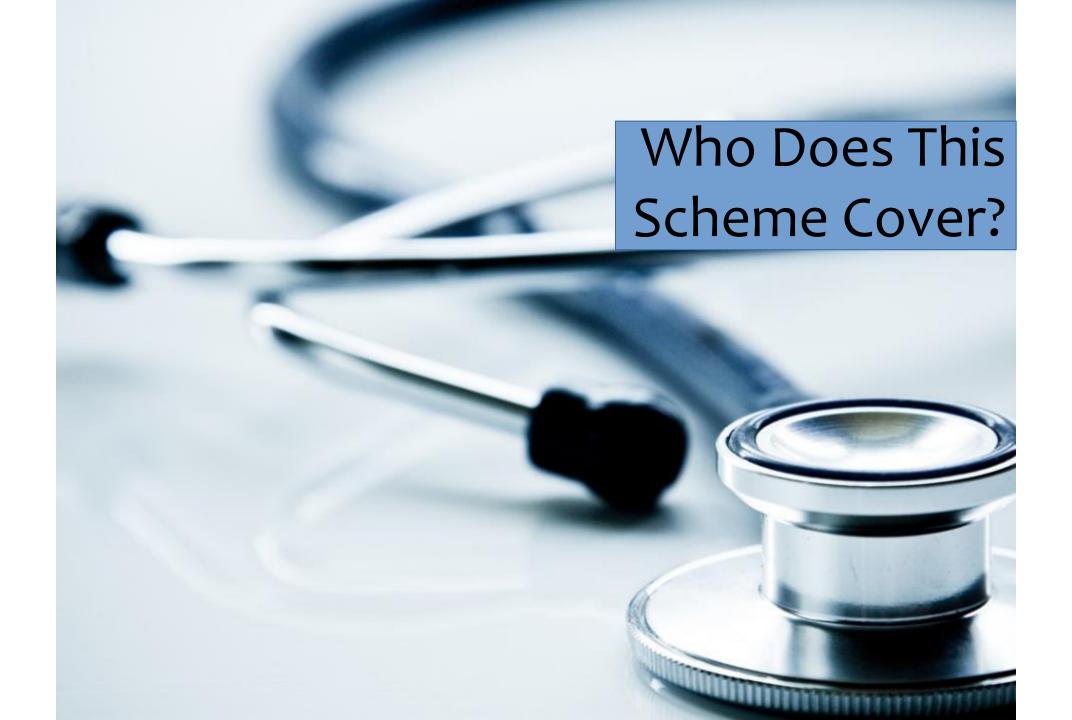


What is WeCare Medical Scheme

- * Specially designed by KTS Group of Companies for benefit of Methodist Churches
- * To reimburse unforeseen and unavoidable medical expenses incurred for sickness and/or accidental bodily injury.
- * Covers medical expenses incurred from hospitalization and/or surgery; natural and accidental







Who is covered?

- * You
- * Legal & Dependent Immediate Family Members
 - Spouse (limited to one)
 - Children (unlimited)
 - Non-working







	(1 - 1)		
		ENE	

No	Benefits	Maximum Amount of Benefits (RM) at any one time/accident/sickness and in the aggregate of 52 weeks	
1	Daily room and board (Maximum up to RM120/day)	Standard	50,000.00
2	Intensive Care Unit		
3	Hospital supplies and services		
4	Surgical benefits		
5	In – hospital doctor's call		
6	Diagnostic and Laboratory test		
7	Out – patient treatment		
8	Other related expenses		

Daily Room and Board Benefit (up to RM120/day)

Reimbursement of the charges made by the hospital for room and board furnished during the insured person's hospital confinement as a registered bed patient.





Intensive Care Unit

Reimbursement of medical charges incurred during the insured person's stay in the Intensive Care Unit.



Hospital Supplies and Services

Reimbursement of hospital charges for services rendered by the hospital during such confinement, including the use of operating rooms, drug & medicines, dressings, splints & plaster casts, lab examinations etc.





Surgical Benefit

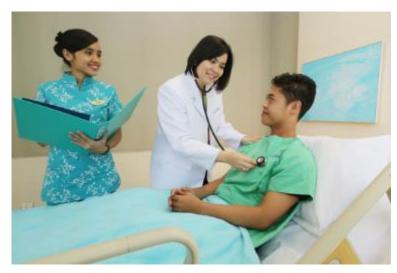
Reimbursement made for all surgeon's charges.





In-hospital Doctor's Call Benefit

Reimbursement expense for care and treatment by registered medical practitioner during hospital confinement.





