

## DAILY HOSPITAL BENEFIT SUPPLEMENTARY CONTRACT

<b>Daily Hospital Benefit Supplementary Contract</b>	<p>This Supplementary Contract is issued with the Master Certificate, as You have participated in this additional Benefit with an additional Contribution. The Sum Covered and required Contribution for this Supplementary Contract is shown in the Certificate of Takaful.</p> <p>In addition, the Master Certificate's provisions shall apply to this Supplementary Contract.</p> <p>Subject to any changes made to this Supplementary Contract, all the provisions of the Master Certificate shall remain the same and be in full force and effect.</p>
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### BENEFITS

<b>Daily Hospital Benefit</b>	<p>While the Supplementary Contract is In Force, upon the Person Covered being admitted to a Hospital, based on the recommendation of his/her Physician, We shall pay You the daily Benefit under this Supplementary Contract which is specified in the Certificate of Takaful.</p> <p>This Benefit shall only be payable provided:</p> <ul style="list-style-type: none"> <li>(i) The Person Covered is hospitalised for <u>at least six (6) hours</u>; and</li> <li>(ii) The Person Covered is hospitalised <u>within thirty (30) days</u> after the date of Accident or illness; and</li> <li>* (iii) The aggregate Benefits paid under this Supplementary Contract in respect of any Accident or illness have not exceeded the maximum period of twenty-six (26) weeks.</li> </ul>
<b>Exclusions</b>	<p>We shall not pay any Daily Hospital Benefit if it occurs due to:</p> <ul style="list-style-type: none"> <li>(i) Pre-existing Conditions unless such condition has been declared at the time of application or reinstatement and accepted by the Takaful Operator before the Issue Date or date of Reinstatement;</li> <li>(ii) Any Medical Condition arising within the first thirty (30) days of continuous cover from the later of Issue or Reinstatement of this Supplementary Contract, unless due to Accident;</li> <li>(iii) Plastic/cosmetic, investigative, diagnostic/examination which are non-medically necessary or incidental to treatment, preventative, experimental, elective treatments or procedures;</li> <li>(iv) <u>Eye treatments</u>, procedure, or tests including but not limited to refraction or surgical correction of near-sightedness (Radial Keratotomy);</li> <li>(v) <u>Dental treatment</u>, procedures, or tests, except as necessitated by accident to sound natural teeth occurring wholly during the certificate term;</li> <li>(vi) Procedures, treatments or tests related to <u>pregnancy, childbirth</u> (including surgical delivery), <u>miscarriage, abortion</u>, prenatal or postnatal care, <u>infertility</u>, hormone replacement therapy, gender reassignment procedures, contraception, sterilization, birth defects, congenital or hereditary illness or conditions, erectile dysfunction, and circumcision;</li> </ul>

	<ul style="list-style-type: none"> <li>(vii) Psychiatric, mental or nervous disease or disorders, including but not limited to, any neuroses and their physiological or psychosomatic manifestations;</li> <li>(viii) Organ and tissue donation, and treatments or procedures for snoring, sleep disorders, <u>obesity and weight gain</u>;</li> <li>(ix) Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS);</li> <li>(x) Sexually transmitted diseases or disorders, and conditions arising from these diseases or disorders;</li> <li>(xi) War (whether declared or not), revolution, attack by a foreign country, or invasion;</li> <li>(xii) Participation in any criminal or illegal act, strike, riot, or civil commotion;</li> <li>(xiii) Participation in dangerous or hazardous sport or activities such as (but not limited to) horse riding, water sports (except non-motorized sailing craft and swimming), hunting, racing (except foot racing), mountaineering, potholing or caving, and winter sports;</li> <li>(xiv) Participation in any form of aviation (except as a fare-paying passenger or crew member on a regular route operated by a commercial airline), or aerial sports such as (but not limited to) skydiving, parachuting, bungee jumping, hang gliding and ballooning;</li> <li>(xv) Self-inflicted injury or attempted suicide, unless proven insane;</li> <li>(xvi) Consumption of alcohol, non-prescribed or illegal drugs or narcotics;</li> <li>(xvii) Physical and violent provocation by any Person Covered, leading to a similar response that leads to injury or death;</li> <li>(xviii) Inhalation of poison, gas or fumes whether, voluntarily or involuntarily taken;</li> <li>(xix) Radioactive contamination arising from fuel, weapons, waste or processing;</li> <li>(xx) Unreasonable failure to seek or follow medical advice and/or prescribed treatment, or unreasonable delay in seeking or following such medical advice and/or prescribed treatment</li> </ul>
<b>Existing Health Condition</b>	This Supplementary Contract also excludes any Pre-Existing Condition, which existed prior to the Inclusion Date or Reinstatement Date, whichever is later, in respect of a Person Covered.

## CLAIMS

<b>Notice of Claim</b>	<p>You must provide Us with written notice of claim for the Daily Hospital Benefit within <u>thirty days (30)</u> from the date of discharge from the Hospital.</p> <p>Failure to give notice within such time shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice, and that notice was given as soon as it was reasonably possible.</p>
<b>Filing Proof of Loss</b>	<p>The appropriate claim form will be provided upon receiving the written notice of claim.</p> <p>Please attach all relevant information such as the certified copy of itemised <u>hospital bills, receipts and medical report</u> to support Your claim.</p> <p>Evidence of claim shall be provided at Your own cost, and should be provided to Us within thirty (30) days after the notification of claim has been received by Us.</p>

## BENEFITS

<b>Funeral Expenses Benefit for Dependants</b>	While this Supplementary Contract is In Force, upon death of the Dependant of a Person Covered, We shall pay the Sum Covered of this Supplementary Contract, in respect of the Dependant.
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## RESTRICTION OF BENEFITS

<b>Benefits for Dependants</b>	<p>The amount shall be limited to the following maximum:</p> <ul style="list-style-type: none"><li>(i) Benefits for the Person Covered's Spouse is subjected to a maximum of <u>one (1) death; and/or</u></li><li>(ii) Benefits for the Person Covered's children is subjected to a maximum of <u>four (4) deaths.</u></li></ul>
<b>Misstatement of Age or Sex</b>	<p>If the age or sex of any Dependant has been misstated, and the Contribution paid as a result thereof is insufficient, any claim payable under this Contract and/or Supplementary Contract(s) shall be pro-rated based on the ratio of the actual Contribution paid to the correct Contribution which should have been charged for the entire period of coverage. Any excess Contribution, which may have been paid as a result of such misstatement of age or sex, shall be refunded without interest.</p> <p>If at the correct age or sex the Dependant would not have been eligible for cover under this Supplementary Contract, no benefit shall be payable.</p>

## TERMINATION

<b>Termination of Dependants</b>	<p>A Dependant is no longer covered:</p> <ul style="list-style-type: none"><li>(i) When the Person Covered is no longer covered; or</li><li>(ii) When the Dependant <sup>benefit</sup> ceases to be a Dependant.</li></ul>
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