

APPENDIX 1

1. How to Register i-Get In Touch

Please visit Company's official website at <https://www.greateastertakaful.com> and click **I Get In Touch Guide**

2. Please contact us at 03-4813 3390 or email to igetintouch@greateastertakaful.com for any assistance related to I Get In Touch registration.

APPENDIX 2

Details of COVID-19 Private Hospitalisation Assistance Programme ("Programme")

Hospitalisation Assistance Benefit	<ol style="list-style-type: none"> 1. Great Eastern Takaful will provide reimbursement on goodwill basis for hospitalisation claims due to COVID-19 during the Coverage Period, of which the eligible person covered has received active treatment as Category 3, 4 or 5 COVID-19 patient at a Ministry of Health (MOH) designated private hospital in Malaysia. 2. Reference can be made to current Ministry of Health guidance to understand the clinical management of confirmed COVID-19 patients. 3. The reimbursement is per individual basis and each eligible person covered is entitled to only one (1) claim subject to the following limits: <ol style="list-style-type: none"> i. Up to RM5,000 for Category 3 COVID-19 patient, or ii. Up to RM15,000 for Category 4 COVID-19 patient, or iii. Up to RM25,000 for Category 5 COVID-19 patient. <p>Subject to a total claims limit of RM1.0 million.</p>
Eligibility	This Programme is complimentary to all persons covered of Great Eastern Takaful who are registered i-Get In Touch users and have any in-force primary medical plan(s) (except for compulsory Group Employee Benefits).
Coverage Period	Hospital admission date from 27 March 2021 to 30 September 2021, both dates inclusive, or upon reaching maximum claims limit of RM1 million, whichever is earlier.



<p>Terms and conditions</p>	<ol style="list-style-type: none"> 1. A waiting period of 30 days applies from the risk commencement date of new business certificates or reinstatement date of the certificate, whichever is later. 2. Great Eastern Takaful will assess the reimbursement claim based on Medically Necessary and Reasonable and Customary Charges, as explained below. <ul style="list-style-type: none"> - “Medically Necessary” means a medical service which is: - <ol style="list-style-type: none"> a) consistent with the diagnosis and customary medical treatment for COVID-19, and b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits, and c) not for the convenience of the eligible person covered or the doctor, physician or surgeon, and unable to be reasonably rendered out of hospital (if admitted as an Inpatient), and d) not of an experimental, investigational or research nature, preventive or screening nature, and e) for which the charges are fair, reasonable and customary for COVID-19. - “Reasonable and Customary Charges” means Medically Necessary charges for medical care which is considered reasonable and usual to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individual of the same sex and of comparable age for a similar illness, sickness, disease or injury and in accordance with accepted medical standards and practice which could not have been omitted without adversely affecting the eligible person covered’s medical condition. 3. The certificates that resulted in the eligibility of this coverage must be in-force upon diagnosis, during the treatment due to COVID-19 and upon claims submission. 4. The maximum amount that can be paid for the same person covered under this Programme is the amount based on the highest Category (3/4/5) that this person is diagnosed. For example, if an eligible person covered’s condition at admission is diagnosed as Category 4 COVID-19 patient and subsequently progressed as Category 5 COVID-19 patient, he/she can claim for Category 5 benefit in which he/she can reimburse up to RM25,000. 5. Only one claim can be made per life from Great Eastern Takaful Berhad, Great Eastern General Insurance (Malaysia) or Great Eastern Life Assurance (Malaysia) Berhad. 6. The RM1 million fund is a combined limit for Great Eastern Takaful Berhad, Great Eastern General Insurance (Malaysia) and Great Eastern Life Assurance (Malaysia) Berhad. 7. The Company reserves the right to change and/or terminate the Programme earlier, should the prevailing conditions and circumstances change.
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APPENDIX 3

FAQ for COVID-19 Private Hospitalisation Assistance Programme

1. What is COVID-19 Private Hospitalisation Assistance Programme?

COVID-19 Private Hospitalisation Assistance Programme (“Programme”) is a special initiative launched by Great Eastern Takaful to support persons covered under our medical plans by providing financial assistance in the event of admission to a private hospital in Malaysia for COVID-19 treatment of Category 3, 4 or 5.

It is a complimentary and goodwill benefit that provides reimbursement of hospitalisation claims to eligible persons covered up to a specified limit and subject to terms and conditions of the Programme.

