



# MyNUTP HIBAH TAKAFUL PENDIDIK



Takaful Hibah Termasuk Penyakit Kritikal dan Manfaat Hospital Harian

Takaful

**Umur Penyertaan Di Lanjutkan kepada 59 tahun dan tempoh perlindungan sehingga 70 tahun**

Ahli Kumpulan Maybank

## MURAH, MUDAH & TINGGI FAEDAH

NUTP ingin memastikan warga pendidik tidak meninggalkan kesengsaraan kepada keluarga semasa mereka ditimpa musibah yang mengakibatkan hilang upaya atau kehilangan nyawa

### Pelan Takaful Hibah Termurah Dan Terbesar Di Malaysia

**43% Daripada Sumbangan Bulanan Di Kreditkan Ke Dalam Akaun Simpanan Guru**

Simpanan **RM3.30** sehari guru dilindungi sebanyak **RM200,000** untuk kematian/keilatan kekal akibat kemalangan

#### SKOP PERLINDUNGAN

Perlindungan Masih Berkuatkuasa - Mengikut terma & syarat polisi induk

Bil. Unit	Berpenyakit Masih Boleh Sertai - Kelulusan Dijamin 100%							
	3	4	5	6	7	8	9	10
Caruman Bulanan	30	40	50	60	70	80	90	100
Kematian Biasa	30,000	40,000	50,000	60,000	70,000	80,000	90,000	100,000
Kematian Kemalangan	60,000	80,000	100,000	120,000	140,000	160,000	180,000	200,000
Keilatan Kekal Penuh Biasa	30,000	40,000	50,000	60,000	70,000	80,000	90,000	100,000
Keilatan Kekal Penuh Kemalangan	60,000	80,000	100,000	120,000	140,000	160,000	180,000	200,000
Keilatan Kekal Separa (Semua Akibat)	30,000	40,000	50,000	60,000	70,000	80,000	90,000	100,000
Penyakit Kritikal	30,000	40,000	50,000	50,000	50,000	50,000	50,000	50,000
Manfaat Hospital Harian	45.00	60.00	75.00	90.00	105.00	120.00	135.00	150.00
Khairat Kematian Peserta	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000

Daripada sumbangan bulanan, **43%** akan dikreditkan ke dalam tabung pelaburan sebagai simpanan hari tua (Akaun Peserta - AP) manakala **57%** akan dikreditkan ke dalam Tabung Khairat (Akaun Khas Peserta - AKP)

Sumbangan	Bulanan	30.00	40.00	50.00	60.00	70.00	80.00	90.00	100.00
		10 Tahun	3,600.00	4,800.00	6,000.00	7,200.00	8,400.00	9,600.00	10,800.00
20 Tahun	7,200.00	9,600.00	12,000.00	14,400.00	16,800.00	19,200.00	21,600.00	24,000.00	
30 Tahun	10,800.00	14,400.00	18,000.00	21,600.00	25,200.00	28,800.00	32,400.00	36,000.00	
Simpanan	Bulanan	12.90	17.20	21.50	25.80	30.10	34.40	38.70	43.00
		10 Tahun	1,548.00	2,064.00	2,580.00	3,096.00	3,612.00	4,128.00	4,644.00
20 Tahun	3,096.00	4,128.00	5,160.00	6,192.00	7,224.00	8,256.00	9,288.00	10,320.00	
30 Tahun	4,644.00	6,192.00	7,740.00	9,288.00	10,836.00	12,384.00	13,932.00	15,480.00	
Perlindungan	Bulanan	17.10	22.80	28.50	34.20	39.90	45.60	51.30	57.00
		10 Tahun	2,052.00	2,736.00	3,420.00	4,104.00	4,788.00	5,472.00	6,156.00
20 Tahun	4,104.00	5,472.00	6,840.00	8,208.00	9,576.00	10,944.00	12,312.00	13,680.00	
30 Tahun	6,156.00	8,208.00	10,260.00	12,312.00	14,364.00	16,416.00	18,468.00	20,520.00	
Kematian / Hilang Upaya Biasa		30,000.00	40,000.00	50,000.00	60,000.00	70,000.00	80,000.00	90,000.00	100,000.00
Kematian / Hilang Upaya Kemalangan		60,000.00	80,000.00	100,000.00	120,000.00	140,000.00	160,000.00	180,000.00	200,000.00
Manfaat Hospital Harian		8,100.00	10,800.00	13,500.00	16,200.00	18,900.00	21,600.00	24,300.00	27,000.00
Penyakit Kritikal		30,000.00	40,000.00	50,000.00	50,000.00	50,000.00	50,000.00	50,000.00	50,000.00