Diagnostic X-ray and Lab Test

Reimbursement for diagnostic X-ray and laboratory test referred by medical practitioner including last consultation prior to hospitalization, during hospital confinement and within 31 days from hospital discharge.





Emergency Out-patient Treatment (Accident)

If due to accidental causes and the insured requires emergency outpatient treatment, reimbursement will be made. If hospitalization occurs out of the same disability, medical charges incurred shall be in the total of other hospital services.





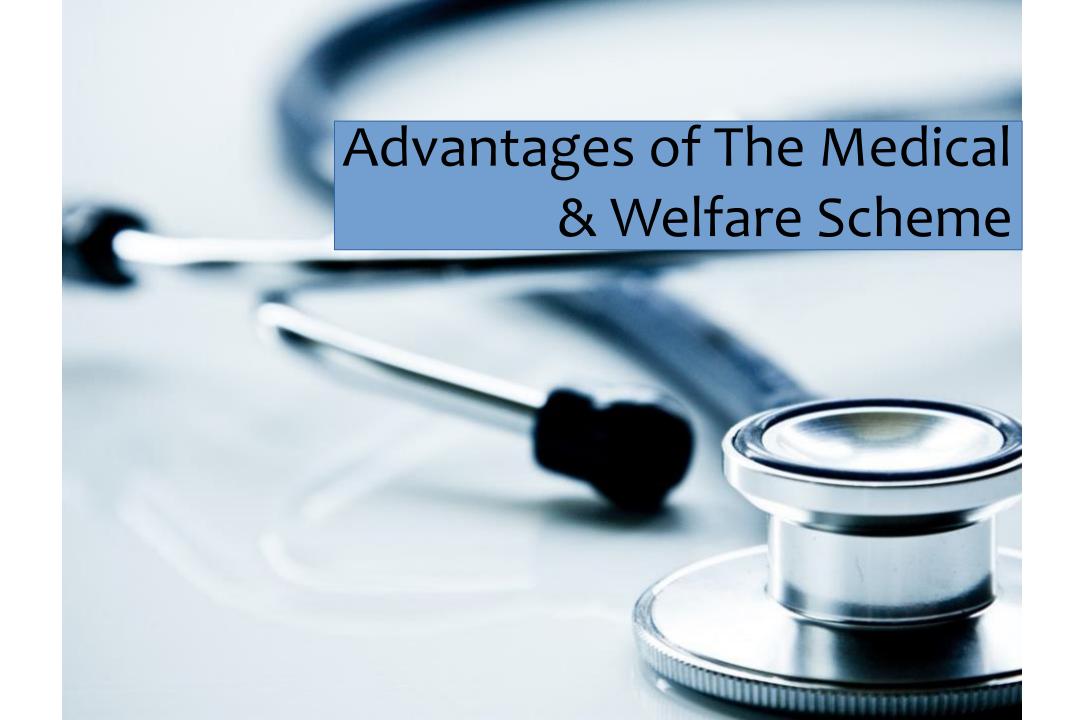
Other Related Expenses

Reimbursement of any other miscellaneous expenses related to disablement incurred during hospitalization subject to approval by Panel Committee as appointed by the Top Management.



	(1 - 1)		
		ENE	

No	Benefits	Maximum Amount of Benefits (RM) at any one time/accident/sickness and in the aggregate of 52 weeks	
1	Daily room and board (Maximum up to RM120/day)	Standard	50,000.00
2	Intensive Care Unit	Staridard	30,000.00
3	Hospital supplies and services		
4	Surgical benefits		
5	In – hospital doctor's call		
6	Diagnostic and Laboratory test		
7	Out – patient treatment		
8	Other related expenses		



Advantages of MWS

Limit Per Sickness, no lifetime limit

- * This scheme goes by **Limit Per Sickness**.
- * You can make claims for every sickness during your time as a priest or pastor.
- * Claims for each sickness is limited to the amount that you are covered
- * ie; for Standard Plan, you may only claim up to RM50,000 in your lifetime for heart disease. But you are still covered for other sicknesses.

But how does that work?



Advantage of MWS

Standard Plan: RM50,000

2015

Heart: RM10,000

Accident: RM5,000

Kidney: RM5,000

Claims: RM20,000

2016

RM20,000

RM50,000

Heart: RM15,000

Kidney: RM7,000

Lung: RM16,000

Diabetes: RM10,00Q

Spine Injury: RM6,000

Claims: RM54,000



2017

Heart: RM32,000

Kidney: RM7,000

Diabetes: RM10,000

Claims: RM49,000

2018

Heart (wife): RM12,000

Heart (self): RM10,000

Kidney: RM5,000

Claims: RM27,000

RM17,000

Advantage of MWS

* Each of the insured family members have their own Limit Per Sickness

* However, the yearly limit is shared among the whole family.