2. Who are eligible for this Programme?

All persons covered of Great Eastern Takaful who are registered i-Get In Touch users and have any in-force primary medical plans (except for compulsory Group Employee Benefits).

Persons covered or certificate owners with eligible primary medical plan but have not signed up for i-Get In Touch must do so in order to join the Programme.

3. What is the benefit of the Programme?

This Programme will reimburse the hospitalisation claims due to COVID-19 to eligible person covered for receiving treatment as a Category 3, 4 or 5 COVID-19 patient at a Ministry of Health (MOH) designated private hospital in Malaysia.

The reimbursement is per individual basis and each eligible person covered is entitled to only one (1) claim subject to the following limits:

- i. reimburse **up to RM5,000** for Category 3 COVID-19 patient, or
- ii. reimburse **up to RM15,000** for Category 4 COVID-19 patient, or
- iii. reimburse **up to RM25,000** for Category 5 COVID-19 patient.

This goodwill benefit is based on the principle of indemnity where the Company will only indemnify any remaining eligible medical expenses on COVID-19 treatment incurred by the customer from the private hospital on reimbursement basis after claiming from other companies, if any.

4. Why do persons covered or certificate owners need to register as an i-Get In Touch user to enjoy this Programme?

Being an i-Get In Touch user is one of the terms and conditions to participate in this Programme. However, exception is granted to keyman certificates in view of i-Get In Touch service is not available for certificates where the company is the certificate owner.

5. Is the person covered entitled to the Programme benefit if he/she meets the Programme’s terms and conditions but has not registered as an i-Get In Touch user?

No, his/her claim will be rejected due to NOT fulfilling the requirement as an i-Get In Touch registered user.



6. **Can a third party certificate owner who is admitted to a private hospital for COVID-19 Category 3, 4 or 5 treatment claim from this Programme?**

No, this Programme is only offered to the person covered with primary medical plan that consists the exclusion on communicable disease requiring quarantine by law.

7. **If a certificate owner is the payer for his/her child's certificate with Contributor Benefit Provider Rider attached to the certificate, is the certificate owner considered as a person covered who eligible to participate in this Programme?**

No, Payer is NOT considered as an eligible person covered under this Programme.

8. **If a person covered has multiple certificates from more than one (1) Takaful operator, can he/she reimburse any eligible medical expenses for COVID-19 Category 3, 4 or 5 treatment in a private hospital from Great Eastern?**

Yes, he/she can claim from the Programme, subject to meeting terms and conditions as well as based on the principle of indemnity. Upon meeting the criteria, the Company will reimburse up to the eligible benefit limit as stated in the Programme.

For instance, a person covered may be first claiming from other Takaful operator, if any, as such the Company will indemnify the balance eligible medical expense up to the benefit limit provided by the Programme. In other words, an eligible person covered who is a COVID-19 patient in private hospital where Category 3 can reimburse up to RM5,000, Category 4 can reimburse up to RM15,000 and Category 5 can reimburse up to RM25,000.

9. **What are the terms and conditions for the coverage provided under this Programme?**

Kindly refer to Appendix 1

10. **If a person covered is admitted to a Malaysian government hospital for COVID-19 treatment of Category 3, 4 or 5, can he/she claim from this Programme?**

No, this Programme will only indemnify eligible person covered who are admitted to a Ministry of Health (MOH) designated private hospital in Malaysia for COVID-19 treatment of Category 3, 4 or 5 only.

11. **If a person covered is admitted to a private hospital for COVID-19 treatment in Singapore, can he/she claim from this Programme?**

No, this Programme is NOT applicable for COVID-19 treatment outside Malaysia.

12. **If a person covered takes a COVID-19 test on 15 March 2021 and subsequently diagnosed as Category 3 COVID-19 on 17 March 2021 and admitted to a private hospital for necessary treatment, can he/she claim from this Programme?**

No, he/she does not meet the Programme terms and conditions as the hospital admission date must be during the Programme coverage period from 27 March 2021 to 30 September 2021



13. **If a person covered has claimed this Programme benefit, can he/she claim again if he/she is re-infected and admitted due to a different Category of COVID-19 treatment in the private hospital?**

No, each eligible person covered can only claim once per life.

14. **Can a person covered claim for the cost of the COVID-19 diagnostic test under this Programme?**

No, COVID-19 diagnostic test is not covered by this Programme.

