Allianz Elite Choice

Underwritten By : Allianz (1)



Your hard-built Small or Medium-sized Enterprise (SME) deserves the best. We're here with custom insurance solutions, crafted to shield your venture from the unexpected. With our SME insurance, you focus on growth while we handle the rest.



Easy Entry Min 10 Staff



Hassles-free Hospital Admission



Cashless Clinic Treatment*



No Medical Underwriting



Pre-existing Conditions waiting Period **120 days**



39 Critical Illnesses Protection



Max. Entry Age 64 years old

Disclaimer : MetaFin® users have the option to directly self-sign up for the mSME Solutions Program in the MetaFin Digital Platform. This program is underwritten by Allianz Malaysia Berhad, and the enrollment process is facilitated by authorised insurance agency MediSavers® Management Sán. Bhd.The information herein may not fully reflect the context of the product disclosure sheet and full terms of the policy. Please refer to the documents for a detailed description of the product's features and the conditions under which any claims are made. MetaFin® is not liable for misinterpretation of product benefits and claim conditions as described in the policy wording sheet and product disclosure sheet.

Authorised Insurance Agency :

Underwritten By :

Allianz (II)

Digital Platform :

MetaFin DI Y Metra Plateorm



| | Group Hos | oitalisati | on & Sui | rgical (G | HS) | | |
|--|---|------------|---------------|---------------------|--------------------------|----------------|--------|
| | | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 | Plan 6 |
| В | Benefits | | | (R | М) | | |
| Overall Annual Limit(| per Policy Year) | 500,000 | 300,000 | 120,000 | 60,000 | 40,000 | 20,000 |
| Hospital Room & Boa | | 600 | 400 | 250 | 200 | 150 | 100 |
| (subject to a max of 250 day Intensive Care Unit | ys per Policy Year) | | | 200 | 200 | | |
| (subject to a max of 50 day) | s per Policy Year) | | | | | | |
| Hospital Supplies and | Services | | | | | | |
| Surgical Fees | | | | | | | |
| Anaesthetist Fees | | | | | | | |
| Operating Theatre Fee | es | | | | | | |
| In-Hospital Physicial V (subject to a maximum of 2 to a maximum of 2 visits pe | 50 days per Policy Year and subject | | Subject | | charged. le and Custo | mary Charge | es.* |
| Pre-Hospitalisation D (within 180 days prior to hos | 0 | | | | | | |
| Pre-Hospitalisation Sp (within 180 days prior to hos | spitalisation) | | | | | | |
| Second Surgical Opin (within 180 days prior to hos | | | | | | | |
| Ambulance Fees (resu | | | | | | | |
| Organ Transplant Tre | | | | | | | |
| Day Care Procedure/S | • • | | | | | | |
| Admissions at Govern (subject to a maximum of 2) | | 500 | 350 | 250 | 200 | 150 | 100 |
| Medical Report Fee | | A | s charged, up | to maximum | n of RM500 pe | er Policy Year | |
| Miscarriage Benefit | | | | 1,200 per F | Policy Year | | |
| In-Patient Mental IIIn | ess | | | 10,000 per | | | |
| Intraocular Lens | Monofocal (non-toric) lens | | subject to | As ch Reasonable | larged | ry Chargos | |
| | Non-Monofocal (toric) lens | | Subject it | 3,000 per l | | iry charges | |
| Emergency Evacuation | on | | | 10,000 per | - | | |
| Funeral Expenses (all | | | | 10,0 | | | |
| Health Screening | | | | 100 per | Policy Year | | |
| Basic: Post-Hosp | oitalisation Benefits | | | | | | |
| Post-Hospitalisation T | | | | | | | |
| Home Nursing Care (subject to a maximum of 2 | 50 days per Policy Year) | | subject to | As ch Reasonable | larged and Customa | ry Charges | |
| Out-Patient Kidney D /Stroke Treatment | vialysis Treatment | | | | | | |
| Alternative Treatmen | | | | 1,800 per F | Policy Year | | |
| Basic: Out-Patie | nt Treatment Benefits | | | | | | |
| Accidental Dental Tre (within 24 hours after the ad up to 180 days) | eatment ccident and follow-up treatment | | | | | | |
| Accidental Out-Patier | nt Treatment ccident and follow-up treatment | | subject to | As ch Reasonable | arged and Customa | ry Charges | |
| | or Enteric Fever Treatment | | | | | | |
| - | Out-Patient Treatment | | | 100 per Po | licy Year | | |
| Basic: Cancer Tre | eatment Benefits | | | | | | |
| Out-Patient Cancer T | reatment | | | Aciah | argod | | |
| Genomic Test for Can | cer | | subject to | As ch Reasonable | larged and Customa | rv Charges | |