Mr A's Family

- Standard Plan (RM50,000)
- Every member is limited to
 RM50,000 Claim Per Sickness
- Whole family may only claim up to RM50,000 per 52 weeks aggregate/ 1 year



Advantages of MWS

- * Covers accidental and natural causes
- * Worldwide, 24 hour coverage
- * No occupational, geographical and recreational restriction
- * Covers out-patient treatment due to accidental bodily injury and/or sickness







Compulsory Excess

Excess

* Every claim is subject to a **Compulsory Excess** of RM50





- * Sterilization & Cosmetics Surgery
 Beautification Purposes
- * Non-Medical Personal Services
- * Injuries / Sickness due to:
 Self-infliction due to drug/alcohol
 War
 Illegal / unlawful activities







* **Dental** (Unless due to accidental)
Examinations / Filling / Extraction/
General Dental Care



Including child birth, miscarriage and abortion

Prenatal / Postnatal care
Contraception or infertility
Any other complications resulting
from pregnancy





- * General / Annual Medical Check-up
- * General Practitioner Medical Expenses
- * Any Medical Expenses covered by PA, SOCSO or similar







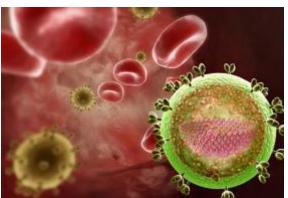
* Rest Cures / Sanitary Care / Special Nursing Care

* Any Treatment of:

Acquired Immune Deficiency Syndrome (AIDS) and AIDS related complex

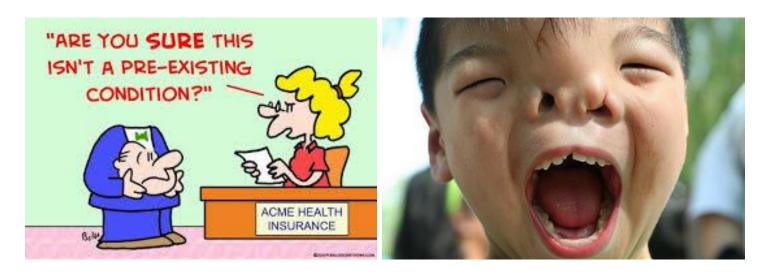
Any communicable diseases requiring quarantine by law





- * Pre-existing conditions / illness
- * Treatment or surgical operation for:

 Congenital abnormalities or deformities including hereditary conditions.





* This scheme shall only be valid for priests and pastors. (INCLUDING SPOUSE)

As soon as the staff resigns/terminated, this scheme shall con-currently end.



* The Company reserves absolute right to amend and/or add terms of this scheme at any time as it deems fit.



* This scheme covers only medical expenses incurred in excess of other cover such as SOCSO, Personal Accident or similar schemes.



* This scheme and its benefits provided cannot be claimed as of rights under any circumstances.





Medical treatment and consultation will be reimbursed if they are provided by:

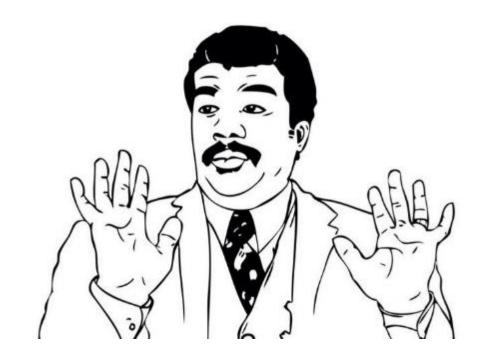
- *Company's designated doctor (Panel Doctor)
- *Government Hospital
- *Specialist on recommendation by Panel Doctor







Where an insured person chooses to go to a private medical practitioner (other than a Company's Doctor or Government Hospital), the scheme <u>will not be responsible</u> for the reimbursement of the medical bills.



In cases of emergency, the insured person is permitted to receive out-patient medical attention or treatment from any registered medical practitioner

- *The cost will be reimbursed by the scheme.
- *Subsequent treatment should be from the Company's doctor.



Other than in the case of emergency where an insured person chooses to be admitted to a private hospital instead of a Government Hospital where the treatment is available:

- * The scheme will on be liable to pay charges at the rate applicable to a second class ward in a Government Hospital
- Where equivalent Government Hospital rates cannot be determined, the scheme will be liable to pay up to a maximum of 75% of the charges billed.
- *Benefits payable should not exceed the amount of benefits provided in the scheme at any one time.

All specialist treatment recommended by Company's doctor or Government Medical Officers should first of all be within Sabah and Sarawak except if the insured is working in Peninsular Malaysia, Hong Kong, Singapore or Brunei.

