



**MAKLUMAT PASANGAN**

BIL	NAMA PASANGAN	NO. KAD PENGENALAN BAHARU	TEMPAT BERTUGAS (Nyatakan jika berkhidmat di RISDA/ KRH/ KARISMA)

**PENGAKUAN**

Saya bersetuju mematuhi segala syarat keahlian yang ditetapkan oleh SHPB dan membayar caruman SHPB secara \*tunai/ cek/ pindahan secara dalam talian sebanyak Ringgit Malaysia . . . . . atas nama **"SKIM HOSPITAL DAN PEMBEDAHAN BERKELOMPOK"** akaun Bank Muamalat nombor 1403-0000916-71-9.

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Tandatangan Kakitangan/ Pesara/ APB/ ALP

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Tarikh

\* Potong mana yang tidak berkenaan.

**PENGESAHAN**

Saya mengesahkan bahawa maklumat yang dinyatakan di atas adalah benar.

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Tandatangan Ketua Jabatan/ Saksi

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Tarikh

Nama:

Jawatan:

Cop Jabatan:

**# NOTA:**

- Hanya lengkapkan maklumat pasangan yang layak dan akan menyertai SHPB sahaja.
  - Umur maksima penyertaan pasangan 65 tahun (umur pada tahun berikutnya).
- Sertakan salinan MyKad ahli dan pasangan yang menyertai SHPB.
- Sertakan salinan slip deposit tunai/ pindahan wang yang dicatat nama dan no. kad pengenalan ahli.



**MANFAAT SKIM HOSPITAL DAN PEMBEDAHAN BERKELOMPOK  
BAGI KAKITANGAN/ PESARA/ APB/ ALP UMUR 60 TAHUN (TAHUN BERIKUTNYA) DAN KE BAWAH  
TERMASUK PASANGAN DAN ANAK**

THE SCHEDULE OF BENEFITS	PLAN A RM	PLAN B RM	PLAN C RM	PLAN D RM	PLAN E RM
1. Hospital room & board (Daily max. up to 120 days)	120	190	210	250	400
2. Intensive Care Unit (Daily max. up to 20 days)	As charged				
3. Hospital miscellaneous services	As charged				
4. Surgical fees	As charged				
5. Anaesthetist's fees	As charged				
6. Operating theatre	As charged				
7. In-hospital physician's visit (Daily max. up to 120 days)	As charged				
8. Reimbursement of SST	6% of room and board charges				
9. Pre-surgical/ medical specialist consultation (Within 60 days prior to hospitalisation)	As charged				
10. Pre-surgical/ medical diagnostic services (Within 60 days prior to hospitalisation)	As charged				
11. Second surgical opinion (Within 60 days prior to hospitalisation)	As charged				
12. Follow-up treatment (Max. up to 60 days)	As charged				
13. Outpatient accidental treatment (Within 24 hours & follow-up 60 days)	As charged				
14. Accidental dental treatment (Within 24 hours & follow-up 14 days)	As charged				
15. Ambulance services (Emergency & non-emergency services)	300	300	300	300	300
16. Medical report fee reimbursement	As charged				
17. Government daily cash allowance (Daily max. up to 120 days)	50	150	200	250	350
18. Emergency out-patient treatment (10 pm to 8 am)	As charged				
19. Daycare procedure (Inclusive all incidental costs)	As charged				
20. Therapeutic equipment (wheel chair & others)	Rental charge during confinement				
21. Orthopedic appliances	As charged up to max. of RM1,500 only				
Overall limit per disability/ per member	16,500	20,500	25,500	30,500	50,000
22. Death benefit (all causes)	2,000	2,000	2,000	2,000	2,000
23. Long term care : Outpatient cancer treatment Outpatient kidney dialysis treatment	As charged up to RM15,000 per annum/ per member				

**MANFAAT SKIM HOSPITAL DAN PEMBEDAHAN BERKELOMPOK  
BAGI KAKITANGAN/ PESARA/ APB/ ALP UMUR 60 TAHUN HINGGA 65 TAHUN (TAHUN BERIKUTNYA)  
TERMASUK PASANGAN**

THE SCHEDULE OF BENEFITS	PLAN A RM	PLAN B RM	PLAN C RM	PLAN D RM	PLAN E RM
1. Hospital room & board (Daily max. up to 120 days)	120	190	210	250	400
2. Intensive Care Unit (Daily max. up to 20 days)	As charged				
3. Hospital miscellaneous services	As charged				
4. Surgical fees	As charged				
5. Anaesthetist's fees	As charged				
6. Operating theatre	As charged				
7. In-hospital physician's visit (Daily max. up to 120 days)	As charged				
8. Reimbursement of SST	6% of room and board charges				
9. Pre-surgical/ medical specialist consultation (Within 60 days prior to hospitalisation)	As charged				
10. Pre-surgical/ medical diagnostic services (Within 60 days prior to hospitalisation)	As charged				
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12. Follow-up treatment (Max. up to 60 days)	As charged				
13. Outpatient accidental treatment (Within 24 hours & follow-up 60 days)	As charged				
14. Accidental dental treatment (Within 24 hours & follow-up 14 days)	As charged				
15. Ambulance services (Emergency & non-emergency services)	300	300	300	300	300
16. Medical report fee reimbursement	As charged				
17. Government daily cash allowance (Daily max. up to 120 days)	50	150	200	250	350
18. Emergency out-patient treatment (10 pm to 8 am)	As charged				
19. Daycare procedure (Inclusive all incidental costs)	As charged				
20. Therapeutic equipment (wheel chair & others)	Rental charge during confinement				
21. Orthopedic appliances	As charged up to max. of RM1,500 only				
22. Long term care : Outpatient cancer treatment Outpatient kidney dialysis treatment	As charged				
Overall limit per annum/ per member	15,000	20,000	25,000	30,000	40,000
23. Death benefit (all causes)	2,000	2,000	2,000	2,000	2,000