

**TUNE PROTECT VENTURES SDN BHD**

Company No.: 202101038926 (1439226-H)

Level 9, Wisma Tune, No. 19, Lorong Dungun,
Damansara Heights, 50490 Kuala Lumpur.

E hello.tpv@tuneprotect.com W tuneprotect.com

GST Registration No.: 001907982336

SME**EZY**

Group Hospitalisation & Surgical (GHS – Activ8)

POLICY CONTRACT



ABOUT THE POLICY

SME EZY Group Hospitalisation & Surgical (Activ8) is an insurance product underwritten by Tune Protect Ventures Sdn Bhd ("TPV"). We provide reimbursement for Hospitalisation and Surgical expenses that the Life Assured incurred during Hospitalisation due to a Disability. It comes with guaranteed Renewal for two (2) years and fixed premium for three (3) years from commencement date. It is yearly renewable as We require annual premium to be paid instead of three (3) years premium at once. You are required to complete the full three (3) years coverage from inception.

There is a Activ8 Program attached to the product whereby the enrolled employee may be rewarded with an increased Overall Annual Limit upon next Policy Anniversary, depending on the results of a yearly Health Assessments and fulfilling other eligible criteria.

This Policy document is an insurance contract between You and Us. The Policy is made up of the documents listed below:

- Your Policy Schedule and Schedule of Benefits
- Product Disclosure Sheet
- Your application and information provided to Us

This Policy is issued in consideration of the information and declarations provided in Your application received by Us and the premium payment You made to Us.

SME EZY Group Hospitalisation & Surgical (Activ8) Policy is a pure protection product and it does not provide any savings or investment elements. The Policyholder or Life Assured will not receive any money other than from the eligible benefits under this Policy.

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POLICY SCHEDULE

POLICYHOLDER DETAILS

Policyholder	HARIMAU SDN BHD
Company Registration Number	A-4848484
Years of Establishment	20
Type of Industry/ Nature of Business	Financial
Company Address	48, Jalan Harimau, 58580 WP KL
Email Address	
Total Number of Employees	48
Number of Employees Participate	xx

DETAILS OF GROUP POLICY

Group Policy Number	
Type of Policy for Hospitalisation & Surgical	New Business/Take-Over/Renewal
Application Date	
Policy Issue Date	
Policy Commencement Date	
Policy Anniversary Date	

DETAILS OF AUTHORISED CONTACT PERSON

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Name (as shown in NRIC)	XYZ
NRIC/Passport No	123456-78-1234
Designation	HR Manager
Mobile No	012-3456789
Email Address	xyz@harimau.com

SUMMARY OF PLAN

SME EZY Group Hospitalisation & Surgical (Activ8)

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Number of Employee	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Employee only	5	5	5	5	5	5
Employee and spouse	2	2	2	2	2	2
Employee and children	1	1	1	1	1	1
Employee and family	0	0	0	0	0	0
Total Employees	8	8	8	8	8	8
Grand Total	48					

SME EZY Group Outpatient Clinical Benefit

Number of Employee	Plan 1	Plan 2
Employee only	5	5
Employee and spouse	2	2
Employee and children	1	1
Employee and family	0	0
Total Employees	8	8
Total Members Covered	48	

Type of Plan Selected: Reimbursement/Cashless

SUMMARY OF PREMIUM TABLE (RM)

Refer to Appendix for the applicable premium rates

SME EZY Group Hospitalisation & Surgical (Activ8)

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	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Employee only	1,837	2,723	3,630	4,510	5,775	8,217
Employee and spouse	1,837	2,723	3,630	4,510	5,775	8,217
Employee and children	919	1,361	1,815	2,255	2,888	4,109
Employee and family	0	0	0	0	0	0
Gross Annual Premium	66,729					
SST (6%)	4,004					
Managed Care Organisation (MCO) Fees (RM18 per member)	1,296					
Total Annual Premium Payable	72,028					

SME EZY Group Outpatient Clinical Benefit

	Plan 1	Plan 2
Employee only	1,568	2,015

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Employee and spouse	1,637	2,723
Employee and children	920	1,376
Employee and family	0	0
Gross Annual Premium (Total Members Covered x Premium Rate)	68,729	
SST (6%)	4,564	
Managed Care Organisation (MCO) Fees (RM18 per member)	1,596	
Total Annual Premium Payable	71,028	

Type of Plan Selected: Reimbursement/Cashless

SCHEDULE OF BENEFITS

SME EZY Group Hospitalisation & Surgical (Activ8)

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HOSPITALISATION & SURGICAL BENEFIT		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Hospital Benefits							
1	Hospital Room & Board <i>(Per day up to maximum 180 days per Disability)</i>	RM90	RM150	RM200	RM250	RM350	RM500
2	Intensive Care Unit <i>(Maximum 30 days per Disability)</i>	As Charged					
3	Hospital Supplies & Services						
Surgical Benefits							
4	Surgical Fees	As Charged					
5	Anaesthetic Fees						
6	Operating Theatre Charges						
Non-Surgical Benefits							
7	In-Hospital Physician Visit <i>(Maximum 2 visits per day, up to 180 days per Disability)</i>	As Charged					
8	Pre-Hospitalisation Diagnostic Tests <i>(Within 60 days prior to admission)</i>						
9	Pre-Hospitalisation Consultation & Medication <i>(Within 60 days prior to admission)</i>						
10	Post-Hospitalisation Treatment <i>(Within 90 days after discharge)</i>						
11	Second Surgical Opinion						
Outpatient Benefits							
12	Day Care Procedure & Surgery	As Charged					
13	Emergency Accidental Outpatient Treatment <i>(Within 24 hours after Accident and follow-up Treatment within 60 days)</i>						

HOSPITALISATION & SURGICAL BENEFIT		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
14	Accidental Dental Treatment <i>(Within 24 hours after Accident and follow-up Treatment within 14 days)</i>	As Charged					
15	Ambulance Fees <i>(Resulting in Hospitalisation)</i>						
16	Outpatient Kidney Dialysis Treatment						
17	Outpatient Cancer Treatment						
18	Emergency Outpatient Sickness Treatment (10pm-8am)	Reimbursement up to RM100 per visit					
Other Benefits							
19	Government Hospital Daily Cash Allowance <i>(Maximum 180 days per Disability)</i>	RM100	RM100	RM200	RM200	RM200	RM200
20	Medical Report Fees	Reimbursement up to RM100 per Disability					
Overall Annual Limit*		RM 20,000	RM 40,000	RM 50,000	RM 100,000	RM 150,000	RM 200,000
Traditional & Complementary Medicine (T&CM) <div><ul style="list-style-type: none">Traditional Malay MedicineTraditional Chinese MedicineTraditional Indian MedicineHomeopathyChiropractic TreatmentOsteopathyIslamic Medical Practice</div> <i>(Within 90 days after discharge)</i>		Reimbursement up to RM180 per visit RM10,000 per year					
Outpatient Physiotherapy Treatment <i>(Within 90 days after discharge)</i>							
Funeral Allowance (All Causes)		RM10,000 per Life Assured					

* Subject to the enrolled Life Assureds fulfilling the eligibility criteria, the Overall Annual Limit may be increased at the next Policy Anniversary depending on the results of their Health Assessment.

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SME EZY GROUP OUTPATIENT CLINICAL BENEFIT

Benefits	Plan 1 Reimbursement/ Cashless	Plan 2 Reimbursement/ Cashless
Outpatient General Practitioner (GP)		
Panel Clinic		
Consultation		
Medication		
Injection	As Charged	As Charged
Procedures		
Diagnostic Lab/X-Ray Procedures		
Child Immunisation		
Pap Smear (Maximum once a year)		
Emergency Non-Panel Clinic	As Charged	As Charged
Emergency Overseas Treatment Outpatient GP	Maximum RM 60 per visit	Maximum RM 60 per visit
General Practitioner (GP) Overall Annual Limit	Unlimited	Unlimited
Outpatient Specialist (SP)		
Specialist Clinics with referral from Panel GP		
Consultation		
Medication		
Injection	As Charged	As Charged
Procedures		
Child Immunisation		
Diagnostic Lab/X-Ray Procedures		
Mammogram (Maximum once a year)		
Emergency Overseas Treatment Outpatient SP	Maximum RM 150 per visit	Maximum RM 150 per visit
Specialist Practitioner (SP) Overall Annual Limit	RM1,000	RM2,000

WHO ARE COVERED UNDER YOUR POLICY?