Note: The Reasonable and Customary Charges are based on Private Healthcare Facilities and Services (Private Hospitals and other Private Healthcare Facilities) Regulations 2006 of Malaysia, including any subsequent amendment(s) or enactment of it.

Authorised Insurance Agency :

Underwritten By :

Digital Platform :



MediSavers Management Sdn. Bhd. (1248537-X) Registered Corporate Insurance Agency



| Benefits | Plan 1 (RM) | Plan 2 <i>(RM)</i> | Plan 3 (RM) | | | |
|--|---|--|-----------------|--|--|--|
| Out-Patient General Practitioner (GP) Care | | | | | | |
| Consultation | | | | | | |
| Medication | | | | | | |
| Injection | Cookloss for Danal Clinics As at averal | | | | | |
| Diagnostic Services | Cashless for Panel Clinics As charged subject to Reasonable & Customary Charges | | | | | |
| Out-Patient Surgical Procedure | | | | | | |
| Mandatory Child Immunisation | | | | | | |
| Pap Smear Examination (Once per Policy Year) | | | | | | |
| Non-panel GP Clinic Visit | On reimbursement basis | | | | | |
| Overseas Coverage (Max up to RM100 per visit) | As charged sub | oject to Reasonable & Custom | hary Charges | | | |
| Overall Annual Limit | Unlimited | | | | | |
| Out-Patient Specialist (SP) Care | | | | | | |
| Consultation | | | | | | |
| Medication | | | | | | |
| Injection | As charged sub | Cashless bject to Reasonable & Custom | ary Charges | | | |
| Diagnostic Services | | | | | | |
| Physiotherapy | | | | | | |
| Out-Patient Surgical Procedure | | | | | | |
| Overseas Coverage | | On reimbursement basis | | | | |
| (Max up to RM200 per visit) | As charged sub | ject to Reasonable & Custom | ary Charges 1 | | | |
| Optional) Supplementary Riders of Out-Patient Clinical | | | | | | |
| Out-Patient Mental Illness Treatment (OPMI) | | Cashless | | | | |
| Direct Paediatrician Benefit (DPAED) (Including Mandatory Child Immunisation) | As charged s | ubject to Reasonable & Custo | omary Charges 1 | | | |
| Overall Annual Limit | 5,000 | 2,500 | 1,800 | | | |

| Gro | oup Term | Life (G1 | TL) | | | |
|---|-------------|------------|------------|------------|------------|------------|
| Basic | Plan 1 (RM) | Plan 2(RM) | Plan 3(RM) | Plan 4(RM) | Plan 5(RM) | Plan 6(RM) |
| Death* or Total and Permanent Disability (TPD)* or Partial and Permanent Disability (PPD)* or Terminal Illness (TI), whichever is earlier *all causes | 500,000 | 300,000 | 200,000 | 150,000 | 100,000 | 50,000 |
| Optional Riders | | | | | | |
| Accidental Death and Disablement (ADDI) | 500,000 | 300,000 | 200,000 | 150,000 | 100,000 | 50,000 |
| Additional Critical Illness (ADCI) | 500,000 | 300,000 | 200,000 | 150,000 | 100,000 | 50,000 |
| Accelerated Critical Illness (ACCI) | 500,000 | 300,000 | 200,000 | 150,000 | 100,000 | 50,000 |
| Repatriation of Mortal Remains (RMR) | | | 100,0 | 00 | | |

Authorised Insurance Agency :

