


Takaful *my*SME Partner

Protect Your Most Valuable Employees



We Protect. We Care. We Share.



We understand that employees are valuable assets of an organization and the key to its success. As your business grows, the quality of employee benefits you offer helps you recruit and retain competent employees. As such, it is important to show them you care by taking care of their welfare.

Our **Takaful mySME Partner** offers your employees the financial security that they value most at minimal cost to you - and without any added administrative burden. You can now stay focused on running your business successfully and let us take care of their welfare.



At a Glance

Takaful mySME Partner



Ideal Employee Benefits Plan with Comprehensive Coverage

Specially designed for Small and Medium Enterprises (SME) with 5 to 150 employees



Choice of Medical and Life Coverage

Select from our variety of plans available for Group Term Life and Group Hospitalisation & Surgical Care - the plan that best suits your employees' needs and your budget



Optional Benefits for Enhanced Protection

These optional additional coverage allow you to tailor your employees' coverage to meet their unique needs



Easy and Convenient Access to Medical Care

Enjoy hassle-free access to medical care at our panel hospitals and clinics located nationwide for a covered condition



Simple Enrolment Process

No medical examination for companies with 10 employees or more. For companies with less than 10 employees, only personal health declaration is required

Takaful *mySME* Partner offers you:



Medical Basic Benefits

Hospitalisation & Surgical Care

Value your employees by protecting them with a comprehensive hospitalisation and surgical plan. This plan offers you 5 options with overall annual limits ranging from RM12,000 to RM100,000.

What's more, you have the option to extend the coverage to your employees' dependants too.

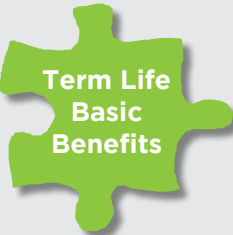


Medical Optional Benefits

Outpatient Care

Coupled with the optional outpatient General Practitioner (GP) and Specialist Practitioner (SP) Care, your employees and dependants can now have access to a comprehensive healthcare service when they need it the most.

Just present the medical card together with own identity card at any of our panel GP clinics nationwide and enjoy convenience and easy accessibility to outpatient care.



Term Life Basic Benefits

Death Benefit

A lump sum payment will be payable in the unfortunate event of death of your employees. This payment will provide your employee's dependants with additional financial support to maintain their living standards and take care of any unexpected expenses.

Total and Permanent Disability (TPD) Benefit

If your employee becomes disabled as a result of an illness or injury, your employee will receive a compensation which can lessen the financial burden of the family.

Partial and Permanent Disability (PPD) Benefit

Your employee will receive compensation up to the basic sum covered in accordance to Appendix 1 - Scale of Indemnity should he or she becomes partial and permanently disabled as a result of an illness or injury.

Terminal Illness Benefit

This benefit will be payable up to a maximum of RM150,000 in the event the death of your employee occurs within 12 months from the date of the diagnosis of a sickness.



Term Life Optional Benefit

Critical Illness Benefit

Critical illness can strike anyone especially when one least expects it. With critical illness protection, you will have access to the funds you need to help you through your treatment and recovery.

Schedule of Medical Basic Benefits

Hospitalisation & Surgical Care

Item	Benefits (in RM)	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
(A)	In-Patient and Daycare Surgical Benefits					
1.	Daily Hospital Room and Board (Max 180 days per disability)	80	150	200	250	350
2.	Intensive Care Unit (Max 90 days per disability)	As charged ¹				
3.	Hospital Supplies and Services					
4.	In-Hospital Physician Visit (Max 180 days per disability)					
5.	Surgical Fees					
6.	Anaesthetist Fees					
7.	Operating Theatre Fees					
8.	Second Surgical Opinion					
9.	Day Surgery					
10.	Ambulance Fee					
11.	Government Hospital Daily Cash Allowance (Max 180 days per disability)					
12.	Medical Report Fees	As charged ¹				
(B)	Outpatient Benefits					
1.	Pre-Hospital Diagnostic Test (within 60 days prior to day surgery or hospitalisation)	As charged ¹				
2.	Pre-Hospital Specialist Consultation (within 60 days prior to day surgery or hospitalisation)					
3.	Post-Hospitalisation Treatment (within 60 days after hospital discharge)					
4.	Emergency Accidental Outpatient Treatment (including follow-up treatment up to 60 days)					
5.	Emergency Accidental Dental Treatment (including follow-up treatment up to 14 days)					
6.	Outpatient Cancer Treatment					
7.	Outpatient Kidney Dialysis Treatment					
Overall Annual Limit for (A) & (B)		12,000	40,000	60,000	80,000	100,000
Funeral Expenses		20,000 for Employee 10,000 each for Spouse & Children				

