

**HLM Takaful International Student Medical Takaful  
via  
Education Malaysia Global Services (EMGS)**

# Group Hospital & Surgical Benefits

Inpatient Benefits: (A) IN-HOSPITAL CARE	Amount (MYR)		
	Silver	Gold	Platinum
a) Hospital Room & Board			
i) Ordinary Room (up to max 120 days per disability)	200	250	300
ii) Intensive Care (up to max 20 days per disability)	350	350	350
b) Hospital Supplies & Services (Maximum per Disability)	As Charged		
c) Surgical Fees (Maximum per Disability)			
d) Anaesthetic Fees (Maximum per Disability)			
e) Operating Theatre Charges (Maximum per Disability)			
f) In Hospital Physician's Visit (For non-surgical disability, max 2 visit per day, Up to maximum 120 days per disability)			
g) Malaysian Government Hospital Daily Cash Allowance (up to max 120 days per disability)	100		
h) Malaysian Government Goods and Services Tax (GST)*	As Charged		

\*Subject to prevailing Goods and Services Tax

# Group Hospital & Surgical Benefits

(B) AMBULATORY CARE	Amount (MYR)		
	Silver	Gold	Platinum
a) Pre-Surgical/ Medical Diagnostic Services (max per disability within 60 days prior to hospitalisation)	As Charged		
b) Pre-Surgical/Medical Specialist Consultation (max per disability within 60 days prior to hospitalisation)			
c) Second Surgical Opinion			
d) Post-Hospitalisation Treatment (up to 60 days maximum per disability following discharge from hospital)			
e) Emergency Out-Patient accidental Treatment (max per disability within 24 hours after the Accident & follow-up treatment up to 60 days)	3,000		
f) Accidental Dental Treatment (max per disability within 24 hours after the Accident & follow-up treatment up to 14 days)	500		
g) Daycare Procedure (Inclusive all incidental costs, pre-daycare visits up to 60 days and post-daycare visits up to 60 days)	As Charged		
h) Ambulance Fees (Emergency & Non-emergency Services)	250		
i) Emergency Out-Patient Treatment (from 8.00pm to 8.00am)	100		
j) Medical Report Fee Reimbursement	100		
<b>Medical Overall Limit (per member)</b> (not subject to any limit except for Room & Board limit and overall maximum limit per disability)	<b>20,000</b>	<b>30,000</b>	<b>50,000</b>
<b>Deductible Amount per Claim</b>	<b>25</b>		

# Extended Benefits

Benefits:	Amount (MYR)		
	Silver	Gold	Platinum
a) Compassionate Allowance (One-time payment due to death all causes within 48 hours)	2,000	2,000	2,000
b) Reimbursement of Tuition Fees (Maximum per Disability per semester)	10,000	12,500	15,000
c) Compassionate Visitation Benefit (Maximum per Disability)	5,000	7,500	12,500

# Long-Term Care Benefits

Benefits:	Amount (MYR)		
	Silver	Gold	Platinum
a) Out-Patient Kidney Dialysis (Hospital/Dialysis Centre/Home) (per Certificate annual limit)	10,000	15,000	25,000
b) Out-Patient Drug Therapy (Radiotherapy/Chemotherapy) (per Certificate annual limit)	10,000	15,000	25,000

# Outpatient General Practitioner Benefits

Benefits:	Amount (MYR)		
	Silver	Gold	Platinum
a) Routine Consultation	Reasonable & Customary Charges <b><u>Unlimited</u></b>	Reasonable & Customary Charges up to the maximum limit of RM 750	Reasonable & Customary Charges up to the maximum limit of RM 1,250
b) Medication			
c) Injection			
d) Diagnostic Lab / X-Ray Procedures			
e) Outpatient Surgical Procedures			
<b>Deductible amount per claim</b>	25	50	50

# Accidental Death & Disablement and Repatriation Benefits

Benefits:	Amount (MYR)		
	Silver	Gold	Platinum
a) Accidental Death and Disablement	20,000	30,000	50,000
b) Emergency Medical Evacuation/Repatriation (limit per event)	100,000	200,000	300,000

# Annual Contribution

The annual Contribution rates for Student are as follows:-

Remarks	Silver	Gold	Platinum
Contribution	RM 530.00	RM 940.00	RM 1100.00
Sales and Services Tax (SST 0%)	RM 0	RM 0	RM 0
Total Amount Payable	RM 530.00	RM 940.00	RM 1100.00



# Important Notes

Any medical costs exceeding the benefit limit provided by EMGS will be borne by the student/member.

For scheduled appointments, kindly arrange for Guarantee Letter 1 or 2 days in advance by emailing referral letter to **[callcenter@micaresvc.com](mailto:callcenter@micaresvc.com)**

Claims must be submitted to HLM Takaful within 30 days from the date of consultation or service.  
Please refer to the HLM Takaful Procedures.

Chronic illnesses not covered:

- 1) Diabetes
- 2) High Blood Pressure
- 3) Asthma
- 4) Hepatitis B & C carriers
- 5) Nerve disorders or degenerative Disease
- 6) Endometriosis
- 7) Transverse myelitis
- 8) Conditions arising therefrom or associated therewith.



