

e-Medical Pass - Frequently Asked Questions

1. What is e-Medical Pass? What does it cover?

e-Medical Pass is a standalone medical insurance plan that provides coverage for hospitalisation and surgical expenses. Please refer to the Product Disclosure Sheet or Policy on detailed exclusions, terms and conditions of the plan.

2. Who is this product suitable for?

This product is suitable for adults who do not have any medical coverage or to complement any shortage of their existing medical plan.

3. There are 3 plans, which plan is suitable for me?

The suitability of the plan would depend on your affordability and your needs.

4. Will I have a medical card?

There is no medical card issued for this policy. However, in a more convenience way, upon hospital admission, you just present your identity card and inform the Panel hospital of your cover by Etiqa.

5. How can I sign up? Can I go through an agent?

You may sign up this plan through our website. This is an online product and it is not offered through any of our agents. There is no commission charged on this plan.

Eligible

1. Who is eligible to sign up or purchase?

Malaysians between 18 and 55 years old (age next birthday) are eligible to purchase, subject to the fulfillment of health questions.

2. Can a foreigner enroll in this plan?

This plan is only offered to Malaysians between 18 and 55 years old (age next birthday).

3. Can I get a medical plan if I am above age 54 years old?

Sorry, you are not eligible for this medical plan. However, we still have other similar types of medical plans which may be suitable for you, kindly contact Etiqa Online by calling 1-300-13-8888.

4. Can I get a medical plan if I am not eligible for this medical plan after answering the underwriting questions?

Yes, we still have other similar types of medical plans which may be suitable for you, kindly contact Etiqa Online by calling 1-300-13-8888.

5. Can I get more than one policy?

No, you are eligible for one policy only.

6. What if I misstate or do not disclose any of the required information?

Misstatement or non-disclosure of material information will result in voidance of the policy, or your claim not being paid. To prevent these unwanted events, you are required to disclose all relevant information, including medical condition and age, correctly.

Coverage

1. What is annual limit?

Annual limit is the maximum amount that you are eligible to claim for your medical expenses in every policy year. Annual limit will be refreshed every policy year.

2. What should I do if I don't have sufficient annual limit to cover my medical charges?

You will have to pay the differences between your eligible annual limit and the medical charges. Annual limit will be refreshed every policy anniversary.

3. What is deductible?

Deductible is the amount of eligible hospitalisation expenses incurred that must be paid by you for each hospitalisation before any benefits are payable by Us.

4. Why is my premium cheaper when I choose the plan with deductible?

It is cheaper because you will need to bear some of the eligible hospitalisation expenses for each hospitalisation.

5. How do I know if I need a deductible or without a deductible medical plan?

With deductible

If your existing medical plan or employer cover is insufficient, then this plan will complement your existing medical coverage provided additional medical protection.

Without deductible

If you do not have any medical coverage.

6. If I purchase this plan with RM1,000 deductible, how it works?

You are required to pay RM1,000 of the eligible hospital & surgical expenses incurred for each hospitalisation. We will pay the balance of the eligible expenses after deducting the first RM1,000.

Example 1: Hospitalisation expenses

The eligible hospitalisation expenses = RM10,000

Deductible amount per hospital admission = RM1,000

Amount to be paid by you = RM1,000

Amount to be paid by us = RM10,000 – RM1,000 = RM9,000

Example 2: Out-patient expenses (Eligible Out-patient expenses are not subject to deductible)

The eligible Out-patient expenses = RM800

Amount to be paid by you = RM0

Amount to be paid by us (by Reimbursement basis) = RM800

Sum Insured and coverage period

1. How does the premium amount determined?

You are charged a certain amount of premium based on the plan type, deductible option, occupation and attained age at the commencement date. The premium may increase in accordance to your attained age. You will need to pay the premium up to age 80. Premium rates are non-guaranteed and we reserve the right to revise the premium rate by giving 30-day prior

notice.

2. How to pay and what is the frequency to pay the premium for the policy?

You may pay the premium via credit card/debit card. You may opt to pay the premium monthly, or annually. You may continue using the credit card/debit card or switch to your bank saving account to pay for the renewal premium.

3. How do I change my credit/debit card used for premium deduction?

You may walk in to any of our branches and fill up a Request For Change form, and a Premium Payment through Visa/Master Card form.