¹ As charged based on reasonable and customary charges, subject to overall annual limit

Note: A 30-day waiting period shall be applicable for illnesses other than specific illnesses. For specific illnesses, 120-day waiting period shall be applicable.

Schedule of Medical Optional Benefits

Outpatient Care	Plan 1	Plan 2
(A) Outpatient GP Care		
(i) Panel GP Clinic Visit	Cashless	Cashless
(ii) Emergency Non-Panel GP Clinic Visit	As charged; reimbursement basis	As charged; reimbursement basis
(iii) Pap-smear Examination at Panel GP only (maximum once per certificate year)	Cashless	Cashless
(iv) Overseas GP	Reimbursement basis up to RM50 per visit	Reimbursement basis up to RM50 per visit
(B) Outpatient SP Care		
(i) Specialist's Visit (with referral from panel GP Clinic)	As charged; reimbursement basis	As charged; reimbursement basis
(ii) Overseas SP	Reimbursement basis up to RM200 per visit	Reimbursement basis up to RM200 per visit
Annual Limit for (B) Outpatient SP Care	Up to RM1,000 per member per certificate year	Up to RM1,500 per member per certificate year



Schedule of Term Life Basic Benefits

Benefits	Basic Sum Covered (RM)								
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8	Plan 9
Death (all causes)	20,000	40,000	60,000	80,000	100,000	150,000	200,000	250,000	300,000
Total and Permanent Disability (all causes)	20,000	40,000	60,000	80,000	100,000	150,000	200,000	250,000	300,000
Partial Permanent Disability (all causes - as per Appendix 1)	20,000	40,000	60,000	80,000	100,000	150,000	200,000	250,000	300,000
Terminal Illness	20,000	40,000	60,000	80,000	100,000	150,000	150,000	150,000	150,000

Notes:

1. No personal health declaration is required for employee group size of 11 - 150 whose sum covered is below or equal to RM150,000.
2. For employee group size below 50, the 12-month pre-existing conditions shall be applicable.
3. Total and Permanent Disability, Partial Permanent Disability and Terminal Illness are advancement of death benefit. Upon payout on any of these benefits, the basic sum covered will also be reduced by the same amount of benefit paid.

Schedule of Term Life Optional Benefit

Optional Benefit	Sum Covered (RM)
Critical Illness (Additional)	50% of the Basic Sum Covered

Notes:

1. Upon diagnosis of critical illness except for Angioplasty and other invasive treatments for coronary artery disease, a lump sum payment will be payable. For Angioplasty and other invasive treatments for coronary artery disease, the amounts payable is 10% of the sum covered up to a maximum of RM25,000.
2. A waiting period of 30 days for critical illnesses other than Cancer shall be applicable. For Cancer, the waiting period is 60 days.
3. A survival period of 30 days from the diagnosis of critical illness shall be applicable.
4. The list of 39 critical illness events is stated in the Appendix 2 of this brochure.

Eligibility

1. Group Size at Inception

	Medical	Term Life
Minimum	5 employees	
Maximum	150 employees	

2. Eligible Members

	Medical	Term Life
Employee	All full-time and actively-at-work employees	
Dependant (Spouse & Children)	Yes	N/A

3. Eligible Age (Age Next Birthday)

		Medical		Term Life	
		Basic Benefits	Optional Benefits	Basic Benefits	Optional Benefit
Minimum Age	Employee	16 years		16 years	
	Spouse	16 years		N/A	
	Children	14 days old		N/A	
Maximum Age	Employee	64 years		64 years	
	Spouse	64 years		N/A	
	Children	18 years or 23 years if still on full-time higher education and who is not gainfully employed		N/A	
Expiry Age	Employee	70 years		70 years	65 years
	Spouse	70 years		N/A	
	Children	19 years or 24 years if still on full-time higher education and who is not gainfully employed		N/A	

