.00	3,115.00
Employee and Family	4,808.00	4,536.00	4,316.00	4,984.00

CLAUSES, ENDORSEMENTS, DEFINITIONS AND WARRANTIES
(Applicable only as specified in the preceding section of this Schedule)

Signed at Head Office on 22/01/2019

Authorised Signatory

IMPORTANT NOTICE:

This schedule must be read in conjunction with the Contract to which the Schedule is attached.