- *If not available in Sabah & Sarawak, recommendations should be made for Kuala Lumpur.
- *If unavailable in Kuala Lumpur, recommendation will be for it to be carried out in Singapore, or any other countries.
- *Expenses for all such treatments, so recommended only will be borne by the scheme.

The scheme will **no longer be responsible** for the whole or part of the total expenses incurred if the insured person chooses to seek treatments **without adhering** to these procedures.

PANEL DOCTORS LIST – KUCHING AREA

No.	Name of Doctor	Address	Tel/Fax No.
1	Dr Robert Kho	ASIA CLINIC	Tel: 082-243519
		No. 94 Jalan Padungan, 93100 Kuching, Sarawak	Fax: 082-413304
2	Dr. Tok Mang Sze	CHONG CLINIC	Tel: 082-424722
		No. 2669, Ground Floor, Twin Tower Center,	
		Rock Road, 93250 Kuching, Sarawak	
3	Dr. Sim Swee Liang	SIM MEDICAL CLINIC	Tel: 082-247693
		No. 29, Carpenter Street, 93000 Kuching	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4	Dr. Babita Kaur	KLINIK KHAIRA	Tel: 082-252152
		No. 236, Lot 2685, Jalan Permata, Twin Tower Center,	Fax: 082-250152
		Off 2 ½ Mile, Rock Road, 93200 Kuching, Sarawak	100 1 100 100 100 100 100 100 100 100 1
5	Dr. Wong Chee Liang	C.M. WONG HEART & MEDICAL SPECIALIST CLINIC	Tel: 082-256633
		Lot 256, Section 8, KTLD, Jalan Haji Taha	
		93400 Kuching, Sarawak	
6	Dr. Wong Chee May	C.M. WONG SPECIALIST CLINIC FOR WOMEN	Tel: 082-253366
		Lot 255, Section 8, KTLD, Jalan Haji Taha,	Fax: 082-253737
		93400 Kuching, Sarawak	
7	Dr. Latha Jayasimhan	KLINIK TING	Tel: 082-241073
	THE MANUEL WAS ASSESSED.	13, Jalan P. Ramlee,	Fax: 082-231734
		93400 Kuching, Sarawak	
8	Dr. Francis Ha Tiong Swee	HA MEDICAL CLINIC	Tel: 082-412411
		GF Lot 570, Section 62	
		Jalan Padungan, 93450	
9	Dr. Dominic Songan	KLINIC DOMINIC SONGAN	Tel: 082-250506
		No 37, Ground Floor, Jalan Palm, 93450 Kuching, Sarawak	NG1 19653 - 196346 - 10 1

PANEL DOCTORS LIST - SERIAN AREA

No.	Name of Doctor	Address	Tel/Fax No.
1	Dr Kiu Chiong Chin	KLINIK KIU	Tel: 082-874037
		No. 178, Serian Bazaar, 94700 Serian, Sarawak	
2	Dr. Richard Chai Chee Kong	KLINIK CHAI	Tel: 082-874658
		No. 56, Serian Bazaar, 94700 Serian, Sarawak	

PANEL DOCTORS LIST - SIBU AREA

No.	Name of Doctor	Address	Tel/Fax No.
1	Dr. Chee Diong Ing	CHEE'S CLINIC	Tel: 084-323830
		006 Sarawak House, (Ground Floor),	
		P.O. Box 578, 96007 Sibu, Sarawak	
2	Dr. Chiew Sing Kong	CHIEW'S CLINIC	Tel: 084-330131 (Clinic)
		No. 6, Market Road, 96000 Sibu, Sarawak	Tel: 084-322333 (Home)
3	Dr. Henry Toh Yew King	KLINIK HENRY Y.K. TOH	Tel: 084-335519
		No. 18, Cross Road, 96000 Sibu, Sarawak	
4	Dr. Robert Hu Chang Hock	HU'S SPECIALIST CLINIC	Tel: 084-313939
		1B Brooke Drive, 96000 Sibu, Sarawak	
5	Dr. Wong Soon Ting	WONG'S MEDICAL CLINIC	Tel: 084-333550
		2C Brooke Drive, 96000 Sibu, Sarawak	Fax: 084-348550
6	Dr. Lau Hang Nguong	LAU'S CLINIC	Tel: 084-326079
		No 21, Jalan Bengkel, P.O. Box 1074,	
		96008 Sibu, Sarawak	
7	Dr. Soon Choon Teck	KLINIK SOON CHOON TECK	Tel: 084-332352
		No. 34, (Black Portion), Jalan Blacksmith,	
		P.O. Box 413, 96007 Sibu, Sarawak	
8	Dr. Low Chong Nguan	LOW MEDICAL CLINIC	Tel: 084-214098
	12 12 30 303311	No. 49, Lorong Salim 17, Jalan Salim	
		96000 Sibu	
9	Dr. Herman Loi Deck Kiong	HERMAN LOI BABY & CHILD SPECIALIST CLINIC	Tel: 084-321555
	E-100	No. 27, Rejang Medical Centre, Jalan Pedada,	
		96000 Sibu, Sarawak	
10	Dr. Ling Sin Yee	DR. LING SHIN YEE CLINIC	Tel: 011-31400997
		No. 5 Lorong Poh Yew 4B	
		96000 Sibu, Sarawak	
11	Dr. Clement Chen	REJANG MEDICAL CENTRE	Tel: 084-330733 / 314733
		No. 29, Jalan Pedada,	Fax: 084-327342
		96000 Sibu, Sarawak	
		CLEMENT CHEN'S SPECIALIST CLINIC	Tel: 084-335433
		No. 35, Jalan Pedada,	Fax: 084-348433
		96000 Sibu, Sarawak	