Schedule of Annual Contribution (in RM)

Medical Benefits

Basic: Hospitalisation & Surgical	Plan 80	Plan 150	Plan 200	Plan 250	Plan 350
	Annual Limit: 12K	Annual Limit: 40K	Annual Limit: 60K	Annual Limit: 80K	Annual Limit: 100K
Employee Only	406	864	1,381	1,661	2,267
Employee & Spouse	1,015	2,160	3,453	4,153	5,668
Employee & Children	1,218	2,592	4,143	4,983	6,801
Employee & Family	1,624	3,456	5,524	6,644	9,068

Optional: Outpatient Care	Plan 1	Plan 2
Annual Contribution per Employee / Dependant (Spouse & Children)	672	804

Term Life Benefits

Attained Age (Age Next Birthday)	Contribution Rate per RM1,000 Sum Covered	
	Death + TPD + PPD	Death + TPD + PPD + CI
16 - 20	1.24	1.37
21 - 25	1.24	1.47
26 - 30	1.24	1.57
31 - 35	1.24	1.89
36 - 40	1.61	2.59
41 - 45	2.54	4.27
46 - 50	4.51	7.36
51 - 55	7.90	12.27
56 - 59	12.01	18.23
60 - 64	22.61	31.79
*65 - 69	36.24	N/A

*For renewal only

Notes:

TPD: Total and Permanent Disability, PPD : Partial and Permanent Disability, CI : Critical Illness, N/A : Not Applicable

- Contributions are to be paid annually and will be charged according to the individual attained age at renewal.
- A 6% Service Tax will be imposed on contribution due and payable except if the contribution is paid by the employees.
- Contribution rates are not guaranteed and may be subject to revision.
- The Company reserves the right to renew the coverage at increased contribution rates or not to renew the coverage with justified circumstances.

Wakalah Fees

30% of the total contributions paid will be deducted as the Wakalah Fee² for the services rendered in managing the Takaful fund.

Contributions paid after deducting the Wakalah Fee will be considered as Tabarru' to help other person to be covered in times of misfortune for the purpose of solidarity, brotherhood and cooperation.

²This is an upfront charges to meet the Company's expenses and direct distribution cost, including the commissions payable to the takaful agent.

Frequently Asked Questions

Q1: How do I enrol my employees for the Takaful *mySME* Partner?

Upon enrolment, you must complete the Application and Declaration Form (Form A) and provide your employee details in the Enrolment/Change Form (Form B).

For term life benefits, employees are required to complete the Personal Health Declaration Form (Form C) in any of the following circumstances:

- (1) Number of employees equal or less than 10 employees; or
- (2) Employees whose sum covered is more than RM150,000

For medical benefits, all employees are required to complete the Form C for companies with 10 employees or less.

Please enclose your contribution payment together with the completed forms.

Q2: When does my employees' coverage take effect?

Your employees' coverage will take effect on the date when we receive your completed forms together with your contribution payment in full, subject to our acceptance.

Q3: Can I change/upgrade my employees' benefits?

Yes, change/upgrade of benefits can be done at renewal and is subject to our acceptance.

Q4: Can my employees be covered in any plan that I wish to offer?

You are required to enrol your employees in the same job category under a same plan. For example, Plan 1 for 'Manager' category, Plan 2 for 'Executive' category and Plan 3 for 'Others' category. This shall also be applicable if there is a request to change/upgrade for any employees' benefits at renewal.

Q5: What is Pre-existing Illness?

“PRE-EXISTING ILLNESS” means disabilities that the Person Covered has reasonable knowledge of prior to the Effective Date. A Person Covered may be considered to have reasonable knowledge of a pre-existing condition where the condition is one (1) for which:

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

Q6: What is Specified Illness?

“SPECIFIED ILLNESS” means the following disabilities and its related complications, occurring within the first one hundred and twenty (120) days from the Effective Date:

- (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 female reproduction system;
- (f) Vertebro-spinal disorders (including disc) and knee conditions.