This section explains who are covered under this Policy and their rights.

POLICYHOLDER (YOU)

You own the Policy. You may make changes to, or enforce any rights under this Policy. Any individual authorized by You can also act on Your behalf to exercise such right or privilege.

It is important that You keep the information You have with Us up-to-date, especially if there are changes to the Life Assured.

LIFE ASSURED

The Life Assured under this Policy are Your employees. You may choose to enrol the Dependants (spouse and children) of the enrolled employees as Life Assured. The summary of Life Assured's enrolment is shown in the **Policy Schedule**.

AGE REQUIREMENT

Age requirements apply for the Life Assured.

Life Assured	Entry Age	Coverage Expiry Age
Employees and their spouse	17 years old to 65 years old	70 years old
Employees' child(ren)	15 days to 23 years old*	26 years old*

Note: Age refers to age next birthday

*Note: * Subject to meeting definition of Dependant*

ENROLMENT AND COMMENCEMENT OF INDIVIDUAL COVERAGE

All of Your present and future full-time permanent employees only are eligible to be covered under this Policy. Eligible employees are those who fulfil the Actively at Work condition, accepted occupation, age requirement and not hired on a part time or contract basis.

You must enrol all present eligible employees as Life Assured under this Policy. Their coverage starts at commencement date of this Policy. All future eligible employees will be enrolled as Life Assured at their eligible date provided by You.

You may choose to enrol the dependants (spouse and children) of the enrolled employees as Life Assured on optional basis if they meet the age and underwriting requirements. If Dependants are enrolled by You, all Your employees' Dependants will be enrolled. Their coverage will start at the same date as the enrolled employee's. If the dependant is receiving a Treatment for a Disability at the date he/she is not eligible, he/she will be enrolled as Life Assured at the date following his/her complete recovery from the said Disability.

TERMINATION OF INDIVIDUAL COVERAGE

The insurance for the covered employee will terminate at the earliest happening of following events:

- On the date of termination of employment with You; or
- When the Life Assured passes away; or
- On the date of retirement; or
- At the subsequent Policy Anniversary following his/her attainment of seventy (70) years old ; or
- On the date when premium payable for his/her coverage is discontinued for any cause; or
- On the Policy Anniversary unless the Policy is renewed; or
- On the date of termination of the Policy either by You or Us.

The insurance for the covered Dependant will terminate at the earliest happening of following events:

- On the date of death/termination of coverage/employment for the covered employee; or
- On the date when they cease to be a Dependant; or
- At the subsequent Policy Anniversary following his/her attainment of coverage expiry age (refer to “**Age Requirement**” section); or
- On the date when premium payable for his/her coverage is discontinued for any cause; or
- On the Policy Anniversary unless the Policy is renewed; or
- On the date of termination of the Policy either by You or Us.

INFORMATION OF LIFE ASSURED

You must provide information about new and terminated Life Assured to Us as soon as possible so that We can administer the coverage and determine the future premium payable.

The information includes age, designation, joining/departure date and other relevant details of the Life Assured requested by Us. We will verify this information at any reasonable time.

WHAT ARE THE BENEFITS?

In this section, We explain what benefits are covered, conditions and Exclusions that apply to the benefits.

SME EZY GROUP HOSPITALISATION & SURGICAL (ACTIV8)

If the Life Assured has been admitted to a Hospital as an Inpatient or Day Care patient, We will decide whether the medical expense will be paid on a “cashless” basis or to the Life Assured on a reimbursement basis up to the maximum limit stated in the **Schedule of Benefits**.

For reimbursement claims, the Life Assured shall submit a claim via Our Tune Protect App. See Section “**How To Make A Claim?**” for more details.

WHAT WE WILL PAY

We will pay for all Reasonable and Customary Charges incurred for Medically Necessary Hospitalisation and Surgical benefits provided to the Life Assured, up to the Overall Annual Limit and/or its specified maximum limit stated in the **Schedule of Benefits**.

Benefits payable under this Policy shall include the applicable tax imposed by the Malaysian government at the prevailing rate.

WHAT WE WILL NOT PAY

We will not pay any benefit if any of the following occurs:

- this Policy has ended, terminated/cancelled; or
- when the Overall Annual Limit and/or its specified maximum limit in the **Schedule of Benefits** has been utilised; or
- event except Accident occurs during the Waiting Period; or
- if the event falls under **Exclusions** section; or
- failure to adhere/act upon proper medical advice of Medical Practitioner resulting in the need for further Treatment; or
- the benefit is not stated under **Schedule of Benefits**.

WHAT THE LIFE ASSURED NEEDS TO PAY

The Life Assured will pay any expenses that are:

- not Reasonably and Customary Charges; or
- not Medically Necessary; or
- in excess of the specified maximum limit stated in the **Schedule of Benefits**; or
- in excess of the Overall Annual Limit of the Life Assured; or
- not covered by this Policy.

DESCRIPTION OF BENEFITS

Hospital Room & Board

We will pay charges for room accommodation and meals, for any one day, up to the daily rate of Hospital Room and Board benefit stated in the **Schedule of Benefits**. We will pay for a maximum of one hundred and eighty (180) days of Hospitalisation only per Disability.

Intensive Care Unit (ICU)/High Dependency Unit (HDU)

We will pay charges for the Reasonable and Customary Charges Medically Necessary for actual room and board incurred during Life Assured's Admission to the ICU/HDU subject to a maximum thirty (30) days per Disability as stated in the **Schedule of Benefits**.

If the Life Assured is admitted for more than thirty (30) days, We will pay the Hospital Room and Board daily rate as stated in the **Schedule of Benefits** for the additional days. Payment under Hospital Room and Board shall not exceed one hundred and eighty (180) days per Disability.

We will not pay any Hospital Room and Board when the ICU/HDU benefit is payable.

Hospital Supplies & Services

We will pay charges for Hospital supplies and services such as general nursing, prescribed and consumed drugs and medicines, dressings, splints, plaster casts, X-ray, laboratory examinations, electrocardiograms, physiotherapy, basal metabolism tests, intravenous injections and solutions, administration of blood and blood plasma.

Surgical Fee

We will pay charges by the Specialists for the consultation, pre-Surgery assessment and post-Surgery care. If more than one Surgery is performed for Any One Disability, We will pay for all charges subject to Overall Annual Limit.

Anaesthetist Fee

We will pay charges by the Anaesthetist for the administration of anaesthesia.

Operating Theatre Charges

We will pay charges for operating room incidental to the Surgical procedure.

In-Hospital Physician Visit

We will pay charges by a Physician for visiting the Life Assured who is Hospitalised up to a maximum of two (2) visits per day for a period up to a maximum of one hundred and eighty (180) days per Disability.

Pre-Hospital Diagnostic Tests

We will pay charges for diagnostic tests such as ECG, X-ray and laboratory tests which are performed within sixty (60) days for an Injury or Illness when in connection with a Disability preceding Hospitalisation for diagnostic purposes. The diagnostic tests must be recommended by a Physician.

We will not pay charges for diagnostic tests and any other clinical Treatments (such as medications and consultation) if the Life Assured is not admitted to the Hospital to treat the Disability.

Pre-Hospital Consultation & Medication

We will pay for the first-time consultations charges and medication which are performed within sixty (60) days for an Injury or Illness when in connection with a Disability preceding Hospitalisation for diagnostic purposes.

We will not pay for consultations and any other clinical Treatments (such as medications and consultations) if the Life Assured is not Hospitalised to treat the Disability.

Post-Hospitalisation Treatment

We will pay charges for follow-up clinical Treatments within ninety (90) days following discharge for the same Disability. The clinical Treatment includes medication and the supply must not exceed maximum of ninety (90) days from discharge.