15. **If a person covered has claimed from last year's 2020 Financial Assistance Programme and unfortunately is infected with COVID-19 again in 2021, can he/she claim from the 2021 COVID-19 Private Hospitalisation Assistance Programme if he/she fulfil the Programme criteria?**

Yes, the person covered is entitled to claim from the COVID-19 Private Hospitalisation Assistance Programme if he/she meets the terms and conditions of the Programme.

16. **Where can I find the definition of Category treatment for COVID-19?**

You may find the definition from <http://covid-19.moh.gov.my/garis-panduan/garis-panduan-kkm>
The table below shows an overview of Specific treatment of COVID-19 disease (*excerpt from Annex 2e: Clinical Management of Confirmed COVID-19 Case*). Please refer to abovementioned MOH website for further information.

Category	Treatment
Category 1	No treatment is required
Category 2	No treatment is required. <ul style="list-style-type: none"> Close observation of vital signs and oxygen saturation as stated in monitoring guidelines. Look for warning signs at each review.
Category 3	Generally, no treatment required. <ul style="list-style-type: none"> Close observation of vital signs and oxygen saturation as stated in monitoring guidelines. Treat with Favipiravir as category 4 if patient has any of the following risk factors: Age \geq 50years with co-morbid, ESRF (consult ID physician on the choice of treatment) and in the presence of any warning signs
Category 4	<ul style="list-style-type: none"> Antiviral treatment Immuno-modulatory treatment Thrombo-embolism treatment
Category 5	<i>Refer to Annex 29: Intensive Care Preparedness and Management Guidelines.</i>

17. **If a person covered progressed from being a Category 2 COVID-19 patient to Category 4 COVID-19 patient and admitted to a private hospital in Malaysia for medically necessary treatment, can he/she entitle for the Programme?**

Yes, the person covered can reimburse for Category 4 COVID-19 benefit up to RM15,000 subject to the terms and conditions of the Programme.



18. **If a person covered is admitted to a private hospital in Malaysia on 25 March 2021 as Category 4 COVID-19 patient who require medically necessary treatment, can he/she claim from the Programme?**

No, the person covered does not meet the terms and conditions of the Programme, as the hospital admission date must be within the Programme coverage period from 27 March 2021 to 30 September 2021.

19. **If a person covered is diagnosed as Category 1 or Category 2 of COVID-19 patient, and quarantined at home or at a Government designated Quarantine's Centre, can he/she claim the Programme benefit?**

No, the person covered does not meet the terms and conditions of the Programme. *Please refer to Appendix 1 above for the qualifying criteria of the Programme.*

20. **If a person covered is admitted to a private hospital in Malaysia on 20 March 2021 as Category 3 COVID-19 patient who require medically necessary treatment, and discharged on 28 March 2021. However, he/she is re-admitted on 31 March 2021 as Category 4 COVID-19 patient, can the person covered claim from this Programme?**

Yes, the person covered meets the terms and conditions of the Programme, as the re-admission date is within the Programme coverage period from 27 March 2021 to 30 September 2021.

21. **Is cashless admission available for admission to a private hospital in Malaysia due to COVID-19?**

No, cashless facility is not applicable for hospital admission when the person covered is diagnosed with COVID-19. This means when a person covered is admitted to a private hospital for non COVID-19 related treatment, and also tested positive with COVID-19; cashless admission will NOT be applicable and no Guaranteed Letter (GL) will be issued.

22. **Is there any waiting period imposed for the claim made under the coverage provided by this Programme?**

Yes, a 30 days waiting period applies from the Risk Commencement date (new business certificates) or Reinstatement date (reinstated certificates), which is later.

23. **Where can I obtain the required claim forms?**

Agent/Certificate owners may obtain the claim forms from the following: -

- *i-GreatPartner >> Operations >> Forms >> Claims Form >> Healthcare Services*
- Company's website : Refer this link : <https://www.greasterntakaful.com/en/get-help/make-a-claim/hospital-and-surgical-claim.html>

24. How do I submit a reimbursement claim from the Programme?

Please refer to the below link for Inpatient Claim Submission Requirement Checklist.

i-GreatPartner >> Operations >> Forms >> Claims Form >> Requirement Checklist >> Requirement Checklist for Healthcare Services (HSD) Submission - Individual Health Claims

You may send the original claim documents to us via mail to
Menara Great Eastern,
Great Eastern Takaful Berhad
Level 3, Claims Department
303 Jalan Ampang
50450 Kuala Lumpur

You may also submit the original claim documents to our Customer Service Center located at the 1st floor (Takaful Claims drop box) at our Head Office or the nearest branch.