Q7: How to get admitted into the panel hospitals with hassle-free facility?

If your conditions are covered under the certificate coverage, all you have to do is to call our appointed service provider for assistance.

Please note that in respect of sickness/illness, there is a waiting period of 30 days before your employees' coverage commence.

Q8: Will my employees be covered outside Malaysia?

Yes, all benefits are applicable worldwide for twenty-four (24) hours a day. However, if the covered employee/dependant elects to be treated outside Malaysia, the hospitalisation and surgical benefits payable will be based on the reasonable and customary charges for such an equivalent treatment in Malaysia excluding the cost of transport to the place of treatment.

For overseas outpatient GP and SP care, the benefits are payable up to the respective limits stated in the brochure.

Exclusions

Medical Benefits (Hospitalisation & Surgical Care and Outpatient Care)

No benefit shall be payable for any of the following services, products or conditions or injuries resulting from:-

- Cosmetic surgery or treatment including (but not limited to) for e.g. double eyelids, acne, keloids, scars, skin tags, diffused alopecia/ hair loss, etc., or treatment of their complications, except as medically necessitated by accidental injuries within six (6) months from primary treatment. For the purpose of this exclusion “primary treatment” means the first treatment received in treating an accidental injury.
- Care and treatment that is experimental, investigative and not according to accepted professional standards and / or is not medically necessitated.
This exclusion includes (but is not limited to) treatments such as:
 - stem cell treatment, related workout and any complications arising thereafter,
 - blood surety,
 - treatment for menopause disorders, except for surgically induced menopause.
- Treatment for injuries sustained while committing a crime or felony or while under the influence of alcohol, narcotics or mind altering substance, or injuries which are self-inflicted while sane or insane.
- Any treatment for or arising from substance abuse such as alcohol, narcotics, etc.
- Private nursing care or house calls engaged by Person Covered or services for rest cure provided by rest / nursing home purely for recuperative purposes.
- Contraceptive medications and devices, sterilization procedures or treatment for its complications, reversal of such procedures and the work up or treatment of sexual dysfunction or infertility.
- 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 Group Hospitalisation & Surgical plan coverage but is subject to its limitations for such coverage.
- Sex transformation surgery and sex hormone therapy related to such surgery.
- Circumcision unless medically necessary for treatment of a disease.
- Conditions related to sexually transmitted diseases, AIDS and AIDS Related Complex or its sequelae, and any communicable diseases requiring quarantine by law. Diseases such as the Hand, Foot and Mouth Disease (HFMD), dengue fever and measles are not considered as communicable diseases requiring quarantine by law.
- Alternative therapies such as (but not limited to) acupuncture, acupressure, chiropractic, osteopathy, reflexology, bonesetting, massage, aroma therapy, herbal treatment, podiatric, dietic consultation and treatment, etc.

- Vitamins, food supplements, herbal cures, anti obesity / weight reducing agents, eye lubricants and any over the counter purchases of supplements or medicines.
- Soaps, shampoos, cleansers, vitamin creams, vitamin ointment, moisturizers, lubricants, anti-aging, skin lightening treatment and any product with similar effect.
- Psychotic, mental or nervous disorders and behavioural conditions including any neurosis and their physiological or psychosomatic manifestations.
- Any treatment or assessment for congenital, hereditary or developmental ailments, deformities and any disability or complications arising therefrom, inclusive of but not restricted to such as dermoid cysts, childhood hernias / hydrocele (all hernia up to age of six (6) years old is not covered), clubfoot, Ventricular Septal Defect (VSD), Atrial Septal Defect (ASD), Thalassemia, Squint, Haemangioma, etc.
- Diseases or disabilities of a newborn child contracted prior to or during birth or within the first fifteen (15) days thereafter.
- Any blood and topical allergy test including patch test.
- Routine physical examinations, health check-ups, preventive treatments and diagnostic tests not incidental to treatment or diagnosis of a covered disability.
- Speech and occupational therapy when not part of a rehabilitation program following hospitalization due to trauma, unless it is a follow-up to an inpatient disability and subject to its limitations.
- Any corrective treatment for refractive errors inclusive of but not limited to the following such as Orthoptics, Visual Stimulation, Radial Keratotomy, Lasik, Intralase, Xyoptics, Phakic IOL, implant or intraocular lenses replacement surgery.
- All corrective glasses or contact lens, except monofocal intraocular lenses in cataract surgery.
- Any dental treatment or surgery except when required due to an injury sustained in an accident under Group Hospitalisation & Surgical plan coverage, subject to its limitation.
- Use or acquisition of all external appliances (e.g. artificial limbs, hearing aids, aero chambers and equipment for nebulising, Continuous Positive Airway Pressure (CPAP), Continuous Ambulatory Peritoneal Dialysis (CAPD), orthopaedic pads) and the rental charges of such devices except during hospital confinement under the Group Hospitalisation & Surgical plan coverage but is subject to its limitation for such coverage. If however, a Person Covered has major medical benefit coverage, it shall be subject to its respective benefit limitations.
- Effects from radiation or contamination by radioactivity from any source.
- War, riot, rebellions, insurrections, civil commotion, explosion of war weapons, terrorism related activity, nuclear war, biological and chemical warfare / activities.

