



GROUP EMPLOYEE CARE Information Sheet

To provide you with the most relevant and accurate quotation, please fill up this form with as much information as possible. Kindly note that mandatory fields are marked with *

SECTION 1 : Policy Details

Policyholder's Name*			
Business Registration Number *		Previous Policy No (if you have previous Group PA policy with AIG)	
Policy Start Date *		Policy End Date *	

SECTION 2 : Business Details*

Business Registered Address *			
Mailing Address if different from above Address?			
Primary Occupation / Nature of Business			
Contact Name		Contact Email	
Office Telephone Number		Contact Mobile Number	

SECTION 3 : Underwriting Information

Please tick (✓) the boxes where appropriate.

<p>1. Please confirm that none of the insured persons fall into any of the below categories -</p> <p>a. Military b. Armed forces c. Peacekeeping forces and similar group or exposures d. Security guards/Body Guard (Armed and Unarmed) e. Professional or Semi-Professional sports f. Taxi Drivers g. Loggers h. Miner i. Quarry workers j. Underground Work k. Air Crew l. Sea Crew</p> <p>m. Offshore workers for Oil & Gas n. Secondment Programs (working in overseas exceeding consecutive 90 days) o. Race Driver p. Stuntman q. Fireman r. Fisherman s. Plantation workers t. Window Cleaners u. Construction Workers v. Construction of dams, bridges, and tunnel</p>	Yes	No
<p>2. Are all the persons to be insured persons employees of the Policyholder? <i>*This product is exclusively for employee - employer relationship only and does not cover any member of organization, scheme or similar nature of business.</i></p>	Yes	No
<p>3. Are all employees covered under this policy except any employee not eligible due to age, excluded occupation, residency or profile? <i>*Please note selective cover is not allowed unless certain employees fall in exclusions of the product. Also no cover for employees who are overseas for more than 90 days</i></p>	Yes	No



SECTION 4 : Age Extension

Policy age limit is up to 75 years old. If there are any employees above the age of 75 years old, please complete the below.

(Kindly note that inclusion of insured person above age 75 is subject to Underwriter's approval)

No	D.O.B of the Employee	Occupation Class	Designation	Sum Insured (RM)
1				
2				
3				

Please add more if required

SECTION 5 : Loss History

Kindly update the below table for prior years loss history. This will be referred subject to underwriting guidelines. Supporting document is required referral. If there are no claims in the prior years, please tick the box at the end of the table.

Year	Claims Amount (RM)	
	Paid	Outstanding

Please add more if required

The policyholder has no claims paid, outstanding or reported in the prior years



SECTION 6 : Insured Category *

Please tick (✓) the boxes where appropriate.

No	Category / Designation	Occupation Class	No. of Employees	Basis of Sum Insured	Sum Insured (RM)	Medical Expenses due to Injury (RM)	Optional Module		
							Accident Module	Medi-Care Module	Employee Assistance Module
1		Class 1&2 Class 3		Fixed Sum Insured	Fixed Sum Insured		Plan 1 Plan 2	Plan 1 Plan 2	Plan 1 Plan 2
				Multiples of MBS 24 MBS 36 MBS 48 MBS <i>(Applicable only for Class 1&2)</i>	Total monthly salary for all employees for this category				
2		Class 1&2 Class 3		Fixed Sum Insured	Fixed Sum Insured		Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/>	Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/>	Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/>
				Multiples of MBS 24 MBS 36 MBS 48 MBS <i>(Applicable only for Class 1&2)</i>	Total monthly salary for all employees for this category				
3		Class 1&2 Class 3		Fixed Sum Insured	Fixed Sum Insured		Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/>	Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/>	Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/>
				Multiples of MBS 24 MBS 36 MBS 48 MBS <i>(Applicable only for Class 1&2)</i>	Total monthly salary for all employees for this category				



4	Class 1&2 Class 3	Fixed Sum Insured	Fixed Sum Insured	Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/>	Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/>	Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/>
		Multiples of MBS 24 MBS 36 MBS 48 MBS <i>(Applicable only for Class 1&2)</i>	Total monthly salary for all employees for this category			

Please use additional sheet if there are more Categories

SECTION 7 : Insured Category – Foreign Worker

Please enter the number of Foreign Workers to be covered. The Benefits and Sum Insured for this category is fixed.

Category / Designation	Occupation Class	No. of Foreign Workers	Sum Insured	Medical Expenses due to Injury
Foreign Worker	Class 3		RM50,000	RM 1,000