PANEL DOCTORS LIST – BINTULU AREA

No.	Name of Doctor	Address	Tel/Fax No.
1	Dr. Kueh Nie Hui	KLINIK I-CARE,	Tel: 086-331498
	A P CONTRACTOR OF STATES	No. 70, Medan Sepadu, Jalan Abang Galau,	Fax: 086-315491
		P.O. Box 750, 97008 Bintulu, Sarawak	
2	Dr. Wong Sung Ging	KLINIK BINTULU,	Tel: 086-335226
		No. 76, Medan Sepadu, Jalan Abang Galau,	
		P.O. Box 415, 97008 Bintulu, Sarawak	
3	Dr. Lau Nge Hui	KLINIK LAU & LAU (2003) Sdn. Bhd.	Tel: 086-338168 / 331916
		60, Taman Sri Sinong	Fax: 086-338169
		Jalan Abang Galau	
		97008 Bintulu, Sarawak	
4	Dr. Tuan Haji Roslan Bin Haji	KLINIK HAJI ROSLAN	Tel: 086-335075
	Dadu	G Pusat Taman Medan Sepadu, 97000 Bintulu, Sarawak	Fax: 086-313225
5	Dr. Tiong King Hong & Dr. Ong	KLINIK KEMENA	Tel: 086-336123
	Eng	G17-G Li Hua Plaza, 97000 Bintulu, Sarawak	Fax: 086-331623
6	Dr. Lau Kah Chiong	KELINIK UDIE SALLEH	Tel: 086-312861
		No. 96, Lot 7317, Ground Floor,	Fax: 086-314515
		Medan Sentral Commercial Centre,	
		Jalan Tanjung Kidurong, 97000 Bintulu, Sarawak	
7	Dr. Wong Ching Seh	KLINIK WONG CHING SEH	Tel: 086-333145 (Clinic)
	960_Si 34950	Ground Floor, No. 139, Jalan Masjid,	Tel: 086-332362 (Home)
		P.O. Box 311, 97008 Bintulu, Sarawak	
8	Dr. Yek Hock King	KLINIK YEK	Tel: 086-338330
		No. 35, Berjaya Commercial Centre,	
		Sultan Iskandar Road, 97000 Bintulu, Sarawak	

PANEL DOCTORS LIST – MIRI AREA

No.	Name of Doctor	Address	Tel/Fax No.
1	Dr. Sim Cho Kheng	SIM'S MEDICAL CLINIC	Tel: 085-432411
		Kiat Siang Building, 12A, Jalan Bendahara (Ground Floor),	
		98000 Miri, Sarawak	
2	Dr. Phillip Ting Toh Ming	MIRI MEDICAL CLINIC	Tel: 085-413887
		643 North Yu Seng Road, 98000 Miri, Sarawak	
3	Dr. Chan Toh Hang	KLINIK CHAN TOH HANG	Tel: 085-419092
		Lot 288, Jalan Bendahara, P.O. Box 2027,	
		98008 Miri, Sarawak	
4	Dr. Clement Lee Siek Lim	CHAN CLINIC	Tel: 085-432380
		Lot 352, Beautiful Jade Centre, Brooke Road,	Fax: 085-426121
		98000 Miri, Sarawak	
5	Dr. Francis Kong Ing Fei	KONG'S CLINIC	Tel: 085-424730
		Lot 1061, Bintang Jaya Commercial Centre,	
		P.O. Box 1052, 98000 Miri, Sarawak	
6	Dr. Roy Wong Mee Tuang	ROY WONG SPECIALIST CENTRE	Tel: 085-415551
		436, Jalan Bendahara, 98000 Miri, Sarawak	Fax: 085-415552
7	Dr. Mohd. Arif	KLINIK DINAMIK,	Tel: 085-433381
		Lot 431, Jalan Bendahara, 98000 Miri, Sarawak	Fax: 085-423381

