

At a glance

- Compulsory hospital & surgical insurance for foreign workers
- Cashless admission in government hospitals
- Affordable premium



This brochure provides a brief description of the product and is not exhaustive. For full details on exclusions, terms and conditions, kindly refer to the actual Policy Document.

Important Information On The Purchase of SKHPPA

To Prospective PolicyHolder

This page contains important information about your Insurance. You should read all the information carefully to make sure that you fully understand it and that it meets your needs. You are advised to read through the checklist below which explains the essential features of the SKHPPA so that you are able to make an informed decision before purchasing the policy. If you have any inquiries, please seek clarification from your insurance intermediary or any of Tokio Marine Insurans (Malaysia) Berhad (hereinafter called "TMIM") branch office.

1. The benefits payable under the policy are highlighted in the "Description of Benefits/Coverage."
2. This is a yearly renewable plan, whereby the premiums and benefits are subject to review from time to time. Any changes to benefits and premium can only be imposed by TMIM on policy anniversary with 90 days written notice based on the emerging claims experience of the portfolio.
3. Cover ceases from the time your foreign worker leaves Malaysia and resumes upon his/her return to Malaysia.

What is it?

A hospital and surgical insurance to cover foreign workers for hospitalisation due to accident or illness.



Cashless admission



Intensive care



Annual coverage up to RM20,000

MEMBER OF PIDM

The benefit(s) payable under eligible product is protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact TMIM or PIDM (visit www.pidm.gov.my).

Agent stamp

Tokio Marine Insurans (Malaysia) Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

Tokio Marine Insurans (Malaysia) Berhad

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Foreign Worker Hospitalisation & Surgical Insurance Scheme



TOKIO MARINE
INSURANCE GROUP



Tokio Marine
Insurans (Malaysia) Berhad
198601000381 (149520-U)

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Life & Health | Property & Casualty

Schedule Of Benefit

Description Of Benefits / Coverage	Amount (RM)
1. Daily Hospital Room & Board <ul style="list-style-type: none"> Maximum up to 30 days 	
Intensive Care Unit (ICU) <ul style="list-style-type: none"> Maximum up to 15 days 	
2. Hospital Supplies and Services	
3. Operating Theatre	
4. Surgical Fees <ul style="list-style-type: none"> Exclude Organ Transplantation 	
5. Anaesthetist Fees	
6. In-Hospital Physician Visits <ul style="list-style-type: none"> Maximum up to 30 days 	
7. In-Hospital Specialist Consultation Visits	
8. Ambulance Fees/Medical Report Fees	
Maximum Overall Annual Limit (Item 1 to 8) <ul style="list-style-type: none"> Per Insured Person 	RM20,000.00
Annual Premium <ul style="list-style-type: none"> Per Insured Person 	RM120.00

Note/Nota:

- The premium stated above will take effect from 01/09/2018.
- Premium is subject to 8% Service Tax for Corporate policy and RM10 Stamp Duty

Important Note

All benefits payable for any number of disabilities in any one given Period of Insurance is subject to the Overall Annual Limit of RM20,000.00 per Insured Person.

As charged in accordance to charges consistent with Third (3rd) Class Room and Board to a maximum of RM160.00 per day in a Non-Corporatised Malaysian Government Hospital in conformance to the charges specified under Fees Act 1951, Fees (Medical) Order 1982.

Exclusions

This Scheme does not cover any hospitalisation, surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

- Pre-existing illness. However, this exclusion is waived in the event the Insured Person passes the medical examination as confirmed by Fomema Sdn. Bhd. (FOMEMA) within 30 days from the Insured Person's arrival to Malaysia.
- Specified illnesses occurring during the first one hundred and twenty (120) days of continuous cover.
- Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof.
- Dental conditions including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the Period of Insurance.
- Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable diseases requiring quarantine by law.
- Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
- Pregnancy, child birth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilization.
- Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain.
- Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
- War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.
- Ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
- Expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
- Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone setting, herbalist treatment, massage or aroma therapy or other alternative treatment.
- Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract.
- Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations).
- Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items.
- 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.
- Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
- Expenses incurred for sex changes.

Frequently Asked Questions

1. What does the SKHPPA cover?

It covers hospitalisation & surgical charges incurred by the foreign worker in the event of hospital admission to a Non-Corporatised Malaysian Government Hospital due to an Accident or Illness.

2. Is the SKHPPA a compulsory scheme?

Yes

3. My foreign workers are insured under the Foreign Workers Compensation Scheme (FWCS), do they need to be insured under SKHPPA?

Yes. The SKHPPA and the FWCS are two different schemes and both are compulsory.

4. Can the premium be deducted from the foreign workers salary?

Yes, the employer can advance the payment for the required premium and then subsequently deduct the same from the foreign worker's salary.

5. How much is the premium and when will coverage take effect?

The annual premium is RM120.00 per worker per annum and coverage will take effect upon registration with premium duly paid.

6. Is medical check-up required?

Not necessary as long as the foreign workers are legally working in Malaysia and have passed the medical examination administered by Fomema Sdn. Bhd. (FOMEMA).

7. Any restriction to hospital admission?

Yes, admission to Non-Corporatised Malaysian Government Hospital only.

Definitions

PRE-EXISTING ILLNESS shall be limited to disabilities which existed before the effective date of cover and for which the Insured Person should have reasonably been aware of. An Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:

- the Insured Person had received or is receiving treatment;
- medical advice, diagnosis, care or treatment has been recommended;
- clear and distinct symptoms are or were evident; or
- its existence would have been apparent to a reasonable person in the circumstances.

SPECIFIED ILLNESSES shall mean the following disabilities and its related complications, occurring within the first one hundred and twenty (120) days of Insurance of the Insured Person:

- Cardiovascular disease
- All cancers

Period Of Cover And Renewal

The Policy shall become effective as of the date stated in the Schedule. The Policy Anniversary shall be one (1) year after the effective date and annually thereafter. On each such anniversary, the Policy is renewable at the premium rates in effect at that time as notified by the Company.

