

FREQUENTLY ASKED QUESTIONS (FAQs)
MyHospital Benefit

About MyHospital Benefit

1. What is MyHospital Benefit?

MyHospital Benefit is a regular premium, non-participating, yearly renewable term plan which pays you daily cash allowance during your hospitalisation. This plan does not have any surrender value as it is a pure protection plan.

This plan covers:

- a) Daily Cash Allowance for Hospitalisation
- b) Double Daily Cash Allowance for Hospitalization due to Accidental Causes
- c) Triple Daily Cash Allowance for Intensive Care Unit (ICU) Admission

The benefit(s) payable under eligible product are protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact MCIS Life or PIDM (visit <http://www.pidm.gov.my>).

2. How long will I be covered under MyHospital Benefit?

The expiry age for this plan is age 70 next birthday. As long as you pay the premiums required, you will remain covered until the expiry age.

3. Can I amend the coverage after purchasing MyHospital Benefit?

You are allowed to decrease the Basic Sum Assured after purchase. Please bear in mind you may risk being under-insured should you decide to decrease the Basic Sum Assured. Increasing the Basic Sum Assured is not allowed under this plan.

4. What are the options for Basic Sum Assured under MyHospital Benefit?

You may opt for a Basic Sum Assured of RM50, RM75, RM100 or RM125.

5. If I purchase this plan and subsequently never make any claims, will there be any benefit payable at the end of the policy term?

No. There are no benefits payable at the end of the policy term.

6. What happens if I purchase this plan and then realise that it is not the right fit for me?

Should you decide that this plan is not the right fit for you, you may cancel your policy by giving notice to us. If the cancellation is within 15 days from the date of receipt of the policy, we will refund to you the premium paid without interest less any medical expenses incurred.

7. Can I surrender my policy?

Yes, you can. If you surrender your policy after 15 days from the date of receipt of the policy, no premiums will be refunded and no surrender value will be payable. You will need to submit a written request to us in order to surrender your policy. You may submit the written request via email to customerservice@mcis.my or via any [MCIS Life branch](#).

8. Under what circumstances will my policy be terminated?

Your policy shall automatically terminate on the earliest of the following occurrences:

- (i) Upon the death of the Life Assured; or
- (ii) When the policy becomes void, lapsed or is terminated; or
- (iii) Upon non-payment of premium within the grace period; or
- (iv) When a written request from you for the termination of the policy is received by us; or
- (v) On the expiry date of the policy; or
- (vi) When the Lifetime Limit has been exceeded.

'Lifetime Limit' refers to the maximum number of days of coverage provided by this plan. The Lifetime Limit for MyHospital Benefit is 180 days throughout the policy term.

9. Can I make a nomination for MyHospital Benefit?

Yes, you may make a nomination by filling up the [nomination form](#) and submitting it to us. If your nominee is not your spouse, child or your parent, then you are advised to assign the policy benefits to the nominee(s) instead of nominating him/her as your nominee. To know more about nominations, click [here](#).

10. Will I qualify for income tax relief under MyHospital Benefit?

You may qualify for personal tax relief, subject to the final decision of the Inland Revenue Board of Malaysia. MCIS Life does not provide tax advice; please contact your tax advisor for more information.

Application

11. Who is MyHospital Benefit for?

This plan suits Malaysians aged 18 to 40 next birthday, in need of a hospital income plan.

12. How much coverage should I purchase?

The amount and length of coverage you should purchase depends on your protection needs and budget. You may use the [My Coverage Calculator](#) available on our website to assist in assessing your coverage needs and budget.

13. Do I need to go through any medical examination in order to be covered?

No. You only need to answer the health questionnaires for us to determine your eligibility.

14. How do I know whether I am eligible to be covered under MyHospital Benefit?

You will be informed about your application status after completing the health questionnaire.

Premiums

15. What is the premium amount and for how long do I have to pay?

The premium amount depends on the Basic Sum Assured chosen, your age next birthday and gender. Premiums must be paid throughout the policy term.

16. Will the premium amount increase during the policy term?

The premium amount increases according to your age next birthday. The premium amounts are not guaranteed and we reserve the right to revise the premium payable by giving a 30 days' prior notice to you. Changes in premium can only be made on the policy anniversary.

17. What are the options for premium payment frequency and method?

You may choose to pay your premiums on a yearly, half-yearly, quarterly, or monthly basis. Payments can be made via online banking and debit/credit card.

Claims

18. How do I make a claim?

Click [here](#) for more details on how to make a claim.

19. Is there any situation where the benefits under MyHospital Benefit is not payable?

Yes, there are certain restrictions on the benefits, such as exclusions and other terms and conditions. To view the list of exclusions for this plan, click [here](#). For the full list of terms and conditions, please refer to the policy contract.

Claim Conditions, Waiting Period, and List of Exclusions

20. Claim Conditions

Limit per Policy Year

The maximum number of days of coverage per policy year under MyHospital Benefit is 90 days.

Lifetime Limit

The maximum number of days of coverage per lifetime of a Life Assured under MyHospital Benefit is 180 days.

Minimum Hospitalisation Period

The minimum hospitalisation period for the benefit under this plan to be payable is 48 consecutive hours.

21. Waiting Period

A waiting period of 30 days will be imposed for non-accidental hospitalisation.

22. List of Exclusions

This benefits under this plan shall not cover any hospitalisation caused directly or indirectly, wholly or partly, by any of the following occurrences:

- (i) If hospitalisation is caused by illness or disease during the first 30 days from the Issue Date or reinstatement date of the policy except for accidental injuries; or
- (ii) In respect of any period of hospitalisation for an illness or injury occurring before payment of the first premium under the policy; or
- (iii) In respect of any period of hospitalisation which occurs after the termination of the policy; or
- (iv) In respect of any period of hospitalisation for an illness or injury directly or indirectly caused by or accelerated by:
 - (a) Strike, riot, civil commotion, war (whether declared or not); or
 - (b) Violation or attempt violation of the law or resisting arrest; or
 - (c) Illness or medical condition arising from whatsoever reason in respect of medical advice, treatment or recommendation received from a medical practitioner within the immediate 2 years from the Issue Date which was not disclosed in the proposal form; or
 - (d) Engaging in aviation activities (except as an ordinary fare-paying passenger or crew member on a regular public air service) or aerial flight of whatsoever nature whether sports or recreational; or
 - (e) Engaging in professional sports, polo, bungee jumping, steeple chasing, mountaineering, winter sports, hunting, water skiing, scuba diving, sky diving of any kind or racing of any kind other than on foot; or
 - (f) Being under the influence of or intoxicated by liquor or any narcotic or drug; or
 - (g) Attempted suicide, intentional self-inflicted injury, duelling; or
 - (h) Mental disorder, insanity; or
 - (i) Sexually transmitted disease, HIV, acquired immune deficiency syndrome; or
 - (j) Any form of treatment, examination or consultation related to childbirth, pregnancy or abortion; or
 - (k) Test or treatment related to infertility, contraception, sterilization, hereditary condition, circumcision; or
 - (l) Routine medical examination or consultation, cosmetic or dental care and treatment or plastic surgery, organ or tissue donation, gender transformation, or any experimental or elective surgery or congenital anomalies.

Note: This list is non-exhaustive. Please refer to the policy contract for the full list of exclusions under the policy.