PANEL DOCTORS LIST – BATU NIAH

No.	Name of Doctor	Address	Tel/Fax No.
1	Dr. Kho Soon Fan	DR. KHO'S CLINIC (KLINIK DR. KHO)	Tel/Fax: 085-737866
		Sublot 68, No. 138, Batu Niah New Town,	Handphone: 019-8898123
		98200 Batu Niah	

PANEL DOCTORS LIST – SARIKEI

No.	Name of Doctor	Address	Tel/Fax No.
1	Dr. Sim Kah Pin	SIM'S MEDICAL CLINIC	Tel: 084-658803
		No. 75, Jalan Masjid Lama, 96100 Sarikei, Sarawak	
2	Dr. Wong Hua Seh	DR. WONG CLINIC,	Tel: 084-651762
		47, Jalan Masjid Lama, 96100 Sarikei, Sarawak	

PANEL DOCTORS LIST – LAWAS

No.	Name of Doctor	Address	Tel/Fax No.
1	Dr. Ngui Kong Kiat	KLINIK DR. NGUI	Tel: 085-285623
		1 st Floor, Lot 434, Jalan Trusan,	
		P.O. Box 199, 98857 Lawas, Sarawak	

PANEL DOCTORS LIST – LABUAN

No.	Name of Doctor	Address	Tel/Fax No.
1	Dr. Ong Meng Yong	KLINIK PERUBATAN ONG,	Tel: 087-414546
		U0267 (Lot 54), Block G, Ground Floor,	Fax: 087-410287
		Jalan Melati, Jati Commercial Centre	
		P.O. Box 80195	
		87011 W.P. Labuan, Malaysia	

PANEL DOCTORS LIST – KOTA KINABALU

No.	Name of Doctor	Address	Tel/Fax No.
1	Dr. Loi Yew June	KLINIK DR. LOI YEW JUNE	Tel: 088-224099
		Lot 16, 1 st Floor, Jalan Haji Saman,	
		88000 Kota Kinabalu, Sabah	
2	-	PERMAI POLYCLINICS	Tel: 088-232100 (5 lines)
		No. 4 Jalan Pantai, 88000 Kota Kinabalu, Sabah	Fax: 088-235100
3	Dr. C.Y. Han	GAYA CLINIC	Tel: 088-234031
		A 241, 2 nd Floor,	
		Wisma Merdeka, P.O. Box 13687,	
		88841 Kota Kinabalu, Sabah	

PANEL DOCTORS LIST – TAWAU

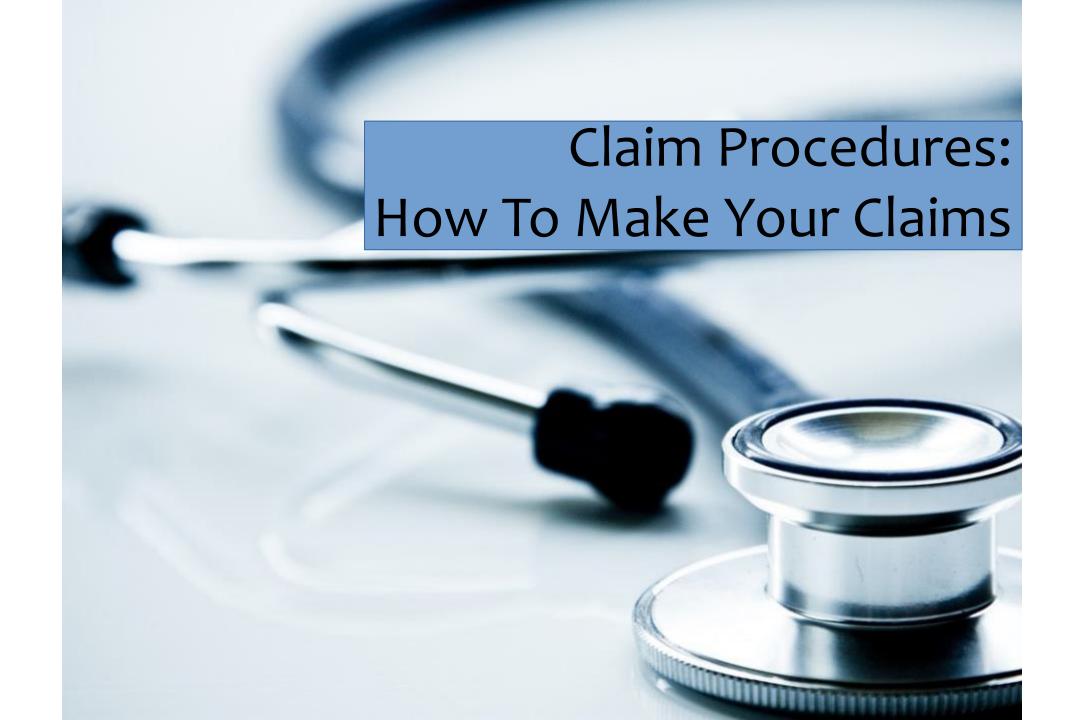
No.	Name of Doctor	Address	Tel/Fax No.
1	Dr. V. Kulasingam	KLINIK SABINDO,	Tel: 089-771870 (Clinic)
		499 (1 st Floor), Bandar Sabindo,	Tel: 089-771654 (Home)
		P.O. Box 408, 91007 Tawau, Sabah	
2	Dr. Lo Soo Khim	KLINIK S.K. LO S/B	Tel: 089-776688
		1 st Floor, TB 310, Block 36, Fajar Complex,	Fax: 089-776233
		P.O. Box 803, 91008 Tawau, Sabah	