# Healthcare Card

## Front Design



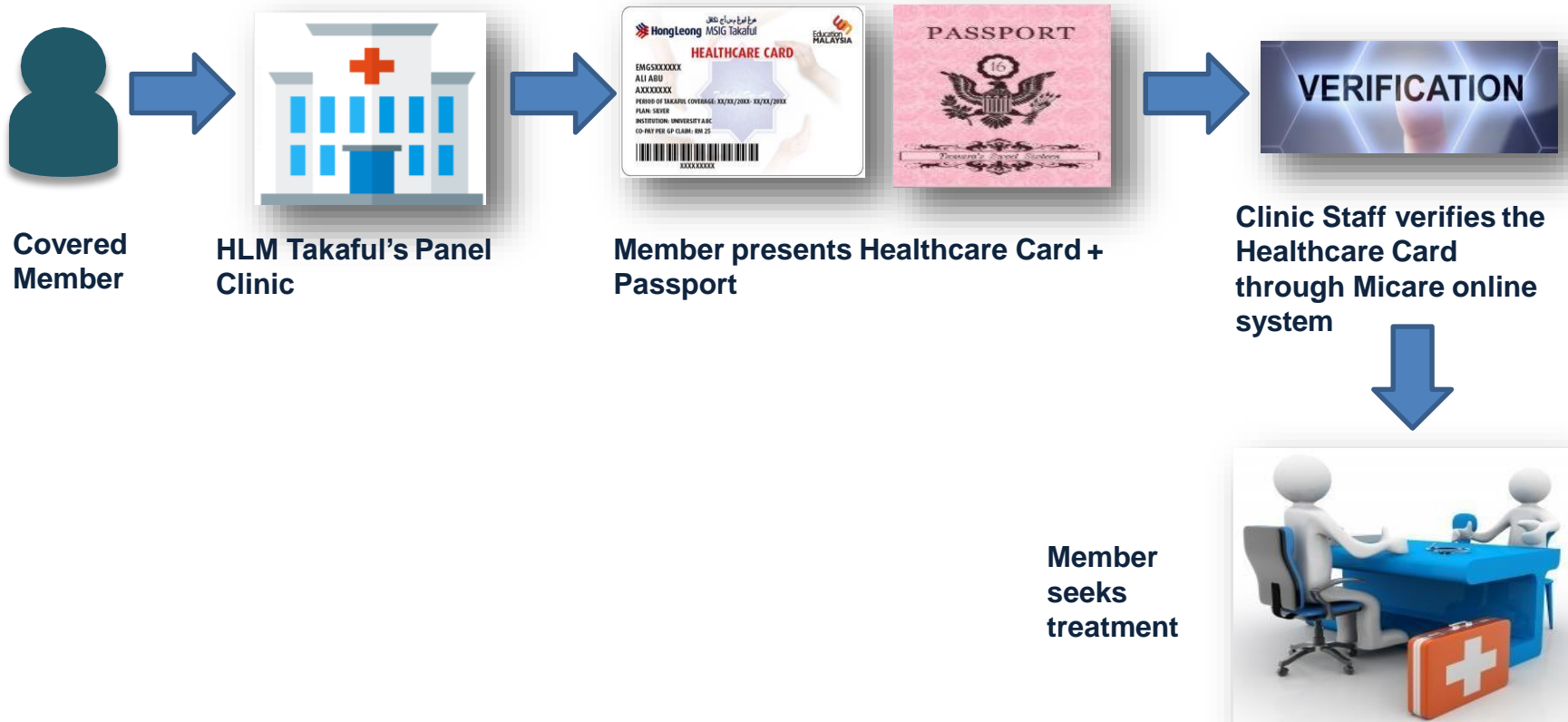
It is **compulsory** to use this Healthcare Card when seeking treatment at any Panel GP Clinic.

## Back Design



Please inform EMGS immediately if you lose your Healthcare Card.

# Visiting Panel GP Clinic



You can only visit a non-Panel clinic in an Emergency or there are no Panel GP Clinics within a 5km radius of your location. Log on to EMGS website for the Directory of Panel GP Clinics

# Enquiries



## Medical Benefits & Coverage

24-Hour Hotline No.

**1-300-22-0009**

## Issuance of Guarantee Letter (GL)

MICARE 24-Hour Hotline No.

**1-800-88-7940**

Fax No

**+603-78474304**

# Process Flow for Issuance of Guarantee Letter (GL)



Member arrived at Panel Hospital (PH) & present Healthcare Card. PH to verify member against online MiCare system.

Member obtained appointment date for admission

Member to complete Pre-Authorization Form (PAF). PH to send the completed PAF to MiCare through e-mail or fax



Member to seek consultation and treatment

MiCare to validate and authenticate information upon receipt of the completed PAF from PH. Subject to approval from MiCare after all details have been verified, **Initial GL** will be issued to PH.



Upon discharge, **Final GL** will be issued to PH.