Tahniah dan syabas kerana telah membuat pilihan yang tepat dengan memilih NUTP sebagai payung tempat berlindung. Dalam usaha menjaga kebajikan ahli, pihak NUTP telah menyediakan produk takaful ini yang merupakan antara produk terbaik NUTP.

Melalui produk hasil inisiatif NUTP ini, ahli NUTP diharapkan dapat menyertainya kerana ia adalah khusus untuk ahli NUTP sahaja. Produk ini bukan sekadar lebih murah dan rendah berbanding produk lain dalam pasaran walaupun manfaatnya sama, tetapi turut disediakan khidmat lepas jualan yang terbaik. Sebarang tuntutan yang hendak dibuat atau pertanyaan produk boleh dibuat di semua pejabat NUTP yang ada di seluruh Semenanjung Malaysia.

Sediakanlah perlindungan sebelum bencana menandatangani kerana sesungguhnya "malang tidak berbau".

Sehubungan dengan itu, saya menyeru semua ahli NUTP agar membantu diri sendiri dengan melanggan produk ini demi keluarga tersayang.

Sdr Aminuddin Bin Awang,  
Presiden NUTP Kebangsaan



Pihak NUTP sentiasa mengutamakan kebajikan ahli khususnya kesihatan dan tabungan di masa tua ahli.

Untuk tujuan ini, kami telah memperkenalkan Skim Hibah Takaful Pendidik untuk memberi faedah maksima kepada setiap ahli NUTP.

Saudara / Saudari harus merebut peluang ini untuk menyertai Skim Hibah Takaful yang direka khas, bukan hanya setakat memberi perlindungan tetapi yang penting sekali manfaat simpanan kepada setiap ahli keluarga, terutamanya anak-anak kita di masa hadapan.

Kita mesti menyediakan "payung sebelum hujan".

Tn. Hj. Fouzi Bin Singon  
Setiausaha Agung NUTP Kebangsaan

#### Nisbah Perkongsian Mudharabah:

**80%** kepada Ahli  
**20%** kepada Syarikat

#### Contoh Tuntutan Penyakit Kritikal:

Seseorang guru yang diserang penyakit jantung dan dimasukkan ke wad selama 10 hari akan menerima pampasan - pampasan seperti berikut:

1. Serangan Jantung	RM50,000.00
2. Manfaat Hospital Harian	RM 900.00
3. Tabung Simpanan	43% + keuntungan Mudharabah
4. Perlindungan masih berkuatkuasa	* mengikut terma & syarat polisi induk

Pengiraan di atas adalah berbanding kepada caruman RM60.00 sebulan

**PERINGATAN : KEAHLIAN ADALAH KEKUATAN NUTP :** Ahli-ahli NUTP dinasihatkan hanya menyertai skim-skim yang dikelolakan oleh NUTP dan pihak NUTP tidak akan bertanggungjawab ke atas sebarang masalah mengenai tuntutan atau pampasan yang berpunca dari skim-skim yang di luar kawalan NUTP.