Underwritten By :







| | Dental | |
|--|------------------------------|----------------------------|
| Benefits | Plan 1 (RM) | Plan 2 (RM) |
| Overall Annual Limit | 400 | 300 |
| Basic Treatments | | |
| Filling, Extraction, Dressing, Medication, IOPA X-ray, Root Canal Treatment | | |
| Gum Treatments | | |
| Gingival Currettage | | |
| Preventive Treatments | | |
| Dental Check-up, Consultation, Scaling and Polishing | As charged subject to Reason | able and Customary Charges |
| Complex Treatments | | |
| Wisdom Tooth Surgery, Surgical Removal of Roots, Periodontal Surgery | | |
| Dentures | | |
| Partial or Full Dentures | | |
| Restorative Treatments | | |
| Capping, Crowns and Bridges | | |

Authorised Insurance Agency :

Underwritten By :

Digital Platform :



MediSavers Management Sdn. Bhd. (1248537-X) Registered Corporate Insurance Agency





List of 39 Critical Illnesses

Critical Illnesses covered under Additional and Accelerated Critical Illness (ADCI & ACCI, optional riders to GTL):

| 01. Stroke - Resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms | 21. Brain Surgery |
|---|---|
| 02. Heart Attack - of specified severity | 22. Heart Valve Surgery |
| 03. Kidney Failure - Requiring dialysis or kidney transplant | 23. Terminal Illness |
| 02. Cancer - of specified severity and does not cover very early cancers | 24. Bacterial Meningitis - Resulting in Permanent inability to perform Activities of Daily Living |
| 05. Coronary Artery By - Pass Surgery | 25. Major Head Trauma - Resulting in Permanent inability to perform Activities of Daily Living |
| 06. Serious Coronary Artery Disease | 26. Chronic Aplastic Anaemia - Resulting in Permanent Bone Marrow Failure |
| 07. Angioplasty And Other Invasive Treatments for Coronary Artery Disease* | 27. Motor Neuron Disease - Permanent Neurological Deficit with Persisting Clinical Symptoms |
| 08. End-Stage Liver Failure | 28. Parkinson's Disease - Resulting in Permanent inability to perform Activities of Daily Living |
| 09. Fulminant Viral Hepatitis | 29. Alzheimer's Disease / Severe Dementia |
| 10. Coma - Resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms | 30. Muscular Dystrophy |
| 11. Benign Brain Tumour - of specified severity | 31. Surgery to Aorta |
| 12. Deafness - Permanent and Irreversible | 32. Multiple Sclerosis |
| 13. Third Degree Burns - of specified severity | 33. Primary Pulmonary Arterial Hypertension - of specified severity |
| 14. Human Immunodeficiency Virus (HIV) Infection due to Blood Transfusionn | 34. Medullary Cystic Disease |
| 15. Occupationally Acquired Human Immunodeficiency Virus (<i>HIV</i>) Infection | 35. Cardiomyopathy - of specified severity |
| 16. Full-blown AIDS | 36. Systemic Lupus Erythematosus with Severe Kidney Complications |
| 17. End-Stage Lung Disease | 37. Paralysis of Limbs |
| 18. Encephalitis - Resulting in Permanent inability to perform Activities of Daily Living | 38. Blindness - Permanent and Irreversible |
| 19. Major Organ/Bone Marrow Transplant | 39. Loss of Independent Existence |
| 20. Loss of Speech | |

Notes:

The Sum Assured of the Basic Policy shall reduce proportionally by the Sum Assured of Accelerated Critical Illness benefit paid.

2 For Angioplasty and Other Invasive Treatments for Coronary Artery Disease, ten percent (10%) of the Rider Sum Assured shall be payable subject to a maximum of RM25,000 and is payable once only in the lifetime of the Insured Member.



Authorised Insurance Agency :