For non-payable item (if any), member to pay on his/her own

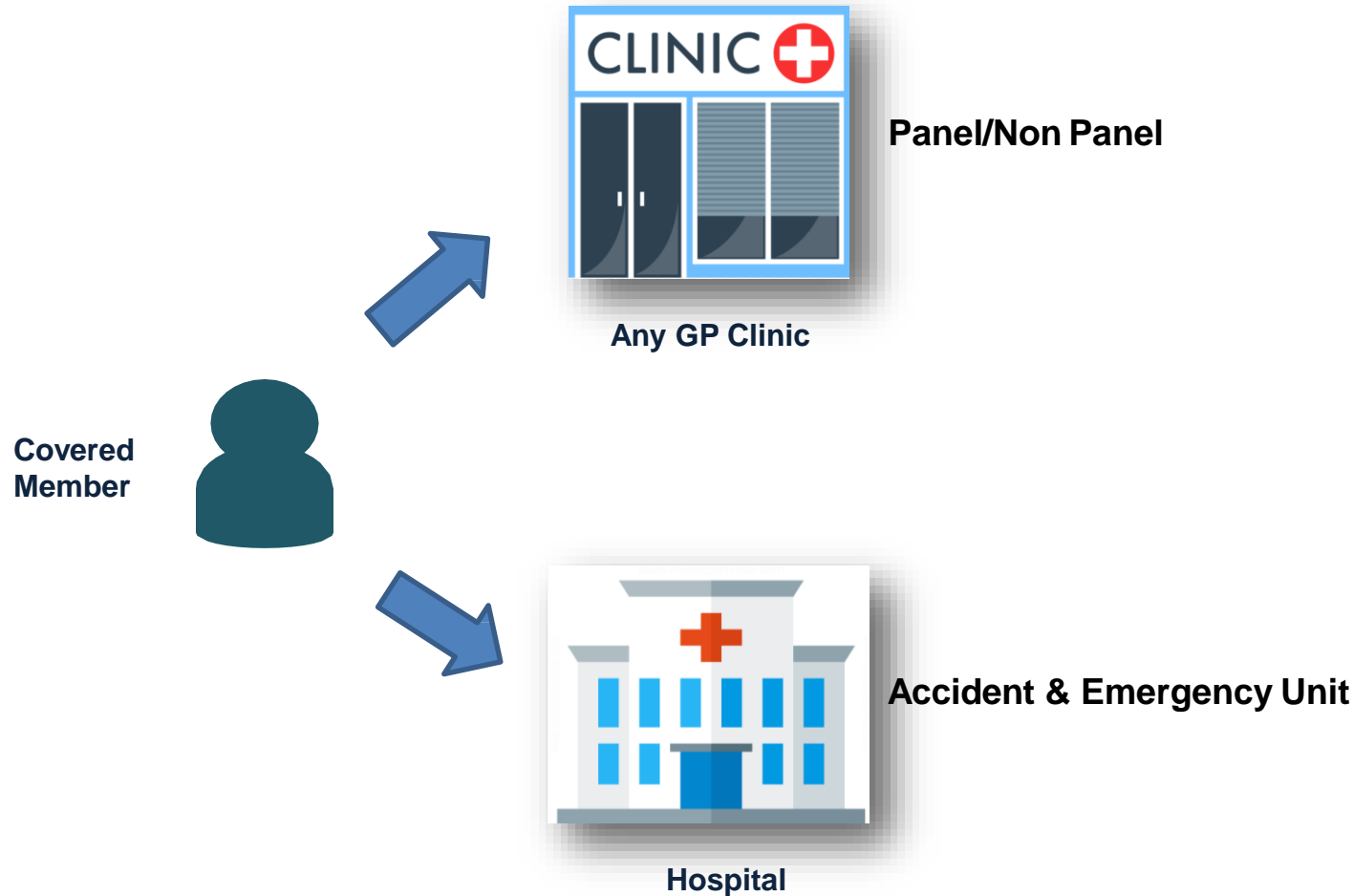
# Excluded Hospitals/Medical Centres and Alternative

Covered Members are not allowed to visit or seek treatment at hospitals listed under **column Excluded Hospitals** in the Table below. Alternative Hospitals are given in the Table below.

	Excluded Hospitals	Alternative Hospitals	Distance (KM)
Kuala Lumpur, Selangor	Prince Court Medical Centre Sdn. Bhd.	Al-Islam Specialist Hospital	3.8
		Hospital Pusrawi	4.2
		Tung Shin Hospital	4.2
		KPJ Tawakkal Specialist Hospital	4.9
		Sentosa Medical Centre	5.1
		Damai Service Hospital (HQ)	5.2
	KPJ Kajang Specialist Hospital	Kajang Medical Centre	0.5
	KPJ Damansara	Ara Damansara Medical Centre	5.7
		Columbia Asia Hospital Petaling Jaya	7.3
		Assunta Medical Centre	8.3
	Thomson Hospital Kota Damansara	Alpha Specialist Centre	3.0
		Islamic Medical Centre Kota Damansara	4.3
		Damansara Damai Medical Centre	8.3
	Gleneagles Hospital Kuala Lumpur	Pantai Hospital Ampang	5.4
	KPJ Ampang Puteri	Pantai Hospital Ampang	4.9
Penang	Gleneagles Hospital Penang	Penang Adventist Hospital	3.2
		Hospital Lam Wah Ee	7
	Hospital Pantai Penang	Hospital Lam Wah Ee	10
	KPJ Penang Specialist Hospital	Bagan Specialist Centre	9.5

Please refer to EMGS website for full list of Panel Hospitals.

# What to do during Emergency?



## What constitutes an Emergency?

Emergency is an illness or injury that is life or limb threatening which needs immediate medical attention.