**Tuntutan Dijamin**  
Segala tuntutan yang sah adalah dijamin oleh pihak Etiqa Takaful Keluarga Berhad

Untuk sebarang pertanyaan  
Silalah hubungi pegawai perunding kami



## PERLINDUNGAN TERHADAP 36 JENIS PENYAKIT KRITIKAL

◆ Serangan Jantung	◆ Distrofi Otot	◆ Hilang Pendengaran	◆ Penyakit Alzheimer
◆ Strok	◆ Poliomielititis	◆ Hilang Pertuturan	◆ Meningitis Bakteria
◆ Kanser	◆ Angioplasti Dan Rawatan Invasif Lain Bagi Penyakit Arteri Koronari	◆ Luka Terbakar Teruk	◆ Koma
◆ Penyakit Arteri Koronari	◆ Hilang Upaya Diri / Bebas	◆ Trauma Kepala Utama	◆ Radang Otak - Ensefalitis
◆ Pembedahan Aorta	◆ Sindrom Apalik	◆ Penyakit Terminal	◆ Rawatan Laser Koronari
◆ Lumpuh / Paraplegia	◆ Pemindahan Organ Utama	◆ Tumor Otak Benigna	◆ Anaemia Aplastik
◆ Sklerosis Berbilang	◆ Artherectomi Koronari	◆ Penyakit Parkinson	◆ Penyakit Arteri Koronari Yang Serious
◆ Kegagalan Buah Pinggang (Renal)	◆ Hilang Penglihatan	◆ Penyakit Paru-Paru Kronik	◆ Penyakit Paru-Paru Peringkat Akhir
◆ Hepatitis Virus Fulminan		◆ Penyakit Hati Kronik	
◆ Hipertensi Arteri Pulmonari Primer		◆ Penyakit Neuron Motor	

**CIRI-CIRI UTAMA** Pelan ini dilancarkan oleh NUTP dengan kerjasama **ETIQA TAKAFUL KELUARGA BERHAD** untuk semua ahli NUTP. Skim ini adalah yang terbaik, murah dan mudah untuk disertai.

### Pembayaran Sumbangan yang Mudah

Sumbangan bulanan ditolak daripada gaji bulanan. Ini menjamin perlindungan yang berterusan tanpa sebarang gangguan dan ia menjimatkan masa. Pembayaran sumbangan oleh para peserta boleh dilakukan melalui Biro Angkasa (BPA).

### Simpanan atau Dana

Simpanan adalah jumlah wang dalam Akaun Peserta dengan keuntungan, jika ada, yang dikreditkan di akhir tahun kewangan.

### Pengecualian Cukai Pendapatan

Ahli-ahli NUTP boleh mendapatkan pengecualian cukai pendapatan yang biasa bagi sumbangan yang dibayar. Penyata akan diberikan.

### Perlindungan 24 jam di Seluruh Dunia

Takaful Warga Pendidik NUTP akan dilindungi peserta 24 jam di seluruh dunia.

## Jumlah Tuntutan

Melalui Skim MyNUTP Hibah Takaful Pendidik

Bil	Tahun	Kematian (RM)	Penyakit Kritikal (RM)	Hilang Keupayaan (RM)	Manfaat Harian (RM)	Jumlah Tuntutan (RM)
1	2010	92,199.32	0.00	0.00	22,215.00	114,414.32
2	2011	1,263,634.79	461,271.12	0.00	153,902.50	1,878,808.41
3	2012	1,358,051.60	1,295,100.00	117,032.87	311,365.00	3,081,549.47
4	2013	3,467,204.72	1,261,575.76	33,600.00	357,598.00	5,119,978.48
5	2014	2,870,522.76	990,343.18	290,360.16	447,115.00	4,598,341.10
6	2015	1,751,531.37	1,006,000.00	0.00	236,780.00	2,994,311.37
7	2016	3,679,611.09	4,377,303.70	0.00	405,388.00	8,462,302.79
8	2017	3,802,107.66	3,352,592.20	145,335.46	240,511.99	7,540,547.31
9	2018	3,107,977.86	2,050,000.00	127,011.64	203,984.00	5,488,973.50
10	2019	3,508,894.90	2,664,255.85	126,855.85	279,440.00	6,579,446.60
		24,901,736.07	17,458,441.81	840,195.98	2,658,299.49	45,858,673.35

## Syarat-syarat Penyertaan

- Pelan ini boleh disertai oleh semua ahli NUTP.
- Umur penyertaan guru ialah dari 18 tahun sehingga 59 tahun dan boleh dilanjutkan sehingga 70 tahun.
- Semua ahli NUTP dikehendaki mengisi Borang Permohonan. Penyertaan juga dibuka kepada pasangan peserta iaitu suami/isteri peserta.
- Anak-anak boleh turut serta, yang berumur 15 hari hingga 18 tahun sekiranya masih menuntut sepenuh masa.
- Sijil Akaun Penyertaan akan dikeluarkan kepada ahli yang menyertai.