Second Surgical Opinion

We will pay charges by a Specialist for his/her consultation or opinion to determine whether a Surgical operation is necessary or required in view of the Life Assured's medical condition.

Traditional And Complementary Medicine

We will reimburse charges incurred for Traditional and Complementary Medical Treatment related to the Disability the Life Assured was Hospitalised for within ninety (90) days of discharge.

These Treatments include traditional Malay medicine, traditional Chinese medicine, traditional Indian medicine, homeopathy, chiropractic Treatment, osteopathy and Islamic medical practice.

We will pay up to the maximum limit stated in **Schedule of Benefits**.

Outpatient Physiotherapy Treatment

We will reimburse charges for Outpatient physiotherapy Treatment relating to a Disability which the Life Assured had been Hospitalised for, within ninety (90) days from the date of the Life Assured's discharge. The physiotherapy Treatment must be referred by an attending Physician.

We will pay up to the maximum limit stated in **Schedule of Benefits**.

Day Care Procedure & Surgery

We will pay Hospital and Day Care Specialist charges for a Day Care Procedure performed in an Outpatient setting.

Emergency Accidental Outpatient Treatment

We will pay charges for:

- i. Outpatient Treatment of an accidental Bodily Injury within twenty four (24) hours of the Accident at any registered clinic or Hospital; and
- ii. follow up Treatment for the same Bodily Injury within sixty (60) days of the Accident.

Accidental Dental Treatment

We will pay charges for:

- i. dental Treatment resulting from an Accident within twenty four (24) hours of the Accident at any registered clinic or Hospital; and
- ii. follow up Treatment for the same Bodily Injury within fourteen (14) days of the Accident.

We will not pay for restorative procedure such as crowning, bridging as well as root canal Treatment.

Ambulance Fees

We will pay charges for necessary domestic land ambulance services (inclusive of attendant) to and/or from the Hospital of admission.

We will not pay if the Life Assured is not Hospitalised following usage of the ambulance services.

Outpatient Kidney Dialysis Treatment

If a Life Assured is diagnosed with Kidney Failure as defined below, We will reimburse the Reasonable and Customary Charges incurred for the kidney dialysis on the Life Assured as an Outpatient performed in a Treatment Centre or Hospital, Doctor's consultation and related examination, laboratory or diagnostic tests or any drugs prescribed under this benefit.

Kidney Failure means end stage renal failure presenting as chronic, irreversible failure of both kidneys to function as a result of which renal dialysis is initiated.

We will not pay:

- i. for drugs purchased over the counter and vitamins/supplements.
- ii. if the Life Assured had developed chronic kidney Diseases and/or is receiving dialysis Treatment prior to the effective date of insurance except take-over Policy.

Outpatient Cancer Treatment

We will pay for the Reasonable and Customary Charges for the Treatment of cancer on the Life Assured as an Outpatient in a Treatment Centre or Hospital, Doctor's consultation and related examination, laboratory or diagnostic tests or any drugs prescribed under this benefit.

We will not pay:

- i. for charges for any consultation, examination tests and drugs purchased over the counter and vitamins/supplements;
- i. if the Life Assured had been diagnosed as a cancer patient and/or is receiving cancer Treatment prior to the effective date of insurance except take-over Policy.

Emergency Outpatient Sickness Treatment

We will pay charges for an Emergency Outpatient Sickness Treatment between the hours of 10.00 pm to 8:00 am at any registered clinic and Hospital, up to a maximum limit stated in the **Schedule of Benefits**.

Government Hospital Daily Cash Allowance

We will pay the Life Assured a daily allowance as stated in **Schedule of Benefits** for each day of Admission covered under this Policy in a public division of a Malaysian Government Hospital up to a maximum of one hundred and eighty (180) days per Disability, subject to the following:

- the Life Assured is admitted to a ward with daily rate not exceeding the Hospital Room & Board benefit; and
- no transfer to or from any private Hospital to treat the same Disability.

Medical Report Fees

We will reimburse medical report fees incurred up to a maximum limit stated in the **Schedule of Benefits**.

Funeral Allowance

We will pay You a lump sum funeral allowance as stated in **Schedule of Benefits** upon the death of Life Assured.

Overall Annual Limit

The Overall Annual Limit is the maximum limit payable within the Policy Year regardless of number of Disabilities in respect of expenses incurred for Treatment provided to the Life Assured as stated in the **Schedule of Benefits**. If the Overall Annual Limit is fully utilised, coverages subject to the Overall Annual Limit for the Life Assured shall end for the remaining Policy Year.

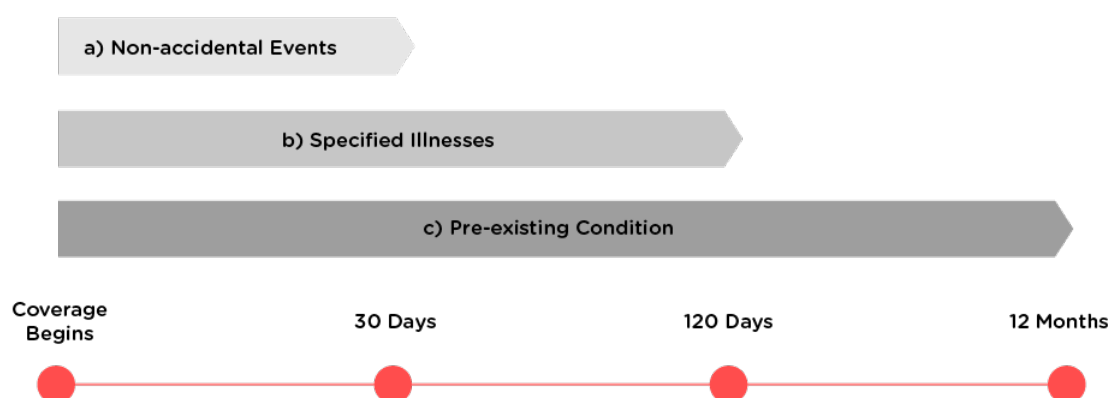
On the next Policy Anniversary, the Overall Annual Limit may be maintained or increased for the employee depending on the results of the Health Assessment completed during the Policy Year, and subject to the employee fulfilling the Activ8 Program eligibility criteria.

Waiting Period

With exception of take-over Policy, We will not pay any claims for Hospitalisation & Surgical benefit if it occurs within the Waiting Period. The Life Assured will only be eligible for this benefit after end of the Waiting Periods as follows:

- Non-accidental events – first thirty (30) days from the start of the coverage of the benefit
- Specified Illnesses – first one hundred and twenty (120) days from the start of the coverage of the benefit
- Pre-Existing Condition – twelve (12) months from the start of the coverage of the benefit

The Waiting Period will only be applicable during the first year of cover, and not on subsequent Renewals. If there is a break in insurance coverage, the Waiting Period will apply again.



Waiting Period During The First Year

Take-Over Policies

If Your Policy is under take-over arrangement, the Waiting Period shall not apply, provided that:

- this Policy commences immediately upon termination of a preceding Policy with other insurers; and
- a benefit under the preceding Policy would have been available to the Life Assured prior to or at the time this Policy commences; and
- limit of this Policy does not exceed the limit of the preceding Policy; and
- You provided Us with a copy of the preceding Policy.

Renewal guarantee

The renewability for this plan is guaranteed for two (2) years subject to premium payments.

Contribution

If a Life Assured has other insurance covering any Disability that is covered under this Policy, We will pay up to the prorated claim amount applicable under this Policy, taking into account the total amount of all valid insurance covering the same Disability.

Overseas Treatment

For overseas Treatment, claims will be subject to Reasonable and Customary Charges and required to be a Medically Necessary equivalent Treatment for the Disability in Malaysia.

We will not pay:

- i. for claims in excess of any Reasonable and Customary Charges for the same Treatment in Malaysia or closest equivalent.
- ii. if the Life Assured resides or travels outside of Malaysia for more than ninety (90) consecutive days.

EXCLUSIONS

Exclusions mean situations or events where We will not pay certain benefit.