4. What happens if I stop paying the premium?

There is a grace period of 31 days from the premium due date given to you to pay the premium. You are still covered within the grace period. If the premium due is not paid within the grace period, your policy may lapse thereafter and you will not be entitled for the benefits shall the covered event (In-patient & Day Care Surgery Benefits and Out-patient Benefits) occurs.

5. Can I access the medical plan if I miss a premium payment?

If you missed any premium payment and provided that your policy has not lapsed, you may be able to access the medical plan, however, you may face some interruption during the discharge process from the hospital and You will need to pay back the premium due.

6. Do I enjoy a tax relief on the premium paid?

You may use the Life Insurance premium paid for tax relief, as per current Malaysian tax regulation and subject to the Inland Revenue Board's approval.

Policy administration and cancellation

1. Can I upgrade my plan?

You may upgrade to a higher room and board plan, subject to our underwriting decision.

2. Can I cancel the policy?

You may cancel your policy with a written instruction to us within 15 days after the policy has been received by you. We will then refund the premium received to you. However, no refund can be made when a claim has been admitted.

However, if you cancel the policy after the 15 days, you are entitled to a refund of the partial premium as follows

Period Not Exceeding	Refund of Annual Premium
15 days (renewal only)	90%
1 month	80%
2 months	70%
3 months	60%
4 months	50%
5 months	40%
6 months	30%
7 months	25%
8 months	20%

Period Not Exceeding	Refund of Annual Premium
9 months	15%
10 months	10%
11 months	5%
Period exceed 11 months	No refund

Note: There is no Premium refund for monthly cases.

3. What if I lose or do not receive my policy documents? Or if I need to update my personal information or contact details?

You may email us at info@etiqa.com.my or call Etiqa Oneline at **1-300-13-8888**.

Claims

1. How to file a claim in case of covered events happen (In-patient & Day Care Surgery Benefits)?

2. If you choose to visit a panel hospital:

For hospital admission, no medical card is required, just present your identity card and inform the hospital you are covered with Etiqa. We will pay the eligible hospitalisation expenses that you incurred subject to the annual limit of the plan you signed up. For plan with deductible, you will need to pay for eligible expenses up to the deductible amount per hospital admission before we cover the remaining eligible expenses.

3. If you choose to visit a non-panel hospital:

You are required to pay for the hospitalisation expenses upon discharged. Submit the list of documents required to Etiqa for reimbursement of the eligible hospitalisation expenses within 30 days from discharge date.

For further information, download the claim guide. List of Panel Hospitals are available in the claim guide. We can be contacted via email at info@etiqa.com.my or call Etiqa Oneline at 1-300-13-8888.

4. How to file a claim in case of covered events happen (Out-patient Benefits)?

You are required to pay for the Out-patient expenses. Submit the list of documents required to Etiqa for reimbursement of the eligible Out-patient expenses within 30 days from discharge date.

For further information, download the claim guide. List of Panel Hospitals are available in the claim guide. We can be contacted via email at info@etiqa.com.my or call Etiqa Oneline at **1-300-13-8888**.

Medical examination

1. Will there be any medical examination for this plan?

No medical examination is required. Your application will either be accepted or rejected based on our pre-determined requirements.

Other Information

1. How will I receive confirmation on my application? When does the cover start?

The confirmation of your application is immediate through the website. The cover will start on the day your application is accepted with payment made, with a policy document and payment receipt emailed to you.

2. Who can I contact for further information?

You may email us at info@etiqa.com.my, call Etiqa Oneline at **1-300-13-8888**, or visit our website at www.etiqa.com.my for further information. A 24-hour Live Chat is also available on our website for enquiry

BonusLink x Etiqa Terms and Conditions

1. BonusLink Members are eligible to collect BonusLink Points for purchase of Etiqa e-Medical Pass through the dedicated BonusLink Website or Mobile Web <https://www.etiqa.com.my/getonline/medical-insurance-cyberagent?code=6ba10ede-d8a9-43ba-bac9-2937211f0650> only.
Click "Apply Online Now" to purchase.
2. BonusLink Members shall be awarded with 1,500 BonusLink Points on first successful premium payment regardless of premium amount.
3. BonusLink Points will be credited to Member's BonusLink Account within 45 working days after the transaction date.
4. BonusLink and Etiqa Life Insurance Berhad reserve the right to modify the terms and conditions, with or without prior notice. The continued use of the platform shall constitute and be deemed to be your acceptance of the modification and your consent to abide by any terms thereof.