PANEL DOCTORS LIST – LAHAD DATU

No.	Name of Doctor	Address	Tel/Fax No.
1	Dr. Chaw Khee Jung	KLINIK CHAW	Tel: 089-884277
		1 st Floor, Lot 4, MDLD 3135, Jalan Mawar,	
		P.O. Box No. 60382,	
		91113 Lahad Datu, Sabah	
2	Dr. Betharajoo	KLINIK LAYONG	Tel: 089-686271
		MDLD 3984, Lot 99,	Fax: 089-886268
		Lorong 5, Fajar Centre, P.O. Box 60203,	
		91110 Lahad Datu, Sabah	
3	Dr. Shau Tzu Kiong	POLIKLINIK SHAU	Tel: 089-888289
		MDLD 3980, Lot 95, Fajar Centre,	
		91110 Lahad Datu, Sabah	
4	Dr. Gofri B Nenghilon	POLIKLINIK FAJAR	Tel/Fax: 089-881298
	111111	(wholly owned by Kumpulan Perubatan Wawasan S/B)	
		MDLD 3293, Taman Fajar,	
i _j		91120 Lahad Datu, Sabah	

PANEL DOCTORS LIST – SANDAKAN

No.	Name of Doctor	Address	Tel/Fax No.
1	Dr. Goh Chii Guey	KLINIK DR. KWAN & ASSOCIATE	Tel: 089-211075
		Ground Floor, No. 1, Wisma AIA, Blk 30,	Fax: 089-219819
		Jalan Duta, 90000 Sandakan, Sabah	
2	Dr. Teh Heong Chee	KLINIK TEH SDN. BHD.	Tel/Fax: 089-238228
		Lot 10, Blk 28, Bandar Indah, 90000 Sandakan, Sabah	
3	Dr. Kalarayasu A/L	KLINIK KHOO	Tel: 088-211535
	Subramaniam	Ground Floor, Lot 10, Block H,	Fax: 089-216950
		Bandar Ramai-Ramai, 90000 Sandakan, Sabah	
4	Dr. Vincent Ng	KLINIK DAN SURGERI VINCENT NG	Tel/Fax: 088-671107
		Lot 23, Ground Floor, Block B,	
		Taman Tyng, Mile 6, Jalan Labuk, 90000 Sandakan, Sabah	



Claim Procedures & Documentation

Written notice given to KTS Insurance Mutual Sdn Bhd within 30 days.

After the occurrence of any loss that is cover by the scheme, a written notice of claim must be given to the Company within 30 days or as soon as is reasonably possible.



Claim Procedures & Documentation

Upon receipt of a notice of claim, the Company will provide two forms.