We shall not pay any benefit caused directly or indirectly, wholly or partly, for any one of the following:

1. Pre-Existing Conditions within twelve (12) months from the commencement of Coverage Duration; or
2. Specified Illnesses within one hundred and twenty (120) days from the commencement of Coverage Duration; or
3. Any Disability (except for Injury due to Accident) and its signs or symptoms that appear within thirty (30) days from the commencement of Coverage Duration; or
4. Plastic/Cosmetic Surgery or Treatment, or Treatment of its complications; or
5. Circumcision unless it is Medically Necessary for the Treatment of a Disease; or
6. Corrective Treatment for refractive errors, corrective glasses or contact lenses; or
7. Use or acquisition of all appliances and the rental charges for the use of such devices; or
8. Pacemakers, implantable cardiac/cardioverter defibrillator (ICD) and cochlear implants; or
9. Dental conditions not necessitated by accidental Injuries; or
10. Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilisation, venereal Disease and its sequelae; or
11. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) and Human Immunodeficiency Virus (HIV) related Diseases or its sequelae and any communicable Diseases requiring quarantine by law; or
12. Any Treatment or assessment for Congenital Conditions and Hereditary; or
13. Pregnancy related conditions, childbirth, prenatal or postnatal care, contraceptive methods (includes birth control), test or Treatment pertaining to infertility, erectile dysfunction, impotence or sterilisation; or
14. Care and Treatment that is experimental, investigative, or is an unproven Treatment or service and not in accordance to accepted professional medical standards and/or is not Medically Necessary; or
15. Hospitalisation primarily for investigatory purposes or preventive Treatments/supplements or supplies; or
16. Treatment for Injuries sustained while committing a crime, while under influence of mind-altering substance, or suicide, attempted suicide or self-inflicted Injuries while sane or insane; or
17. Any forms of war, riot, insurrection, explosion of war weapons, terrorism related activity, active duty in any armed forces or direct participation in strikes; or
18. Effects from radiation or contamination by radioactivity; or
19. Expenses incurred for donation of any organ or costs of acquisition of any organ; or

20. Investigation and Treatment of sleep and snoring disorders, hormone replacement therapy, Surgical Treatment specifically for weight reduction or gain, hyperhidrosis; or
21. Alternative therapy other than those covered under Traditional and Complementary Medicine; or
22. Care or Treatment for which payment is not required or which is payable by any other party; or
23. Any forms of mental or nervous disorders inclusive of psychiatric illnesses; or
24. Costs/expenses of services of a non-medical nature; or
25. Expenses incurred for sex change; or
26. Speech and occupational therapy unless related to a valid Inpatient Hospitalisation and diagnosis; or
27. 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; or
28. Sickness or Injury arising from participation in any form of aviation (except as a fare-paying passenger or crew member on a regular route operated by a licensed commercial airline), or aerial sports such as but not limited to skydiving, parachuting, bungee jumping, hang gliding or ballooning; or
29. External prosthetic appliances or devices including but not limited to artificial limbs, hearing aids, durable medical devices for home use, ambulatory devices such as walkers, crutches, splints, and braces; or
30. Stem cell therapy, except in haemopoietic blood disorders; or
31. Sexually Transmitted Diseases (STDs) and its sequelae.

ACTIV8 PROGRAM

Subject to the payment of Activ8 Program fees, a Activ8 Program is attached to the product for the benefit of the enrolled employees. The Activ8 Program includes:

- a) providing access to health tools;
- b) completing and submitting Health Assessments as and when required by Us; and
- c) participating in health coaching programmes organised for eligible employees.

for each Policy Year.

Participation and completion in the Activ8 Program entitle the enrolled employees to be rewarded with an increased Overall Annual Limit if the employee fulfils the eligible criteria.

WHAT YOU NEED TO DO

Under the Activ8 Program, You will need to:

- i. Work with Our appointed service provider on the programme delivery
- ii. Encourage Your employees to participate in the Activ8 Program
- iii. Enrol Your eligible employees to participate in the Activ8 Program
- iv. Encourage Your employees to complete the Health Assessment
- v. Provide necessary required support to relevant/eligible employees to ensure the successful completion of the Activ8 Program

WHAT WE WILL DO

- i. Arrange appointed service provider to provide necessary tools to enrol eligible employees, up to the completion of the programme delivery
- ii. To connect You with the appointed service provider to deliver the Activ8 Program
- iii. To deliver the fulfilment of the rewards to eligible employees

Upon completing the Activ8 Program, each employee shall be graded based on the predefined scoring system which comes with three (3) tiers, which are: ♥, ♥♥ and ♥♥♥. For the initial Policy Year, each enrolled employee will start from ♥.

Employee who does not perform any Health Assessment throughout the Policy period shall remain at ♥.

The Health Assessment is to be conducted on an annual basis for the first two (2) Policy Years.

At the Policy Anniversary, We will determine the reward tier the employee belongs to, based on the latest available Health Assessment results submitted during the past Policy Year. We will assign the rewards based on their respective reward tiers, effective for one year from the next Policy Anniversary date.

BENEFITS OF THE ACTIV8 PROGRAM

The benefits for each enrolled employee are subject to their achievement on respective tiers as below.

Tier	Adjustment to Overall Annual Limit (From ♥ Tier)
♥	None
♥♥	+50%
♥♥♥	+100%

The adjustments to the Overall Annual Limit will be awarded at the next Policy Anniversary following the completion of the Activ8 Program. Adjustment to Overall Annual Limit starts from ♥ as the base tier. The reward is valid for one (1) year.

HEALTH ASSESSMENT SUBMISSION

Each enrolled employee has to undergo the Health Assessment and the results must be submitted at least thirty (30) days prior to the expiry of each Policy Year. For multiple Health Assessments submitted, only the latest complete Health Assessment prior to the Policy Anniversary will be taken into account for assessment. Only the complete Health Assessment that meets Our eligible criteria shall be accepted as a valid assessment.

TERMINATION OF THE ACTIV8 PROGRAM

As the Activ8 Program is attached to this Policy, the termination of the Activ8 Program prior to the completion of the three (3) year period will result in the termination of this Policy. All the benefit entitlement that has been granted relating to the programme will cease to be effective immediately.

What You Need To Do

- Submit Your request to Us at hello.tpv@tuneprotect.com.
- Reimburse Us on any expenses incurred for the programme if You have received such subsidy from Us through any promotional campaigns; and
- Reimburse Us for any incremental medical claims benefits utilized over the three (3) year period that would not have been otherwise granted due to early termination of three (3) year period.

What We Will Do

- Review Your request and cancel the Policy and Activ8 Program.
- All employees' Overall Annual Limit shall be adjusted without any incremental Overall Annual Limit from Policy inception.
- Any other unutilised benefits will be based on ♥, as the base tier from Policy inception.
- All employees' participation in the Activ8 Program shall cease immediately.
- Advise You in the event You are required to reimburse Us for any expenses incurred and/or incremental medical claims benefits utilized that would not have been otherwise granted.

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SME EZY GROUP OUTPATIENT CLINICAL BENEFIT

This benefit covers clinical expenses if the Life Assured visits Our panel General Practitioner (GP) or is referred to a Specialist Practitioner (SP) by them subject to the maximum limit and Overall Annual Limit stated in the **Schedule of Benefits**:

- i. for cashless plan, We will pay the medical expenses directly to the GP or SP; or
- ii. for reimbursement plan, We will reimburse the medical expenses incurred to the Life Assured where they have to submit a claim via Our Tune Protect App. See Section “**How To Make A Claim?**” for more details.

WHAT WE WILL PAY

We will pay for Reasonable and Customary Charges incurred for Medically Necessary clinical Treatments provided to the Life Assured performed by Our panel GP or a SP referred by Our panel GP, up to the maximum limit and Overall Annual Limit stated in the **Schedule of Benefits**.

Benefits payable under this Policy shall include the applicable tax imposed by the Malaysian government at the prevailing rate.