# Seeking Treatment when Travelling



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MSIG Takaful

Covered  
Member



HLM Takaful's Panel  
GP Clinic

You can get the information on clinic locations from the GP Panel Listing on the EMGS website prior to your travel.



Hospital

Call our 24-Hour Hotline  
No (1800-88 -7940) for assistance

Please note that treatment outside of Malaysia is **NOT COVERED** under this EMGS benefits



# Documents required for Reimbursement of Outpatient Claims under Non-Panel Clinics/Emergency \*

1

- HLM Takaful's Claims Form (Section I (Page 1) only)

2

- Itemised Bill

3

- Original bill & receipt. Scanned or photocopy bill & receipt is not acceptable.

4

- Referral Letter from Panel Clinic (for Specialist visits)

5

- A copy of passport

6

- Copy of passbook/copy of account bank

\*Reimbursement Claims due to Emergency and Unavailability of Panel GP Clinics within a 5km radius of the Covered Member's location

Please send all 6 documents mentioned above to HLM Takaful's address:

**Hong Leong MSIG Takaful, Level 5, Tower B, PJ City Development, No. 15A, Jalan 219, Seksyen 51A 46100 Petaling Jaya, Selangor.**

# Documents required for In-Patient Claims due to Non-Issuance of Guarantee Letter/Non-panel Hospital

1

- HLM Takaful's Claims Form (Section I and II to be completed)

2

- Itemised Bill

3

- Original bill & receipt. Scanned or photocopy bill & receipt is not acceptable.

4

- A copy of passport

5

- Copy of passbook/copy of account bank

Please send all 6 documents mentioned above to HLM Takaful's address:

**Hong Leong MSIG Takaful, Level 5, Tower B, PJ City Development, No. 15A, Jalan 219, Seksyen 51A 46100 Petaling Jaya, Selangor.**

# Documents required for Reimbursement of Tuition Fee Benefit Claim

1

- HLM Takaful's Claims Form (Section I (Page 1) only)

2

- Referral Letter from Clinic (for Specialist Visit)

3

- A copy of passport

4

- Copy of passbook/copy of account bank

5

- Official receipt of tuition fee on uncompleted academic session

6

- Confirmation from University/College that the classes were dropped/withdrawn

7

- Report from Doctor on the recommended period of the Covered Member not fit to attend academic session

Please send all 7 documents mentioned above to HLM Takaful's address:

**Hong Leong MSIG Takaful, Level 5, Tower B, PJ City Development, No. 15A, Jalan 219, Seksyen 51A 46100 Petaling Jaya, Selangor.**

# Documents required for Accidental Death Claim

1

- HLM Takaful's Accidental Death & Total Permanent Disability Claims Form (Section I & II to be completed)

2

- Medical Attendant's report (death) duly completed by the last attending doctor prior to the deceased's death

3

- Certified true copy of post-mortem report

4

- Certified true copy of passport of the deceased i.e. Member

5

- Certified true copy of death certificate

6

- Certified true copy of police report

7

- Covered Member's Offer Letter from University

8

- Proof of Relationship between the Beneficiary (Claimant) and the deceased e.g. marriage certificate, birth certificate etc.

9

- Copy of Passbook/copy of Account Bank of the Beneficiary

For this benefit, the claim form to be filled in by the Beneficiary only i.e. Spouse, Parent or child Please send all 9 documents mentioned above to HLM Takaful's address:

**Hong Leong MSIG Takaful, Level 5, Tower B, PJ City Development, No. 15A, Jalan 219, Seksyen 51A 46100 Petaling Jaya, Selangor.**

# Documents required for Accidental Disability Claim

1

- HLM Takaful's Accidental Death & Total Permanent Disability Claims Form (Section I & II to be completed)

2

- Medical Attendant's report (TPD) duly completed by the attending doctor

3

- Certified true copy of passport

4

- Certified true copy of police report

5

- Certified true copy of medical boarded out letter from doctor

6

- Covered Member's Offer Letter from University

7

- Copy of Passbook/copy of AccountBank

Please send all 7 documents mentioned above to HLM Takaful's address:

**Hong Leong MSIG Takaful, Level 5, Tower B, PJ City Development, No. 15A, Jalan 219, Seksyen 51A 46100 Petaling Jaya, Selangor.**

# Claim Form Sample

## Group Hospital & Surgical Claim Form (for EMGS)

Type of Document(s)	Type of Claims Benefit			
	Out-Patient Claims	In-Patient Claims	Reimbursement of Tuition Fee	Compassionate Visitation Benefit
Group Hospital & Surgical Claim Form (Section-I)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Hospital & Surgical Claim Form (Section-II)		<input type="checkbox"/>		
Original Bill & Receipt	<input type="checkbox"/>	<input type="checkbox"/>		
Itemised Bill	<input type="checkbox"/>	<input type="checkbox"/>		
Referral Letter from Panel Clinic (For Specialist Visit)	<input type="checkbox"/>		<input type="checkbox"/>	
A copy of Passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of bank passbook / proof of bank account statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Official receipt of tuition fee on uncompleted academic session			<input type="checkbox"/>	
Confirmation from Institution (College/ University) on the classes were dropped or withdrawn			<input type="checkbox"/>	
Report from attending doctor on the recommended period of covered participant not fit to attend his/her academic session			<input type="checkbox"/>	
Official receipt of transportation and accommodation				<input type="checkbox"/>
Report from attending doctor confirming medical condition of the covered participant not allowed for repatriation and period of stay in hospital				<input type="checkbox"/>