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| Benefits | | Minimum Entry Age | Maximum Entry Age | Maximum Renewable Age | Expiry Age |
|-----------------------------------|-----------------|----------------------|----------------------|--------------------------|----------------|
| Employee | | | | | |
| GTL (Death / TPD / PPL | D/ TI) | | | | |
| Optional Rider to GTL | ACCI ADCI | 16 years old | 64 years old | 74 years old | 75 years old |
| | ADDI | 16 years old | 64 years old | 69 years old | 70 years old |
| | RMR | 16 years old | 64 years old | 74 years old | 75 years old |
| GHS | | | | | |
| Optional Rider of GHS | OPC DENT | 16 years old | 64 years old | 74 years old | 75 years old |
| Optional Rider of OPC | OPMI | 16 years old | 64 years old | 74 years old | 75 years old |
| Dependent: Spouse | | | | | |
| GHS | | | | | |
| Optional Rider of GHS | OPC DENT | 16 years old | 64 years old | 74 years old | 75 years old |
| Optional Rider of GOPC | OPMI | 16 years old | 64 years old | 74 years old | 75 years old |
| Dependent: Child | | | | | |
| GHS | | | | | |
| Optional Rider of GHS | OPC DENT | 15 days | 23 years old | 23 years old | 24 years old |
| Optional Rider of GOPC | OPMI DPAED | 15 days | 23 years old | 23 years old | 24 years old |
| | | Headcour | its | | |
| Group size at policy i | nception | Group | Term Life | Group Hospitalis | ation & Surgio |
| Minimum | | | | nployees | |
| Maximum | | | 350 e | mployees | |
| Wait | ing Period (| Group Hospi | talisation & | & Surgical) | |
| Conditions | | | Waiti | ng Period | |
| Pre-existing Conditions & Speci | ified Illnesses | | 12 | 0 days | |
| Any Disability (except for Injury |) | | 3 | 0 days | |

| Conditions | Waiting Period |
|--|----------------|
| Any Critical Illness, other than the conditions stated below | 30 days |
| Angioplasty and other invasive treatments for Coronary Artery Disease Cancer - of specified severity and does not cover very early cancers Coronary Artery By-Pass Surgery Heart Attack - of specified severity | 60 days |

Personal Health Declaration Form

a) Aged 65 years old and above; or

Serious Coronary Artery Disease

b) Applying for Additional Critical Illness (except Plan 4, 5 & 6) are required to complete the Personal Health Declaration Form and subject to underwriting.

Authorised Insurance Agency :

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Digital Platform :







SME Submission Requirements :
Application form
Letter of Authorization
Color copy IC of all Authorized persons in item no. 2
Company Form 9,13 (*If any*), 24, 44 and 49 & Memorandum and Addendum
E-payment form
Copy of client bank statement showing bank name, account holder name and power to meter

7. Members Listing in excel file for policy issuance

How Much Does It Cost You In Total?

| Gro | up Hospitalis | ation & Sur | gical | | | |
|---|---------------|-----------------|----------|----------|----------|----------|
| Per Insured Member(s) | RB 600 | RB 400 | RB 250 | RB 200 | RB 150 | RB 100 |
| | | | | (RM) | | |
| Employee only | 2,463.00 | 1,752.00 | 1,144.00 | 789.00 | 489.00 | 386.00 |
| Employee & Spouse | 6,157.50 | 4,380.00 | 2,860.00 | 1,972.50 | 1,222.50 | 965.00 |
| Employee & Child | 6,157.50 | 4,380.00 | 2,860.00 | 1,972.50 | 1,222.50 | 965.00 |
| Employee & Family | 9852.00 | 7,008.00 | 4,576.00 | 3,156.00 | 1,956.00 | 1,544.00 |
| | GHS Optic | onal Rider | | | | |
| Outpatient Clinical | Plar | n 1 <i>(RM)</i> | Plar | n 2 (RM) | Plan 3 | 5 (RM) |
| Per Insured Member | 1,2 | 20.00 | 9 | 015.00 | 812 | .00 |
| Direct Paediatrician Benefit (DPAED) | | | | 29.00 | 7 | |
| Out-Patient Mental Illness Treatment (OPMI) | | | 1 | 26.00 | | |