WHAT WE WILL NOT PAY

We will not pay any benefit if any of the following occurs:

- this Policy has ended, terminated/cancelled; or
- when the maximum limit and Overall Annual Limit specified in the **Schedule of Benefits** has been utilised; or
- clinical Treatment at non panel clinics in Malaysia except due to Emergency event; or
- clinical Treatment at SP if not referred by Our panel GP; or
- failure to adhere/act upon proper medical advice of Medical Practitioner resulting in the need for further Treatment; or
- if the event falls under **Exclusions** section; or
- the benefit is not stated under **Schedule of Benefits**.

WHAT THE LIFE ASSURED NEEDS TO PAY

The Life Assured will pay any expenses that are:

- not Reasonably and Customary Charges; or
- not Medically Necessary; or
- in excess of the maximum limit stated in the **Schedule of Benefits**; or
- in excess of the Overall Annual Limit of the Life Assured; or
- not covered by this Policy.

DESCRIPTION OF BENEFITS

Consultation

We will pay charges for consultations provided by a panel clinic GP or a SP referred by a panel clinic.

Medication

We will pay charges for drugs and medicines prescribed by a panel clinic GP or a SP referred by a panel clinic.

Injection

We will pay charges for injection administered by a panel clinic GP or a SP referred by a panel clinic.

Procedures

We will pay charges for medical procedures conducted by a panel clinic GP or a SP referred by a panel clinic.

Diagnostic Lab/X-Ray Procedures

We will pay charges for diagnostic laboratory test(s) and/or X-ray and scans procedures conducted by a GP at panel clinic or a SP referred by a panel GP.

Child Immunisation

We will pay charges for Child immunisation that is mandatory under the National Immunisation Programme only incurred at a panel clinic GP.

For benefit under SP, referral from panel GP is required for Child above eight (8) years old.

Pap Smear

We will pay charges for pap smear examination at a panel clinic for a maximum of one (1) examination per year.

Emergency Non-Panel Clinic

We will pay charges for Emergency clinical Treatment between the hours of 10.00 pm to 8:00am of a Disability (including consultation, injection, procedures or medication) performed by a GP of non-panel clinics.

Emergency Overseas Outpatient Treatment General Practitioner (GP)

We will pay charges:

- i. for Emergency clinical Treatment of a Disability (including consultation, injection, procedures or medication) performed by a GP either at an overseas Outpatient clinic or an Emergency department of an overseas Hospital;
- ii. up to the maximum limit as stated in the **Schedule of Benefits**; and
- iii. must be Reasonable and Customary Charges and Medically Necessary for such equivalent Treatment in Malaysia.

We will not pay if the Life Assured resides or travels outside of Malaysia for more than ninety (90) consecutive days and/or travelling for the purpose of seeking medical Treatment. Additionally, We will not reimburse the transportation costs of the Life Assured (or any other person) to or from the place of Treatment.

Emergency Overseas Outpatient Treatment Specialist Practitioner (SP)

We will pay charges:

- i. for Emergency clinical Treatment of a Disability (including consultation, injection, procedures or medication) performed by a SP either at an overseas Outpatient clinic or an Emergency department of an overseas Hospital;
- ii. up to the maximum limit and SP Overall Limit as stated in the **Schedule of Benefits**; and
- iii. must be Reasonable and Customary Charges and Medically Necessary for such equivalent Treatment in Malaysia.

We will not pay if the Life Assured resides or travels outside of Malaysia for more than ninety (90) consecutive days and/or travelling for the purpose of seeking medical Treatment. Additionally, We will not reimburse the transportation costs of the Life Assured (or any other person) to or from the place of Treatment.

Mammogram Examination By Specialist Practitioner (SP)

We will pay charges for mammogram examination by a SP with referral from panel GP for a maximum of one (1) examination per year.

Overall Annual Limit

The Overall Annual Limit is the maximum limit payable within the Policy Year regardless of number of Disabilities in respect of expenses incurred for Treatment provided to the Life Assured as stated in the **Schedule of Benefits**. If the Overall Annual Limit is fully utilised, coverages subject to the Overall Annual Limit for the Life Assured shall end for the remaining Policy Year.

Waiting Period

There is no Waiting Period for this benefit.

EXCLUSIONS

Exclusions mean situations or events where We will not pay certain benefit.

We shall not pay any benefit caused directly or indirectly, wholly or partly, for any one of the following:

1. Plastic/Cosmetic Surgery or Treatment, or Treatment of its complications; or
2. Circumcision unless it is Medically Necessary for the Treatment of a Disease; or
3. Corrective Treatment for refractive errors, corrective glasses or contact lenses; or
4. Use or acquisition of all appliances and the rental charges for the use of such devices; or
5. Pacemakers, implantable cardiac defibrillator (ICD) and cochlear implants; or
6. Dental conditions not necessitated by accidental Injuries; or
7. Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilisation, venereal Disease and its sequelae; or
8. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) and Human Immunodeficiency Virus (HIV) related Diseases or its sequelae and any communicable Diseases requiring quarantine by law; or
9. Any Treatment or assessment for Congenital Conditions; or
10. Pregnancy related conditions, childbirth, prenatal or postnatal care, contraceptive methods of birth control, test or Treatment pertaining to infertility, erectile dysfunction, impotence or sterilisation; or
11. Care and Treatment that is experimental, investigative or unproven services and not according to accepted professional standards and/or is not Medically Necessary; or

12. Outpatient consultation primarily for investigatory purposes except for benefit payable under Diagnostic Services and Pap Smear Examination or preventive Treatments/supplements; or
13. Treatment for Injuries sustained while committing a crime, while under influence of mind-altering substance, or suicide, attempted suicide or self-inflicted Injuries while sane or insane; or
14. Any forms of war, riot, insurrection, explosion of war weapons, terrorism related activity, active duty in any armed forces or direct participation in strikes; or
15. Effects from radiation or contamination by radioactivity; or
16. Expenses incurred for donation of any organ or costs of acquisition of any organ; or
17. Investigation and Treatment of sleep and snoring disorders, hormone replacement therapy, Surgical Treatment specifically for weight reduction or gain, hyperhidrosis, etc.; or
18. Alternative therapy comprising of alternative Treatments, Traditional and Complementary Medicine; and their related medical services or supplies; or
19. Care or Treatment for which payment is not required or which is payable by any other party; or
20. Any forms of mental or nervous disorders; or
21. Costs/expenses of services of a non-medical nature; or
22. Sickness or Injury arising from racing of any kind, hazardous sports and illegal activities or Private flying; or
23. Expenses incurred for sex changes; or
24. Speech and occupational therapy unless related to a valid Inpatient Hospitalisation and diagnosis; or
25. Costs incurred at Specialist Clinics that is not referred from Panel GP except Mandatory Child Immunisation up to age 8 years old; or
26. Diseases or disabilities of a newborn Child contracted prior to or during birth or within the first 14 days thereafter; or
27. Allergy testing (includes all related haematological and topical tests); or
28. Outpatient rehabilitation therapy, chemotherapy, radiation therapy, kidney dialysis and chronic Illnesses; or
29. Preventive vaccinations except those stated under Mandatory Child Immunisation; or
30. Any Treatment or medication which are not consistent with the diagnosis; or
31. House calls or home visits by Doctors or nurses for any reason; or
32. Prescription and dispensation of current medication for more than 1 month duration.

HOW TO MAKE A CLAIM?

This section explains what You/the Life Assured need to do to make a claim for the benefits stated in the Policy Schedule under section “Summary of Plan”.

HOW TO CLAIM

SME EZY GROUP HOSPITALISATION & SURGICAL PLAN (ACTIV8)

For cashless Admission to panel Hospital, guarantee letter (GL) request can be made via Our Tune Protect App for Our approval. The Life Assured needs to show the e-medical card at Our panel Hospitals upon Admission. Eligible expenses will be paid by Us directly to Our panel Hospitals

For reimbursement claims, the Life Assured shall submit a claim via Our Tune Protect App with details provided as soon as possible within thirty (30) days from the claimable event.

If You/the Life Assured fails to supply the affirmative proof required within one (1) calendar year from the claimable event date, We shall have the right to invalidate any claims unless such failure to furnish proof is supported with reasonable grounds for such delay. The acceptance of such proof shall be at Our sole and entire discretion.

