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 RM 10 Revenue

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# DEED OF INDEMNITY – HEALTH CARE PROGRAMME

To: Great Eastern Life Assurance (Malaysia) Berhad (198201013982 (93745-A))

 303 Jalan Ampang

 50450 KUALA LUMPUR

1. Pursuant to our application to you dated \_\_\_\_\_\_\_\_\_\_ for a Group Hospitalisation and Surgical Plan, you had agreed to provide the cashless facility via the cashless e-medical card (“**Card**”) and reimbursement basis for use under the Health Care Programme at our request wherein you will guarantee payment of all medical treatment (inpatient hospitalisation and/or outpatient), surgical charges and expenses incurred except expenses in excess of the Room and Board limit and expenses in excess of the Overall Limit applicable to the particular patient as defined in the group policy, all non-medical expenses, and expenses for outpatient/follow-up treatment upon fulfillment of the conditions stipulated under paragraph 2 below (“**Facility**”), in respect of our directors/employees and their dependants (collectively referred to as the “**Lives Assured**” or each, “**Life Assured**”) insured under Group Policy No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_(“**Policy**”), who are receiving medical treatment in a Hospital or Clinic as defined in your Policy, which is currently on your panel of hospitals and clinics for the use of the Card and reimbursement basis.

1. In consideration of your undertaking to issue the Card and reimbursement basis for the Lives Assured under the Policy and any subsequent renewals thereof, we hereby undertake:
	1. to pay to you the first premium for the Policy including any subsequent renewal premium and the premium accounted due to adjustment must be paid within the grace period of thirty (30) days from the due date of such premium;
	2. in the event that the amount paid by you for the hospitalisation or surgical treatment charges under a Card or outpatient charges under the reimbursement basis is greater than the amount insured, and you have issued a debit advice to us in respect of the difference between the amount paid by you and the actual amount insured, to pay you within the sixty (60) days from the date of your debit advice the amount of the hospitalisation or surgical treatment charges under a Card or outpatient charges under the reimbursement basis that are not payable under the Policy by virtue of the following circumstances:
		1. the claim payment being in excess of the claimable amount as specified in the Policy;
		2. the whole amount of the claim not being claimable by virtue of the conditions, limitations and exclusions of the Policy;
		3. the claim being in respect of hospitalisation, surgery or outpatient treatment of an employee (or his/her dependants) commencing after the termination of his/her coverage for any reasons whatsoever.

2.3 to submit movement additions and terminations to you to ensure timely provision of the Facility and avoidance of ineligible claims. In this respect, we shall reimburse you for all expenses incurred which are ineligible to the benefits covered by the Policy in respect of the relevant Life Assured, as well as for expenses incurred which you have advanced notwithstanding that such expenses are not covered by the Policy, within thirty (30) days from the date of your debit note to us.

1. It is hereby agreed that:
	1. we shall take full responsibility for any Cards and reimbursement basis that have been issued to us;
	2. you reserve the right at any time, at your sole and absolute discretion, to immediately cease the issuance of the new Cards and reimbursement basis if there is any debit advice outstanding for more than sixty (60) days;
	3. you reserve the right, at your sole and absolute discretion, to suspend or withdraw the Facility if there is any debit advice outstanding for more than ninety (90) days;
	4. you reserve the right at any time to revoke any Card and reimbursement basis by giving thirty (30) days written notice to us; and
	5. nothing herein contained in this Deed of Indemnity shall affect your rights under the Policy.

Dated at …………………the………….day of…………….. in the year …………………

Authorised Signatory

…………………………………………

Name : ………………………………………………………………….

Designation : ………………………………………………………………….

NRIC : ………………………………………………………………….

Company Stamp :