- Illness or injury sustained during air travel except as a fare paying passenger on a recognized airline operating on scheduled air routes and air travel by any chartered aircraft duly licensed as a recognized air carrier and flown by professional crews between properly established and maintained airports.
- Services of a non-medical nature provided by a hospital such as television, telephone, fax, radio or similar facilities. Charges for these services must be paid by the Person Covered prior to discharge from hospital or daycare centre unless otherwise specified.
- Outpatient 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. A Person Covered must have Group Hospitalisation & Surgical plan coverage, subject to its limitations.
- Outpatient rehabilitation therapy, chemotherapy, radiation therapy, immunotherapy, photodynamic therapy, kidney dialysis and other selected treatment protocols (e.g. antiviral / interferon therapy for hepatitis / multiple sclerosis, Lucrin injections for endometriosis, intra articular injections, etc), unless a Person Covered has the Group Hospitalisation & Surgical plan coverage, subject to its respective benefit limitations.
- Any preventive vaccinations except those stated under the guideline of Ministry of Health Malaysia that are applicable to eligible children only (subject to outpatient benefit limit, if any).
- Expenses incurred for donation of any body organ by a Person Covered 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.
- Expenses incurred for contact lens, use of cosmetic topically / orally / surgical procedures and any complications arising therefrom.

Term Life Basic Benefits

(i) Death (All Causes)

- Due to suicide, while sane or insane, within the first (1) year from the Effective Date.

(ii) Total and Permanent Disability - TPD (All Causes) & Partial Permanent Disability - PPD (All Causes)

- TPD/PPD of the Person Covered which has existed on the Effective Date;
- Attempted suicide or self-inflicted injuries, while sane or insane;
- Aviation, gliding or any other form of aerial flight other than a pilot, cabin crew or fare paying passenger of a recognized airline or charter service.;
- War (whether declared or undeclared), revolution or any warlike operations;
- Resulted from the person covered committing, attempting or provoking an assault or a felony or from any violation of the law by the person covered.

(iii) Terminal Illness

- Attempted suicide or self-inflicted injuries, while sane or insane;
- Pre-existing Illness;
- Any condition which existed or was diagnosed:
 - a. during the Waiting Period; or
 - b. after the expiry of the Waiting Period but which is related to a condition existed or was diagnosed during the Waiting Period
except for Terminal Illness contracted due to Injury.

Term Life Optional Benefit – Critical Illness

- Pre-existing Illness;
- Any condition which existed or was diagnosed:
 - a. during the Waiting Period; or
 - b. after the expiry of the Waiting Period but which is related to a condition existed or was diagnosed during the Waiting Period
except for Critical Illness contracted due to Injury.