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# Claim Form Sample



## Group Hospital & Surgical Claim Form (for EMGS)

Claim No.:

Type of Claim:	
<input type="checkbox"/> Hospitalisation	<input type="checkbox"/> Pre/Post Hospitalisation <input type="checkbox"/> Reimbursement of Tuition Fees <input type="checkbox"/> Compassionate Visitation Benefit
<b>Section I - To be completed by the Covered Participant</b>	
<b>Participant Information</b>	
1. Name of Participant (as per ID / Passport):	
2. ID / Passport No.:	3. Date of Birth:
4. Application No.:	
5. Join Date:	6. Plan Type:
7. Correspondence Address	
8. Mobile No.:	Office No.:
9. E-mail Address:	
10. Bank Account No.:	11. Bank Name:
<b>Patient Information (if other than Participant)</b>	
1. Name of Patient (as per NRIC / Passport)	
2. ID No / Passport No	3. Date of Birth (dd/mm/yyyy)
4. Claimant is <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
<b>For Accidental Cause Only</b>	
1. Date of Event (dd/mm/yyyy):	2. Time:
3. Full circumstances of the accident:	
4. Describe the type of injuries sustained:	
<b>For Illness Cause Only</b>	
1. Describe the symptoms:	
2. Date first began:	
3. Duration of symptoms prior hospitalization:	4. Final Diagnosis:
<b>Details of Other Insurance Policies, Takaful Certificate</b>	
1. Policy Type/ Plan:	2. Policy No / Certificate No:
3. Insurance Company / Takaful Operator:	
<b>Authorisation to Physician, Hospital or Clinic to Release Information</b>	
I hereby declare that all information provided in this form is complete and true. I hereby authorize any physician, medical practitioner, hospital or clinic by whom or where I/claimant have been observed or treated to give full particular about my/claimant's health including my/claimant's whole medical history in respect of this hospitalisation/surgery to Hong Leong MSIG Takaful Berhad. A photocopy of this authorisation shall be considered as effective and valid as the original. I understand that this information will be kept strictly confidential by Hong Leong MSIG Takaful and that Hong Leong Takaful undertakes not to disclose this information to any third party without my separate written consent.	
I agree and authorise Hong Leong MSIG Takaful Berhad to firstly offset any existing indebtedness/claims shortfall incurred by myself and/or family members, against payable claims (if any) arising from this submission.	
Signature of Covered Participant/ Claimant	Date

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# Claim Form Sample

Section II – To be completed by the Attending Doctor			
Name of Patient: _____			
ID / Passport No: _____		Date of Admission: _____	
Name of Referring Doctor and Address: _____			
Admitting Doctor: _____		Attending Doctor(s): _____	
Symptoms/ Condition Requiring Admission _____		Specialty: _____	
Date _____		Date First Appeared _____	
Any previous consultation/ treatment/hospitalization for any this symptom/illness or related condition <div> Date _____ Disease/Disorder _____ Details of Treatment/Hospitalisation _____ Doctor/Hospital _____ </div>			
1a)	Diagnosis/ICD Coding: I) _____ II) _____ III) _____	5)	Was the illness/condition related to (Please tick ✓ if YES) a) <input type="checkbox"/> Pregnancy _____ weeks b) <input type="checkbox"/> Congenital/ Hereditary Disease c) <input type="checkbox"/> Psychotic/ Nervous Disorder/ Mental/Emotional d) <input type="checkbox"/> Cosmetic Reason/ Plastic Surgery e) <input type="checkbox"/> Dental Care/ Reactive errors Correction f) <input type="checkbox"/> Suicide/ Self-Inflicted Injuries g) <input type="checkbox"/> Childbirth/Fertility h) <input type="checkbox"/> Violation of Laws/ Strike/ Riots
1b)	Cause and Pathology (if applicable) of the above diagnosis: _____	6a)	Is the hospitalization/ treatment medically necessary? <input type="checkbox"/> No <input type="checkbox"/> Yes, please give the details _____
2a)	When did patient first consult you for this condition? _____	6b)	Is it possible to provide this treatment on an outpatient basis? <input type="checkbox"/> No <input type="checkbox"/> Yes, please give the details _____
2b)	Was the patient previously treated for this condition by yourself or by other medical practitioner? <input type="checkbox"/> No <input type="checkbox"/> Yes, give details and when _____	7)	Did any complications arise during hospitalization? <input type="checkbox"/> No <input type="checkbox"/> Yes, please give the details _____
3)	Any possibility of Relapsed? <input type="checkbox"/> Yes <input type="checkbox"/> No	8)	Was the patient pregnant at the time of hospitalization? (for female only) <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ months
4a)	Please ✓ Nature of Treatment and Investigation <input type="checkbox"/> Operation <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Dietary Counselling <input type="checkbox"/> Medication <input type="checkbox"/> X-ray <input type="checkbox"/> Blood Test	9)	If the hospitalization was due to accident, please indicate date of accident _____
4b)	Please state type of Procedure/Surgery performed Type _____ Doctor _____ Surgical Code _____ Date _____ Name of _____ i) _____ ii) _____ iii) _____	Discharge / follow up instructions _____	
4c)	Other medical condition present? _____		
<div> Signature and Name of Attending Doctor _____ Hospital Stamp _____ Date _____ </div>			