25. How long does it take for the Company to process a claim?

The estimated timeframe to process a claim is within 10-20 working days upon receiving the complete claim documents.

26. Who should I contact for further clarification on the Programme?

You may call to our Customer Careline at 1300 13 8338 or email to us at i-greatcare@greasterntakaful.com



APPENDIX 4

Other FAQ related to COVID-19

1. **Which Great Eastern Takaful plans do not have the exclusion clause on communicable diseases requiring quarantine by law?**

Only Great Eastern Takaful medical plans have this exclusion. Other plans do not have this exclusion.

2. **If a person covered is admitted to a Malaysian government or private hospital in Malaysia for COVID-19 treatment, can he/she claim medical related benefit?**

- Malaysian Government hospital:

Currently, the Company provides goodwill* waiver of the exclusion on communicable diseases requiring quarantine by law for Malaysian government hospitals. Hence, if a person covered is admitted to Malaysian government hospital for COVID-19 treatment, he/she will be entitled for reimbursement of RM50 Daily-Cash Allowance and other eligible medical expenses from respective comprehensive medical plan. Kindly refer to the certificate contract for details of terms and conditions of the benefits.

**IMPORTANT note:*

Company reserves right to amend and/or terminate this goodwill coverage earlier, should the prevailing conditions and circumstances change.

- Private hospital in Malaysia:

All medical plans are with the exclusion on communicable diseases requiring quarantine by law and NOT eligible to claim COVID-19 related treatment in the private hospital in Malaysia as well as outside Malaysia. However, the persons covered are entitled to the benefit under the COVID-19 Private Hospitalisation Assistance Programme in Malaysia. Terms and conditions apply.

3. **If a person covered is admitted to a Malaysian government or private hospital for COVID-19 treatment, can he/she claim hospitalisation income benefit?**

Yes, hospitalisation income benefit is payable if the person covered has participated in hospital benefit coverage, e.g. i-Hospitalisation Benefits Term Rider and i-Hospitalisation Benefits Rider and regardless if he/she is admitted to Malaysian government or private hospital, provided the hospitalisation is medically necessary.

The hospitalisation income benefit is payable for medically necessary treatment and hospital admission outside Malaysia, however, no benefit shall be payable in the event that the person covered resides or travels outside Malaysia for more than 90 consecutive days.

Kindly refer to respective plan's terms and conditions for the benefits payout.

4. **If a person covered dies due to COVID-19, will the death benefit of his/her takaful certificates be payable?**

Yes, all takaful certificates covering death, will pay death claim due to COVID-19 subject to terms and condition.



5. What does “Medically Necessary” means?

“Medically Necessary” is commonly stated in the Annexure of respective comprehensive medical plan and is referring to a medical service which is:

- a) consistent with the diagnosis and customary medical treatment for a covered disability, and
- b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and proven medical benefits, and
- c) not for convenience of the person covered or the physician, and unable to be reasonably rendered out of hospital (if admitted as an Inpatient), and
- d) not of an experimental, investigational or research nature, preventive or screening nature, and
- e) for which the charges are fair, reasonable and customary for the disability.

IMPORTANT NOTE:

- A physician or doctor may prescribe or provide a medical service to the person covered, however, it should NOT be assumed as “Medically Necessary” or covered by the medical plan.
- As for COVID-19 related treatment, reference can be made to the current Ministry of Health (MOH) where a person diagnosed with COVID-19 and asymptomatic is not required active treatment and is advised to be quarantined at home while being monitored by health workers. As such, it would be deemed as NOT “Medically Necessary” and it will NOT be covered by medical plan.

6. What does “Reasonable and Customary Charges” means?

“Reasonable and Customary Charges” is also commonly stated in the Annexure of respective comprehensive medical plan. This is referring to Medically Necessary charges for medical care which is considered reasonable and usual to the extent that it does not exceed the general level of charges made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individual of the same sex of comparable age for a similar Illness, Sickness, Disease or Injury and in accordance with accepted medical standards and practice which could not have been omitted without adversely affecting the Person Covered’s medical condition.

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