Appendix 1 – Scale of Indemnity for Partial Permanent Disability

Description of Payable Events	Percentage of Basic Sum Covered
1. Loss of all fingers and both thumbs	100%
2. Loss of sight of one eye	50%
3. Loss of arm	
a) at shoulder	100%
b) between shoulder and elbow	100%
c) at elbow	100%
d) between elbow and wrist	100%
e) at wrist	100%
4. Loss of leg	
a) at hip	100%
b) between knee and hip	100%
c) below knee	100%
5. Loss of hearing	
a) both ears	75%
b) one ear	15%
6. Loss of speech	50%
7. Loss of fingers	
a) Four finger and thumb of one hand	50%
b) Four fingers of one hand	40%
c) Thumb	
i) both phalanges	25%
ii) one phalanx	10%
d) Index finger	
i) three phalanges	10%
ii) two phalanges	8%
iii) one phalanx	4%
e) Middle finger	
i) three phalanges	6%
ii) two phalanges	4%
iii) one phalanx	2%
f) Ring finger	
i) three phalanges	5%
ii) two phalanges	4%
iii) one phalanx	2%
g) Little finger	
i) three phalanges	4%
ii) two phalanges	3%
iii) one phalanx	2%

Description of Payable Events	Percentage of Basic Sum Covered
h) Metacarpals	
i) first or second (additional)	3%
ii) third, fourth or fifth (additional)	2%
i) Toes	
i) all of one foot	15%
ii) great, both phalanges	5%
iii) great one phalanx	2%
iv) other than great if more than one toe lost, each	1%

Appendix 2 – List of 39 Critical Illness Events

1	Alzheimer's Disease / Severe Dementia	21	Kidney Failure - requiring dialysis or kidney transplant
2	Angioplasty and other invasive treatments for coronary artery disease	22	Loss of Independent Existence
3	Bacterial Meningitis - resulting in permanent inability to perform Activities of Daily Living	23	Loss of Speech
4	Benign Brain Tumor - of specified severity	24	Major Head Trauma - resulting in permanent inability to perform Activities of Daily Living
5	Blindness - Permanent and Irreversible	25	Major Organ / Bone Marrow Transplant
6	Brain Surgery	26	Motor Neuron Disease - permanent neurological deficit with persisting clinical symptoms
7	Cancer - of specified severity and does not cover very early cancers	27	Multiple Sclerosis
8	Cardiomyopathy - of specified severity	28	Muscular Dystrophy
9	Chronic Aplastic Anemia - resulting in permanent Bone Marrow Failure	29	Paralysis of limbs
10	Coma - resulting in permanent neurological deficit with persisting clinical symptoms	30	Parkinson's Disease - resulting in permanent inability to perform Activities of Daily Living
11	Coronary Artery By-Pass Surgery	31	Primary Pulmonary Arterial Hypertension - of specified severity
12	Deafness - Permanent and Irreversible	32	Serious Coronary Artery Disease
13	Encephalitis - resulting in permanent inability to perform Activities of Daily Living	33	Stroke - resulting in permanent neurological deficit with persisting clinical symptoms
14	End-Stage Liver Failure	34	Surgery to Aorta
15	End-Stage Lung Disease	35	Systemic Lupus Erythematosus with Severe Kidney Complications
16	Full-blown AIDS	36	Third Degree Burns - of specified severity
17	Fulminant Viral Hepatitis	37	Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection
18	Heart Attack - of specified severity	38	Terminal Illness
19	Heart Valve Surgery	39	Medullary Cystic Disease
20	HIV Infection Due to Blood Transfusion		


Important Notes:

- This is a yearly renewable group family takaful plan.
- You should satisfy yourself that this plan will best serve your needs and the contribution payable under this plan is the amount that you can afford.
- If you switch-over your medical plan from one company to another or if you surrender your current medical plan with another medical plan within the same company, you may be required to submit an application where acceptance of your proposal will be subjected to the terms and conditions to be imposed at the time of switching or replacement of the medical plan.
- If the certificate is cancelled within the free-look period of 15 calendar days, we will refund you all contributions paid.
- This brochure provides general information only. It does not constitute a Takaful contract. You are advised to refer to the consumer education booklet on MHT, Product Disclosure Sheet and the certificate documents for further and better particulars pertaining to the plan (including optional benefits, if any) before you decide to participate in a plan. The Company hereby disclaims any liability of whatsoever nature should you suffer losses merely by relying on the information contained herein.
- In the event of inconsistency between English, Bahasa Malaysia and Mandarin versions, the English version will prevail.



We Should Talk

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