SME EZY GROUP CLINICAL OUTPATIENT BENEFIT

Cashless Plan

The Life Assured needs to show the e-medical card at Our panel GP or SP. Eligible expenses will be paid by Us directly to Our panel GP or SP except for Emergency Overseas Outpatient GP or SP Treatment which shall be on reimbursement basis.

Reimbursement Plan

The Life Assured shall pay the expenses for any visit to Our panel GP or SP and submit their claim via Our Tune Protect App with details provided as soon as possible within thirty (30) days from the claimable event.

If You/the Life Assured fails to supply the affirmative proof required within one (1) calendar year from the claimable event date, We shall have the right to invalidate any claims unless such failure to furnish proof is supported with reasonable grounds for such delay. The acceptance of such proof shall be at Our sole and entire discretion.

PHYSICAL EXAMINATION

We may require any additional proof and request medical examination of the Life Assured at Our own expense.

What You/The Life Assured Needs To Provide

You/the Life Assured must provide Us with the information together with relevant supporting documents including:

- Original bills and receipts, or scanned copies at Our sole discretion.
- Full medical report stipulating the diagnosis of the condition treated, date the Disability commenced, current state of Life Assured condition and any other document/information supporting the claims filed. Information on cost of Treatment including medicines and services rendered.

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- Death certificate of Life Assured for funeral allowance and death claim.
- For GTL D500 plan, proof of income is mandatory. In the absence of proof of income or the Life Assured's monthly income does not entitle him/her for this plan, the benefit will be automatically downgraded to D300 plan.
- Valid reason if the Life Assured is not able to provide the supporting document within 30 days from a claimable event, if applicable.
- Any other supporting documents deemed necessary by Us and updated accordingly through Our website at www.tuneprotect.com.

COSTS OF PREPARING THE CLAIM

We will not pay or reimburse any costs of filling-in form or getting supporting documents, such as death certificates or medical reports.

AGE MISSTATEMENT

We will not pay any benefits under this Policy until We have verified the age of the Life Assured.

If upon verification, the age of the Life Assured provided is wrong and the Life Assured is not eligible for cover under this Policy according to his/her actual age, no benefit shall be payable. We will refund the premium of the Life Assured's portion without interest to You.

If the age of the Life Assured is wrong and:

- the premium paid is insufficient, any claim payable under this Policy shall be prorated based on the ratio of the premium paid to the premium which should have been charged for the year; or
- the premium paid is more than the actual amount which should have been paid, the excess premium shall be refunded without interest.

HOW WE PAY THE CLAIM

CURRENCY

All amounts will be paid in the currency shown in the **Schedule of Benefits**. We will not pay any interest on any benefits under this Policy.

WHEN WE PAY

Upon satisfactory review, We will reimburse You (other than medical claims) and/or the Life Assured (for medical claims) within thirty (30) days from the date of receipt of complete documentation and information required.



WE ARE HERE TO HELP

You can always reach Us through email at hello.tpv@tuneprotect.com for help with a claim.

HOW TO PAY THE PREMIUMS?

This section explains the premiums and what happens when You miss paying a premium.

PAYING THE PREMIUM

It is important to pay the premium on time so this Policy stays active and the Life Assured continue to be covered. We outline below how You can pay the premium and what happens if You do not pay.

PREMIUM AMOUNT

The **Policy Schedule** shows the amount You need to pay.

All premium payable under the Policy shall be paid to Us prior to the commencement of the Policy. Any variable or extension of premium payment period shall be at Our sole and absolute discretion.

If You fail to make subsequent Renewal payment due within thirty (30) days from its Policy Anniversary ("Grace Period"), the Policy shall automatically expire after the Grace Period and We have the right to charge the prorated premium from the Policy Anniversary to the expiry date.

PREMIUM RATES UPON RENEWAL

The premium rates for Group Hospitalisation & Surgical (GHS) are guaranteed for three (3) years after which We reserve the right to revise the premium rate by giving You thirty (30) days' notice in writing before completion of the third Policy Year.

For other benefits such as Group Outpatient Clinical Benefits (GPSP), the premium rates are not guaranteed upon Renewal. This means We can change the Renewal premium by giving You thirty (30) days' notice in writing prior to Policy Anniversary.

PAYMENT METHOD OPTION

You have to pay the premiums directly to Us via fund transfer.

STARTING, CHANGING OR ENDING THIS POLICY

This section explains when the Policy starts and ends, and how to make changes to this Policy.

WHEN DOES THE POLICY AND COVER START

This Policy and insurance coverage starts on the commencement date, or on the date the first premium payment is received by Us.

The Life Assured will not be covered for any event that took place before the Policy starts.

POLICY ANNIVERSARY

A twelve (12) month period counted from the Policy commencement date and annually thereafter.

POLICY RENEWAL

This Policy may be renewed by Us upon meeting the minimum required employees' size at the Policy Anniversary.

We will notify You the premium rates for the next twelve (12) months of coverage upon satisfactory review before Your Policy Anniversary.

You may also choose to change the plan, subject to Our acceptance.

CHANGES TO THE POLICY

CHANGE IN RISK

If there are any material changes to the nature or industry of Your business and duties of the Life Assured, You must notify Us immediately via email at hello.tpv@tuneprotect.com to ensure continuous coverage for You/the Life Assured.

CHANGING THE ADDRESS OR CONTACT DETAILS

You can change Your address or contact details. It is important that You tell Us immediately about any of these changes via email at hello.tpv@tuneprotect.com.

CANCELLING THE POLICY

You can cancel (terminate) this Policy at any time. If You cancel the Policy, the Life Assured's cover will end from the date We cancel the Policy.

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WHAT YOU NEED TO DO

Submit Your request via email at hello.tpv@tuneprotect.com.

WHAT WE WILL DO

If You cancel this Policy within the fifteen (15) days free-look period, We will give You a full refund if no claims have been made.

If You cancel after the fifteen (15) days free-look period, You will receive a refund premium according to the table below provided that no claims have been made.

Period not exceeding	Refund of Yearly Premium Paid
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

REIMBURSEMENT OF EXPENSES

If You cancel this Policy prior to the completion of the three (3) year period:

- You shall reimburse Us any expenses incurred for the Activ8 Program if You have received such subsidy from Us through any promotional campaigns.
- You shall reimburse Us for the incremental medical benefits utilized over the three (3) year period that would not be otherwise granted due to early termination of three (3) year period.

WHEN THE POLICY ENDS

The Policy ends on the earliest of the following dates:

- No Renewal instruction received on/before Policy Anniversary.
- The date We approve Your request to cancel (terminate) the Policy.
- The date We cancel Your Policy or are required to cancel the Policy by law or regulation.
- No premium received or outstanding premium is not received by Us.

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15 DAYS FREE-LOOK PERIOD

If You are not satisfied with this Policy, and any of the Life Assured has not made a claim under it, You have fifteen (15) days from the date You receive the Policy contract to cancel it and We will refund the premium You have paid.

WHAT YOU NEED TO DO DURING THE FREE LOOK PERIOD

You should review the Policy documents to make sure the Policy meets Your requirement. Should You wish to cancel, You have to notify Us via email at hello.tpv@tuneprotect.com. We must receive Your written notice within the fifteen (15) days free-look period.

WHAT WE WILL DO

We will refund You the premiums You have paid and We will cancel the Policy. The Life Assured will not be able to claim any benefits under it thereafter.

If the Life Assured have made a claim under this Policy during the fifteen (15) days free-look period, We will not approve Your request to cancel the Policy.

LEGAL STATEMENTS

In this section, We explain the important legal rights and obligations under this Policy.

GOVERNING LAW

This insurance contract is governed by the laws of Malaysia.

CHANGES TO THE POLICY TO COMPLY WITH THE LAW

We have the rights to make any changes to the Policy required to comply with the law. If We need to make a change, We will give You written notice.

LEGAL ACTION

No legal action shall be brought by You/the Life Assured to recover any claim amount payable under this Policy within sixty (60) days from the date We received all proof of claims.