| Ba | sic : Group T | erm Life (G | TL) | | | |
|---|-------------------|-------------------|-------------------|-------------------|-------------------|------------------|
| Group Term Life(Age Nearest Birthday) *Per Insured Member | Plan 1 500,000 | Plan 2 300,000 | Plan 3 200,000 | Plan 4 150,000 | Plan 5 100,000 | Plan 6 50,000 |
| | | | | (RM) | | |
| Death / Total and Permanent Disability (<i>TPD</i>) / Partial and Permanent Disability (<i>PPD</i>) / Terminal Illness (π)* | | | | | | |
| 16 to 35 | 700.00 | 420.00 | 280.00 | 210.00 | 140.00 | 70.00 |
| 36 to 40 | 950.00 | 570.00 | 380.00 | 285.00 | 190.00 | 95.00 |
| 41 to 45 | 1,525.00 | 915.00 | 610.00 | 457.50 | 305.00 | 152.50 |
| 46 to 50 | 2,700.00 | 1,620.00 | 1,080.00 | 810.00 | 540.00 | 270.00 |
| 51 to 55 | 4,675.00 | 2,805.00 | 1,870.00 | 1,402.50 | 935.00 | 467.50 |
| 56 to 60 | 7,700.00 | 4,620.00 | 3,080.00 | 2,310.00 | 1,540.00 | 770.00 |
| 61 to 65 | 13,825.00 | 8,295.00 | 5,530.00 | 4,147.50 | 2,765.00 | 1,382.50 |
| 66 to 69 | 23,700.00 | 14,220.00 | 9,480.00 | 7,110.00 | 4,740.00 | 2,370.00 |
| 70 to 74 | 37,350.00 | 22,410.00 | 14,940.00 | 11, 205.00 | 7, 470.00 | 3, 735.00 |
| Accidental Death & Disablement (ADDI) | | 1 | | | | |
| 16 to 69 | 475.00 | 285.00 | 190.00 | 142.50 | 95.00 | 47.50 |
| Additional Critical Illness (ADCI) | | 1 | 1 | | | |
| 16 to 35 | 725.00 | 435.00 | 290.00 | 217.50 | 145.00 | 72.50 |
| 36 to 40 | 1,025.00 | 615.00 | 410.00 | 307.50 | 205.00 | 102.50 |
| 41 to 45 | 1,900.00 | 1,140.00 | 760.00 | 570.00 | 380.00 | 190.00 |
| 46 to 50 | 3,100.00 | 1,860.00 | 1,240.00 | 930.00 | 620.00 | 310.00 |
| 51 to 55 | 4,825.00 | 2,895.00 | 1,930.00 | 1,447.50 | 965.00 | 482.50 |
| 56 to 60 | 6,900.00 | 4,140.00 | 2,760.00 | 2,070.00 | 1,380.00 | 690.00 |
| 61 to 65 | 10,275.00 | 6,165.00 | 4,110.00 | 3,082.50 | 2,055.00 | 1,027.50 |
| 66 to 69 | 13,350.00 | 8,010.00 | 5,340.00 | 4,005.00 | 2,670.00 | 1,335.00 |
| 70 to 74 | 17,925.00 | 10,755.00 | 7,170.00 | 5,377.50 | 3,585.00 | 1,792.50 |
| Accelerated Critical Illness (ACCI) | | I | 1 | | 1 | |
| 16 to 35 | 600.00 | 360.00 | 240.00 | 180.00 | 120.00 | 60.00 |
| 36 to 40 | 825.00 | 495.00 | 330.00 | 247.50 | 165.00 | 82.50 |
| 41 to 45 | 1,525.00 | 915.00 | 610.00 | 457.50 | 305.00 | 152.50 |
| 46 to 50 | 2,300.00 | 1,380.00 | 920.00 | 690.00 | 460.00 | 230.00 |
| 51 to 55 | 3,425.00 | 2,055.00 | 1,370.00 | 1,027.50 | 685.00 | 342.50 |
| 56 to 60 | 4,675.00 | 2,805.00 | 1,870.00 | 1,402.50 | 935.00 | 467.50 |
| 61 to 65 | 7,025.00 | 4,215.00 | 2,810.00 | 2,107.50 | 1,405.00 | 702.50 |
| 66 to 69 | 8,425.00 | 5,055.00 | 3,370.00 | 2,527.50 | 1,685.00 | 842.50 |
| 70 to 74 | 11,125.00 | 6,675.00 | 4,450.00 | 3,337.50 | 2,225.00 | 1,112.50 |
| Repatriation of Mortal Remains (RMR) | | | | | | |
| 16 to 74 | | | 26.00 | | | |
| | | | | | | _ |

Authorised Insurance Agency :

Underwritten By :







| | Dental Benefit | | |
|-----------------------|--------------------|-------------|--|
| Dental Benefit (DENT) | Plan 1 <i>(RM)</i> | Plan 2 (RM) | |
| Per Insured Member | 150.00 | 80.00 | |
| | Fee and Charge** | | |
| Stamp Duty | RM10 | .00 | |

Authorised Insurance Agency :

Underwritten By :