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**PAGE 3**



# Accidental Death & Disability Claim Form Sample

## Accidental Death & Total Permanent Disability Claim Form (for EMGS)

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Type of Document(s)	Document Checklist	
	Disability Claims	Death Claims
Accidental Death & Total Permanent Disability Claim Form (Section I & II)	<input type="checkbox"/>	<input type="checkbox"/>
Medical Attendant's Report (Death) duly completed by the last attending doctor prior to deceased's Death		<input type="checkbox"/>
Medical Attendant's Report (TPD) duly completed by the attending doctor	<input type="checkbox"/>	
Certified true copy of Post Mortem Report		<input type="checkbox"/>
Certified true copy of passport	<input type="checkbox"/>	<input type="checkbox"/>
Certified true copy of death certificate		<input type="checkbox"/>
Certified true copy of police report	<input type="checkbox"/>	<input type="checkbox"/>
Certified true copy of medical boarded out letter from doctor and employer	<input type="checkbox"/>	
Offer Letter from University	<input type="checkbox"/>	<input type="checkbox"/>
Copy of passbook / copy of account bank	<input type="checkbox"/>	<input type="checkbox"/>
Proof of relationship between the beneficiary and the deceased e.g. Marriage Cert/ Birth Cert		<input type="checkbox"/>

**PAGE 1**

# Accidental Death & Disability Claim Form Sample

## Accidental Death & Total Permanent Disability Claim Form (for EMGS)

Claim No :

<b>To be completed by Claimant</b>			
<input type="checkbox"/> Participant <input type="checkbox"/> Beneficiary			
<b>Section I - Beneficiary Information</b>			
1. Name of Beneficiary:			
2. ID/Passport No:		3. Date of Birth:	
4. Relationship with Participant			
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent			
5. Bank Account No.:		6. Bank Name:	
7. Correspondence Address:			
<b>Participant Information</b>			
1. Name:			
2. ID/Passport No:		3. Date of Birth:	
4. Application No:		5. Plan Type:	
<b>Details of Other Insurance Policies, Takaful Certificate</b>			
<u>Name of Insurance/Takaful Operator</u>	<u>Policy/Certificate No</u>	<u>Effective Date</u>	<u>Amount of Benefits(RM)</u>
1.			
2.			
3.			
4.			
<b>Section II – Type of Claims</b>			
<b>Disability Claims</b>			
1. State how the accident occurred:			
2. Date of Event:		3. Place:	4. Time:            am/pm
5. Date of Disability:			
6. Name of Treating Doctor:			7. Date of Treatment:
8. Address of Clinic / Hospital:			

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**PAGE 2**

# Accidental Death & Disability Claim Form Sample



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**HongLeong MSIG Takaful**



**Education  
MALAYSIA**

9. Name and Address of doctors who will be able to provide more information on the participant condition and treatments.

Name of Doctor	Clinic / Hospital Name	Address
1.		
2.		
3.		

**Death Claims**

1. Cause of Death: \_\_\_\_\_

2. Date of Event: \_\_\_\_\_ 3. Place of Death: \_\_\_\_\_ 4. Time : \_\_\_\_\_ am/pm

**Declaration**

I Hereby declare that the answers and statements given by me above are true and complete to the best of my knowledge and belief, and that I have not withheld any material fact in my giving of the said answers and statements. I hereby make claim on Hong Leong MSIG Takaful Berhad in respect of the Takaful Certificate monies payable and / or the benefits due under Takaful Certificate and agree that the written statements, reports and affidavits of any doctor who consult by the deceased or who attended to the deceased and all other documents furnish to the Takaful Operator in support of this claim shall constitute and are hereby made a part of the proof of the death of the deceased.

I acknowledge and further agree that the furnishing of this form or of any other form or document to me by the Takaful Operator for completion, the acceptance of this form or of any other form or document to me by the Takaful Operator from me or from any other person, and any act enquiry or investigation by the Takaful Operator in connection with or related to the death of the deceased, shall not constitute or be considered an admission of any liability by the Takaful Operator or that there was any assurance on force on te life of the deceased, or that the Takaful Operator has waived any of its right or defenses.

Signature of Claimant (Participant/ Beneficiary): \_\_\_\_\_

Name of Claimant (Participant/ Beneficiary): \_\_\_\_\_

ID/ Passport No: \_\_\_\_\_

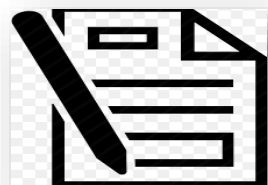
Date: \_\_\_\_\_

AD&TPD/EMGS/v.1.0

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**PAGE 3**

# Process Flow for Reimbursement for Non-Panel GP Clinic Claims or Non-Issuance of GL for Inpatient Claims



Member fills in Claims Form



For GP and non-issuance of GL, to attach Original Receipt, itemised Billing & medical report



Send the Claims Form together with the required documents\* to HLM Takaful's address\*\*



HongLeong MSIG Takaful

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HLM Takaful to process claims

For Accepted case



Participant to receive Claim Approval Letter via e-mail within 7 days and Hardcopy Letter within 14 days. Reimbursement amount to be credited to Member's Bank Account No. within one (1) month from the date of receipt.