If You/the Life Assured fail to supply the required proof of claims, within one (1) calendar year from the date the proof of claims should be submitted, You/the Life Assured need to submit the proof of claims to Us with valid reason(s) for the failure to comply with the Policy terms and conditions. The acceptance of such proof of claims shall be at Our sole and entire discretion.

INFORMATION

This insurance contract is based on the information You gave Us during the application process.

YOU NEED TO PROVIDE CORRECT AND COMPLETE INFORMATION

It is important that the information provided by You is correct, truthful and accurate. The information is important for Us to decide:

- i. if You/the Life Assured were eligible for the Policy; or
- ii. how much You need to pay; or
- iii. if any special terms to be imposed before We issue the Policy.

Under Schedule 9 of Financial Services Act 2013, You should let Us know immediately if the information You gave Us:

- i. during the application, was inaccurate, misleading, or exaggerated.
- ii. changes after the Policy has commenced or at Renewal.

WHAT WE WILL DO

If any information is found:

- i. misleading or exaggerated; or
- ii. misrepresented

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We may:

- i. dispute Your/the Life Assured's claim, and their benefits under the Policy may be affected.
- ii. in some cases, cancel or void the Policy under the remedies provided in the Financial Services Act 2013.
- iii. refund the premiums paid without interest. If a benefit has been paid, We will recover that benefit from You.

IF WE WERE GIVEN THE WRONG AGE

If We discover that the Life Assured were not eligible for insurance cover at their correct age, We can declare that their coverage is void. We will refund any premium paid without interest. If a benefit has been paid, We will recover the amount paid from You.

If the age of the Life Assured has been misstated, any benefits payable will be pro-rated on the ratio of the actual premium paid to the correct premium which should have been paid based on the correct age.

We will refund any excess premium paid without interest.

CHANGES TO THIS POLICY

No change in this Policy, including changes to the endorsement, shall be valid until approved by Us. No third party has the authority to change this Policy or waive any of its provisions.

SUBROGATION

We will have the right to proceed, in Your name or in the name of the Life Assured, against any third party who may be responsible for circumstances giving rise to a claim under this Policy after We have made a payment under this Policy. Exercise of this right will be at Our own expense.

You will provide Us with all necessary information and assistance relating to the fault of any such third party and any action We take.

We will be entitled to keep the amount recovered from any such third party to the extent of the amount of benefits We have paid under this Policy.

ANTI-MONEY LAUNDERING, ANTI-TERRORISM FINANCING AND PROCEEDS OF UNLAWFUL ACTIVITIES ACT 2001 ("ACT")

As required under the Act, We may need to freeze or seize any monies received or payable under this Policy:

- at the order of the relevant authorities; or
- if We discover, or if We have reasonable suspicion that, You are sanctioned under any competent authorities recognised by Us, for money laundering activities or activities relating to financing terrorism.

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If this happens, We will terminate the Policy immediately. We will deal with all premiums paid and all amounts payable under this Policy as guided by the Act, which may include handing it over to the relevant authorities.

SANCTION LIMITATION AND EXCLUSION CLAUSE

We shall not provide any insurance cover and/or liable to pay any claim/payment or provide any Benefit to the extent that the provision of such Benefit would expose Us to any sanction, prohibition or restriction, relations with designated persons, entities, organizations, countries or governments, including, Malaysian Ministry of Home Affairs, United Nations Resolutions and the United States Department of the Treasury lists of Specially Designated Nationals and Blocked Persons.

PRIVACY NOTICE

You have agreed to the content of the Privacy Notice in Your application, as well as consented and authorised Us to collect, process and share the Life Assured personal data for the purpose of processing Your application and providing Our services; such as:

- full names of all the Life Assured;
- identity card number;
- contact number;
- address details; and
- medical records.

You/Life Assured can ask Us:

- to access or correct, the personal data We hold;
- information about Our personal data protection policies and practices;
- the kinds of data held by Us;
- to stop using the personal data under Your Policy. However, We may not be able to continue providing Our services to You. This will result in the termination of this Policy contract.

We may amend Our Privacy Notice at any time, and the changes will apply to You. You can visit Our website at www.tuneprotect.com to obtain the latest version of the Privacy Notice, including any changes, at any time.



IF YOU HAVE QUESTIONS

If You still have questions after You have read the Policy document, please email Us at hello.tpv@tuneprotect.com

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ABOUT US

Tune Protect Ventures Sdn Bhd (TPV) is an approved participant in the Bank Negara Malaysia (BNM) Financial Technology Regulatory Sandbox. Approval would be required to be licensed under Financial Services Act 2013 (FSA) upon graduation from the Sandbox.

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COMPLAINTS

We want to resolve any concerns or complaints You may have as quickly as possible.

WHAT YOU NEED TO DO

You should submit Your concern or complain to Us via email at hello.tpv@tuneprotect.com.

WHAT WE WILL DO

We will address Your concern or complaint as soon as possible.

BANK NEGARA MALAYSIA

If You are not satisfied with Our decision regarding Your complaint, You can also choose to lodge a complaint to Bank Negara Malaysia at the following address:

Laman Informasi Nasihat dan Khidmat (BNMLINK)

Pengarah
Jabatan LINK and Pejabat Wilayah
Bank Negara Malaysia
P.O. Box 10922
50929 Kuala Lumpur
Tel: 1300-88-5465
Fax: 603-2174-1515
E-mail: bnmtelelink@bnm.gov.my

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GLOSSARY

The list below explains the meanings of important words and phrases shown in this Policy.

Accident	A sudden, unintentional, unexpected, unusual, and specific event that occurs at an identifiable time and place which shall, independently of any other cause, be the sole cause of Bodily Injury.
Actively at Work	Performance of all main duties of the employee's regular occupation, for the regularly scheduled number of hours, regardless of their compensation scheme at: <ul style="list-style-type: none"> a) The Employer's place of business; or b) The Employee's place of work approved by the Employer; or c) Any other business location where employee is required to travel.
Activ8 Program	<p>The Activ8 Program includes:</p> <ul style="list-style-type: none"> a) providing access to health tools; b) completing and submitting Health Assessments as and when required by Us; and c) participating in health coaching programmes organised for eligible employees. <p>for each Policy Year.</p> <p>Participation and completion in the Activ8 Program entitles the enrolled employees to be rewarded with an increased Overall Annual Limit if employee fulfils the eligible criteria.</p>
Admission	Life Assured being duly registered and admitted as an Inpatient in a Hospital for a continuously period of at least eight (8) consecutive hours.
Any One Disability	All of the periods of Disability arising from the same cause including any and all complications there from except that if the Life Assured 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.
Bodily Injury	Bodily Injury caused solely by Accident.
Congenital Conditions	Any medical or physical abnormalities existing at the time of birth, whether known or unknown to the Life Assured or the Dependants, as well as neo-natal physical abnormalities developing within six (6) months from the time of birth. They will include hernias of all types and epilepsy except when caused by a trauma which occurred after the date that the Life Assured was continuously covered under this Policy.
Day Care Procedure	A Surgical procedure performed at a Hospital or Specialist clinic which requires the use of a recovery facility, but without an overnight stay at the Hospital or Day Care Specialist clinic.
Dentist	A person who is duly licensed or registered to practice Dentistry in the geographical area in which a service is provided, but excluding a Dentist who is the Life Assured themselves.