These two forms must be completed and returned with full particulars within 15 days:

- i)Accident / Sickness Claim Form (to be completed by insured person)
- ii)Attending Physician's Statement (to be completed by attending doctor)



MPI General Insurans Berhad (1273) in Persit seem as the Report his test that Kuching Brench: Lot 554-568, 1st Floer John Tun Ahmed Zeick Adhuce 93150 Kuching Barzenek P +6082 248 633, +6082 248 933 F +6082 426 633

mpigenerali.com

	STAFF MEDICAL SCH MEDICAL CLAIM FOR		
Section I - To be completed by the	Insured (IN BLOCK LETTI	ERS)	
Name of Injured :		Gender: Age:	
Spouse of			
Children of		NRIC No :	
Occupation : Name of Employer : Scheme member)		Certificate no :	
Date of Accident	Time of Accident	Place of Accident/Sickness	
Attending doctor I hospitalised, give name and address of	Doctor's address		
		17	
Totally and absolutely disabled	Partially disabled	From: to	
hereby authorised any physician, m my ward been observed or treated to whole medical history in respect of the Claimant's Signature	o give full particulers about n is hospitalisation/surgery/tre Witne	ny/ward's health including my/ward	
	Page 1 of 2	000	

Section II - To be completed i	y the Altending Doctor (IN BLO	CK LETTERS)
by wath to	by approximate upon	rraf (pisase attach referral letter)
In evidence of the claim of Name	Date of	Accident/sickness:
Nature of Injury/Gickness		
If fracture or dislocation, state who complete or incomplete Complete Incomplete	state whether fracture is through shaft or extremity	Was it confirmed by X-ray ?
For sickness : Diagnosis/ICD codi	ing:	
Cause and Pathology (if applicable	e of the above diagnosis)	
When did this patient first consult for this condition ?	you Describe any other disease condition :	or infirmity affecting present
Was the patient previously treated this condition ? Yes No	for How long in your professional opinion has the condition existed ?	Any possibility of relapse ?
Was the condition	congenital nervous	mental
If surgical operation performed, de	escribe fully:	
Give date of treatment and type of	treatment rendered	Hospital
Is the patient still under your care	Contract of the Contract of th	If discharged, give date :
If patient hospitalised, give name and Date Admitted :	and address of hospital Date discharged:	
Discharged/Follow-up instructions		
How long was or will patient be co	ntinuously totally disabled (unable	to work) ? Fromto
How long was or will patient be pa	rtially disabled ? From	_to
Date :	Attending Doctor	Hospital/Cfinic Stamp
	Page 2 of 2	

Claim Procedures & Documentation

Additional documents pertaining to claim must also be submitted without delay.

To further support the insured person's claim, following documents are to be supplied to the company without delay:

- i)Claim Statement
- ii) Medical Report/Medical Certificate for each and every claim RM100 and above. Claims below RM100 requires indication of sickness by attending doctor on official receipt or bill.
- iii)Referral/Recommendation Letter by Panel Doctor (if any)
- iv)Original Medical Bills, Receipts and other related expenses bills (if any)
- v)Police Report (if any)

Claim Procedures & Documentation

The Company may require additional documents and the insured person is to submit as soon as possible.

However, any medical bills dated more than 180 days upon receipt will not be entertained by the Company.





SCHEDULE OF BENEFITS							
Type of Benefits	Maximum Amount of Benefits	Excess (RM)	Monthly Premium (RM)				
Standard Cover	50,000.00	50.00	40.00				

Don't get caught unprepared

Prepare the Umbrella Before It Rains

- Malay proverb













MPI GENERALI INSURANS BERHAD PROPOSAL FORM WECARE MEDICAL SCHEME

Important Note: You are to disclose in this proposal form, fully and faithfully, all the facts which you know, or ought to know otherwise the scheme benefit issued hereunder may be void.

<u>Schedule of Benefits</u>		Maximum Amount of Benefit		
- Daily Room and Board				
- Other Hospital Services				
- Surgical Benefit		RM50,000/- at any one time /		
Emergency Out-Patient Treatment (Accident)Diagnostic X-ray & Lab Test		sickness and in the aggregate of 52		
- In-hospital Doctor's Call		weeks.		
- Specialist Consultation Fees				
- Other Related Expenses				
·		J		
1. Name: IC No	. ·	ζεν. Δσε.		
(Please attach with photocopy of IC)	J	SCA Age		
2. Occupation:	Insured	l Contact No.:		
3. Company's Name:	Office (Contact No.:		
4. Spouse:	Age:	Occupation:		
5. Children: A)	Age:			
В)	Age:			
C)	Δσρ.			
D)	Age:			
6. Correspondence Address:				
7. Are you and your eligible family members now in good If no, please specify.	d health and fr	ee from disease injury?		
DECLARATION BY INSURED				
I declare to the best of my knowledge and belief that the best be the basis of this contract.	ie above state	ments are true and I agree that they shall		
I understand that the cover is effective only upon accept conditions of "WECARE MEDICAL SCHEME".	tance of this p	proposal form and subject to terms and		
				
Signature of Insured		Witness		
		Bishop/District		
		Superintendent/Pastor In Charge Name:		
FOR OFFICE USE ONLY (Please fill the box accordingly)				

Effective Month: __