For Declined case



Participant to receive Claim Decline Letter via e-mail within 7 days and Hardcopy Letter within 14 days

\*Please refer to Page 1 of the Claims form for the list of required documents

\*\*Hong Leong MSIG Takaful, Level 5, Tower B, PJ City Development, No. 15A, Jalan 219, Seksyen 51A 46100 Petaling Jaya, Selangor.

# Types of Claim

Reimbursable Claims	Non-Reimbursable Claims
<ul style="list-style-type: none"> <li>✓ Emergency Outpatient Treatment at Hospital Accident &amp; Emergency Unit</li> <li>✓ Outpatient Government Hospital treatment</li> <li>✓ No Panel GP Clinics within 5 km of your location</li> <li>✓ Panel GP Clinic closed</li> <li>✓ Waiting for new Member ID Card / Loss of Member ID Card</li> <li>✓ Non Panel emergency claim</li> </ul>	<ul style="list-style-type: none"> <li>✓ Non Covered or excluded services, treatments and medication</li> <li>✓ Claim from non-Panel GP Clinics</li> <li>✓ Panel Claims without Healthcare Card</li> <li>✓ Treatment done outside of Malaysia</li> <li>✓ Specialist claims without referral letter from panel clinic</li> </ul>

# What is not covered under this EMGS scheme?

1. Plastic/Cosmetic surgery or treatment including (but not limited to) for e.g. double eyelids, acne, keloids, scars, skin tags, gynaecomastia, diffused alopecia / hair loss, etc., or treatment of their complications.
2. Care and treatment that is experimental, investigative or unproven services and not according to accepted professional standards and / or is not medically necessitated. This exclusion includes (but is not limited to) treatments such as:
  - i. stem cell treatment, related workout and any complications arising thereafter
  - ii. blood surety,
  - iii. Hormone therapy and hormone replacement therapy except for surgically induced menopause.
  - iv. surgical treatment specifically for weight reduction or gain.
3. Treatment for injuries sustained while committing a crime or felony, or while under the influence of alcohol, narcotics, or mind altering substance, or suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
4. Any treatment, services and supplies for smoking cessation programs and the treatment for or arising from substance abuse such as alcohol, narcotics, etc.
5. Private nursing care, custodial care in any setting or house calls engaged by Covered Member or services for rest cure provided by rest / nursing home purely for recuperative purposes.
6. Mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Sexual dysfunction and tests or treatment related to impotence or sterilization.
7. Investigation and treatment relating to pregnancy including childbirth, Ectopic Pregnancy and Vesicular Mole and all complications arising therefrom. However this exclusion does not apply to any miscarriage of below twenty-eight (28) weeks due to accidental causes under the Basic Certificate coverage but is subject to its limitations for such coverage. If however, a Covered Member has Maternity Benefit coverage, it shall be subject to its respective benefit limitations.
8. Sex transformation surgery and sex hormone therapy related to such surgery.
9. Circumcision unless medically necessary for treatment of a disease.
10. Conditions related to sexually transmitted diseases, AIDS and AIDS Related Complex or its sequelae, and any communicable diseases requiring quarantine by law.

# What is not covered under this EMGS scheme? (Continued)

11. Alternative therapies such as (but not limited to) Acupuncture, Acupressure, Chiropractic, Osteopathy, Reflexology, Bonesetting, Massage, Aroma Therapy, Herbal, Podiatric, Dietetic consultation and treatment, education services/therapies & Traditional Complimentary Medicine etc.
12. Vitamins/Supplements, Herbal Cures, Anti-Obesity / Weight Reducing Agents, Eye Lubricants and any over the counter purchases of supplements, medicines or outpatient prescribed and non-prescribed medical supplies.
13. Soaps, Shampoos, Cleansers, Vitamin Creams, Vitamin Ointment, Moisturizers, Lubricants, Anti-Aging, Fairness Treatment and any product with similar effect.
14. Psychotic, mental or nervous disorders and behavioral conditions including any neurosis and their physiological or psychosomatic manifestations.
15. Any treatment or assessment for Congenital Conditions, hereditary or developmental aliements, deformities and any Disability or complications arising therefrom inclusive of but not restricted to such as dermoid cycts, childhood hernias / hydrocele (all hernia up to age of six is not covered), clubfoot, Ventricular Septal Defect (VSD), Atrial Septal Defect (ASD), Thalassemia, Squint, Haemangioma, Traditional Complimentary Medicine etc.
16. Diseases or disabilities of a newborn child contracted prior to or during birth or within the first fourteen (14) days thereafter.
17. Allergy testing - blood / topical including patch test.
18. Hospitalisation primarily for investigatory purposes, routine physical examinations, health check-ups, preventive treatments and diagnostic tests not incidental to treatment or diagnosis of a covered Disability.
19. Speech and Occupational therapy when not part of a rehabilitation program following hospitalisation due to trauma, unless it is a follow-up to an inpatient Disability and subject to its limitations.
20. Any corrective treatment for refractive errors inclusive of but not limited to the following such as Orthoptics, Visual stimulation, Radial Keratotomy, Lasik, Intralase, Xyoptics, phacik IOL implant or intra-ocular lenses replacement surgery



# What is not covered under this EMGS scheme? (Continued)

21. All corrective glasses or contact lenses, except monofocal intraocular lenses in cataract surgery.
22. Dental conditions including:-
  - i. Dental care / treatment or oral surgery except as necessitated by Accidental Injuries. However to exclude the replacement of natural teeth, placement of denture and prosthetic services such as bridges & crowns of their replacement for Accidental Injury cases.
  - ii. Upper and lower jawbone surgery except for direct treatment of acute traumatic Injury or cancer.
  - iii. Orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.