Dependant	Any of the following person: <ul style="list-style-type: none"> a) Legally married spouse b) Unmarried child(ren) over fifteen (15) days old but under twenty three (23) years of age or twenty six (26) years of age is still on full-time higher education, and who are not gainfully employed.
Disability	A Sickness, Disease, Illness or the entire Bodily Injuries arising out of a single or continuous series of causes.
Emergency	An unexpected situation or when the Life Assured is in a serious, and often dangerous medical/health situation and immediate medical Treatment or action is required.
General Practitioner	A medical Doctor who provides general care to their patients and manages general type of Illnesses or medical conditions. They are usually the first point of contact to provide general care to their patients and to refer their patients for further medical assistance, if required.
Government Hospital	A Hospital established, maintained, operated or provided by the Malaysian Government but excludes privatised or corporatised Malaysian Government Hospitals.
Grace Period	An allowance of thirty (30) days period following the premium due date for premium payment.
Health Assessment	An assessment carried out on the Life Assured as part of the Activ8 Program which tracks five (5) biomarkers namely: <ul style="list-style-type: none"> 1. Body Mass index (BMI, kg/m²) 2. Diastolic Blood Pressure (DBp, mmHg) 3. Systolic Blood Pressure (SBp, mmHg) 4. HbA1c Levels (HbA1c, %) and 5. Total Cholesterol Ratio (TC, mmol/L). <p>The result of the assessment is valid for one (1) year.</p>
Hospital	An establishment duly constituted and registered as a Hospital or medical centre for the care and Treatment of sick and injured persons as paying bed-patients, and which: <ul style="list-style-type: none"> a) Has facilities for diagnosis and Surgery; and b) provides 24 hour a day nursing services by registered and graduate nurses; and c) is under the supervision of a Physician; and d) is not primarily a clinic; a place for alcoholics or drug addicts; a nursing rest or convalescent home or a home for the aged or similar establishment.
Hospitalisation	Admission to a Hospital as a registered Inpatient for Medically Necessary Treatments for a covered Disability upon recommendation of a Physician. A patient shall not be considered as an Inpatient if the patient does not physically stay in the Hospital for the whole period of confinement.
Inpatient	Life Assured undergoes confinement for a Disability, as a registered resident bed patient using and being charged for the room and board facilities of the Hospital.

Intensive Care Unit (ICU)/High Dependency Unit (HDU)	A section within a Hospital which is designated and equipped to provide Intensive Care (involving additional Treatment and monitoring), special nursing and medical services by the Hospital, and which is maintained on a twenty four (24) hour basis solely for Treatment of patients in critical condition.
Life Assured	The person described in the Policy Schedule including his/her Dependant (if applicable).
Medically Necessary	<p>A medical service which is:</p> <ul style="list-style-type: none"> a) consistent with the diagnosis and customary medical Treatment for a covered Disability, and b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits, and c) not for the convenience of the Life Assured or the Physician, and unable to be reasonably rendered out of Hospital (if admitted as an Inpatient), and d) not of an experimental, investigational or research nature, preventive or screening nature, e) for which the charges are fair and reasonable and customary for the Disability.
Outpatient	The medical Treatment that does not require Hospitalisation and includes Day Care Procedure.
Overall Annual Limit	The maximum limit payable within the Policy Year regardless of number of disabilities in respect of expenses incurred for Treatment provided to the Life Assured as stated in the Schedule of Benefits . If the Overall Annual Limit is fully utilised, coverages subject to the Overall Annual Limit for the Life Assured shall end for the remaining Policy Year.
Physician or Doctor or Medical Practitioner	A surgeon or Physician qualified by degree in western medicine, who is legally licensed and duly qualified to practice medicine and Surgery authorised in the geographical area of his practice, and who also possesses a current Annual Practicing Certificate issued by the Malaysia Medical Council but excluding a surgeon or Physician who is the Life Assured themselves.
Policy	This Policy includes the Schedule of Benefits , any supplementary contract, endorsement or schedule herein, or as may be issued by Us from time to time, with notice thereof to the Life Assured, the application submitted to Us by You and any other documents furnished to Us in connection with the application which shall collectively constitute and form the entire contract of insurance contained herein. This Policy has been effected to cover a group of Life Assured where the size of the group shall be determined by Us.
Policy Anniversary	A twelve (12) month period counted from the commencement date and annually thereafter.
Policy Year	A twelve (12) month period beginning at the commencement date or Renewal of the Policy.

Pre-Existing Condition	<p>An Illness, Sickness or condition which existed prior to the Policy Effective Date or Policy Reinstatement Date (whichever is the later) in respect of which the Life Assured has reasonable knowledge of or may be considered to have reasonable knowledge of a Pre-Existing Condition where the condition is one for which the Life Assured:</p> <ul style="list-style-type: none"> a) had signs or symptoms of the Illness, Sickness or condition; b) was aware, or its existence would have been apparent to a reasonable person in the circumstances; c) medical advice, diagnosis, care or Treatment has been recommended or sought; d) has had a medical Treatment, consultation or been prescribed medication or therapy.
Reasonable and Customary Charges	<p>Charges for medical care which is Medically Necessary to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable Treatment, services or supplies to individual of the same sex and of comparable age for a similar Sickness, Disease or Injury and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the Life Assured's medical condition. In Malaysia, Reasonable and Customary Charges shall be deemed to be those laid down in the Malaysia Medical Association's Schedule of Fees.</p>
Renewal	<p>A Policy which has been renewed without any lapse of time upon expiry of a preceding Policy with the same content.</p>
Sickness, Disease or Illness	<p>A physical condition marked by a pathological deviation from the normal healthy state.</p>
Specialist	<p>A Medical Practitioner who specialises in a specific field of medicine and who is recognised by the appropriate health authority as an expert in that field. A Specialist shall include a Physician or a surgeon but excluding a Specialist who is the Life Assured themselves.</p>
Specified Illnesses	<p>The following disabilities and its related complications:</p> <ul style="list-style-type: none"> a) Hypertension, diabetes mellitus and cardiovascular Disease b) All tumours, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system c) All ear, nose (including sinuses) and throat conditions d) Hernias, haemorrhoids, fistulae, hydrocele, varicocele e) Endometriosis including Disease of the Reproduction system f) Vertebro-spinal disorders (including disc) and knee conditions.
Surgery	<p>Any of the following medical procedures:</p> <ul style="list-style-type: none"> a) To incise, excise or electrocauterize any organ or body part, except for dental services. b) To repair, revise, or reconstruct any organ or body part, except for dental services. c) To reduce by manipulation a fracture or dislocation. d) Use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, oesophagus, stomach, intestine, urinary bladder or urethra.

Surgical	Relating to the process of performing a medical operation of or relating to Surgery.
Traditional and Complementary Medicine	Chiropractic, chiropody, homeopathy osteopathy, acupuncture or traditional medicine that are indigenous to different cultures, provided by a practitioner who is practicing within the scope of practice of his/her profession, excluding the Life Assured themselves and is duly registered with the Traditional and Complementary Division of Ministry of Health or the Drug Control Authority or as mandated under any prevailing or future laws or regulations under the Traditional and Complementary Medicine Act 2016 including any subsequent amendment(s) or enactment of it.
Treatment	The actual receiving of medical or Surgical care or attention either as an Inpatient or Outpatient from a Physician or Doctor and for all Medically Necessary diagnostic services directly associated with the covered Disability under Treatment.
Treatment Centre	A registered medical centre with the Ministry of Health Malaysia which provides dialysis Treatment or cancer Treatment.
Waiting Period	The period of time You have to wait before Your coverage begins.
We, Us, Our	Tune Protect Ventures Sdn Bhd.
You, Your	Policyholder named in the Policy Schedule .

APPENDIX

SCHEDULE OF ANNUAL PREMIUMS

Only refer to applicable plan(s) taken up

Medical Card with Cashless Admission Facility*

CATEGORIES	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)
SME EZY Group Hospitalisation & Surgical (Activ8) – 3 Years Fixed Rates Programme				
Hospital Room & Board	90	150	200	250
Overall Annual Limit	20,000	40,000	50,000	100,000
Yearly Premium Rates				
Employee Only	367	545	726	902
Employee & Spouse	919	1,361	1,815	2,255
Employee & Child	919	1,361	1,815	2,255
Employee & Family	1,470	2,178	2,904	3,608

Group Outpatient Clinical*

PREMIUM RATE (Per member)	Plan 1 (RM)	Plan 2 (RM)
General Practitioner (GP) Overall Annual Limit	Unlimited	Unlimited
Specialist Practitioner (SP) Overall Annual Limit	1,000	2,000
Reimbursement	552	688
Cashless	690	860

*Excluding Managed Care Organisation (MCO) fees



Insurance Simplified

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