Otherwise a Covered Member must have Dental Benefit coverage, subject to its limitations

23. Use or acquisition of all appliances (e.g. artificial limbs, hearing aids, aero chambers and equipment for nebulising, Continous positive airway pressure (CPAP), Continous ambulatory peritoneal dialysis(CAPD), orthopedic pads) and the rental charges of such devices except during hospital confinement under the Basic Certificate coverage but is subject to its limitation for such coverage. If however, a Covered Member has Major Medical Benefit coverage, it shall be subject to its respective benefit limitations.
24. Effects from radiation or contamination by radioactivity from any source.
25. War, riot, rebellions, insurrection, civil commotion, explosion of war weapons, terrorism related activity, active duty in any armed forces, direct participation in strikes, nuclear war, biological and chemical warfare/activities.
26. Services of a non-medical nature provided by a hospital such as television, telephone, fax, radio or similar facilities. Admission kit/pack and other ineligible non-medical items (except for registration fees incurred during hospitalization only). Charges for these services must be paid by the Covered Member prior to discharge from hospital or daycare centre unless otherwise specified.
27. Out-Patient physical therapy or physiotherapy is not covered and cannot be referred at GP level. This service would only be covered when referred by a Specialist and treatment must be provided by a registered physiotherapist provided that a Covered Member is confined for the first time as an in-patient in a Hospital for the said treatment, under the Certificate coverage, subject to its limitations.



# What is not covered under this EMGS scheme? (Continued)

28. Outpatient rehabilitation therapy, chemotherapy, radiation therapy, immunotherapy, photodynamic therapy, kidney dialysis and other selected medically necessary treatment protocols, unless a Covered Member is confined for the first time as an in-patient in a Hospital for the said treatment, under the Certificate coverage, subject to its respective benefit limitations.
29. Preventive vaccinations except those stated under the guideline of Ministry of Health Malaysia that are applicable to eligible children only (subject to Out-Patient benefit limit, if any).
30. Expenses incurred for donation of any body organ by a Covered Member and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
31. Investigation and treatment of sleep and snoring disorders.
32. Expenses incurred for contact lens, use of cosmetic topically / orally / surgical procedures and any complications arising therefrom.
33. Sickness or injury from illegal activities, playing professional sports, racing of any kind (except foot racing) or hazardous sports such as but not limited to sky diving, base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, water skiing, scuba diving to depth of more than ten (10) meters, trekking to a height of over two thousands five hundreds (2,500) meters, bungee jumping, canyoning, handliding, paragliding or microlighting, parachuting, potholing, skiing of piste or any other winter sports activity carried out off piste.
34. Any treatment which only offers temporary relief of symptoms on any long term illness and disease rather than dealing with the underlying medical condition.
35. More than one (1) Outpatient Consultation per day to a General Practitioner.
36. Chronic Illness such as Diabetes, High Blood Pressure, Asthma, Hepatitis B and C carriers, nerve disorders or degenerative Disease, endometriosis, transverse myelitis and conditions arising therefrom or associated therewith.

# Contact List

Matters	Contact No.	E-mail	Note
<b>Guarantee Letter</b>	<ul style="list-style-type: none"> <li>MICARE 24/7 contact center</li> <li>1800-88-7940</li> </ul>	<a href="mailto:callcenter@micaresvc.com">callcenter@micaresvc.com</a>	<p>Please state the following in your e-mail:</p> <ul style="list-style-type: none"> <li><b>Full name</b></li> <li><b>Application no.</b></li> <li><b>Referral letter</b></li> </ul> <p>For Emergency: Please state EMGS card and Passport No.</p>
<b>Reimbursable Claims</b>	T: +603-7650 1800	<a href="mailto:HLMT_CLAIMS@takaful.hongleong.com.my">HLMT_CLAIMS@takaful.hongleong.com.my</a>	<p>Please state the following in your e-mail:</p> <ul style="list-style-type: none"> <li><b>Full name</b></li> <li><b>Membership no. (passport no.)</b></li> <li><b>Claim no.</b></li> <li><b>Visit date</b></li> <li><b>Claim amount</b></li> </ul>
<b>Healthcare Card Replacement</b>	<b>Education Malaysia Global Services</b> T: +603 2782 5888 F: +603 2711 8533	<a href="mailto:enquiry@emgs.com.my">enquiry@emgs.com.my</a>	<p>Please state the following in your e-mail:</p> <ul style="list-style-type: none"> <li><b>Full name</b></li> <li><b>Application no.</b></li> <li><b>Passport no.</b></li> </ul>

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