## Pengecualian Manfaat

Pengecualian manfaat adalah seperti yang dinyatakan di dalam kontrak induk.

## Manfaat Dan Skop Perlindungan

Pelan ini menyediakan manfaat:

- Kematian Biasa dan Kemalangan
- Keilatan Kekal Menyeluruh - Biasa Dan Kemalangan
- Keilatan Separa Kekal Akibat Kemalangan
- Perbelanjaan Pengebumian
- Elaun Harian Hospital
- Penyakit Kritikal

## Takrifan Keilatan Kekal Menyeluruh

Ianya bermaksud hilang upaya samada di sebabkan kecederaan atau penyakit yang menghalang terus ahli NUTP dari mencebur diri dalam apa-apa perniagaan, pekerjaan atau melakukan apa-apa kerja yang mendatangkan pampasan atau untung. Ianya hanya akan dianggap sebagai kekal apabila ianya berterusan tanpa terganggu selama sekurang-kurangnya enam bulan.

### \* Penting

Brosur ini hanya merupakan keterangan ringkas. Untuk mendapatkan bukti-bukti lengkap mengenai syarat dan peraturan, sila rujuk kepada kontrak anda.

## Jadual pampasan untuk kehilangan anggota badan dan keilatan yang berkekalan

Kehilangan anggota badan - pada skala berikut	Peratusan jumlah Perlindungan
Kehilangan kedua belah tangan	100%
Kehilangan kedua belah kaki	100%
Kehilangan sebelah tangan dan sebelah kaki	100%
Lumpuh yang menyebabkan terlantar buat selamanya	100%
Lumpuh sepenuh yang berkekalan	100%
Kehilangan kedua belah mata	100%
Kehilangan penglihatan kedua belah mata sepenuhnya	100%

## SKIM PELABURAN YANG MENGGALAKKAN TABUNGAN UNTUK BEKALAN DI HARI TUA ANDA

### NILAI PULANGAN AKAUN PESERTA (AP)

Tahun	Sumbangan Asas Tahunan*	Sumbangan Terkumpul	Baki AP* (Akhir Tahun)
1	360	360	161
5	360	1,800	872
10	360	3,600	1,933
15	360	5,400	3,224
20	360	7,200	4,794
25	360	9,000	6,705
30	360	10,800	9,029
35	360	12,600	11,857

\*Contoh Sumbangan RM30 sebulan

\*Termasuk Jumlah Keuntungan Mudharabah jika kiraan pulangan pelaburan 4%

Untuk sebarang pertanyaan, sila hubungi kami di alamat seperti berikut:

Bahagian Pentadbiran & Perkhidmatan MyNUTP HIBAH TAKAFUL PENDIDIK ATAU  
62-B, Jalan Anggerik Vanilla Z31/Z, Kota Kemuning,  
40460, Shah Alam, Selangor.  
Tel : 03 5122 1259 (Hunting Line) Faks : 03 5131 9259

KESATUAN PERKHIDMATAN PERGURUAN KEBANGSAAN (KPPK/NUTP)  
13 & 15, Jalan Murai Dua, Kompleks Batu,  
Off Jalan Ipoh, 51100, Kuala Lumpur

## GROUP MUTIARA PLUS TAKAFUL- APPLICATION FORM

Etiqa Family Takaful Berhad ("Etiqa Family Takaful") is licensed under the Islamic Financial Services Act 2013 to transact both family and general Takaful business in Malaysia and is regulated by Bank Negara Malaysia (BNM).

**Before you sign this Application Form, please read the IMPORTANT NOTICE and if you require, obtain a full and detailed explanation of the notes mentioned in the IMPORTANT NOTICE.**

### IMPORTANT NOTICE

- In this application form, unless stated otherwise, the words "I/we, you/your, me/us and my/our" means Participant/Person Covered wherever applicable.
- In accordance with the requirements of Paragraph 5 of Schedule 9 of the Islamic Financial Services Act 2013, you must answer all questions and make the required declarations in this application, and these answers and declarations must be accurate and complete.
- You must notify Etiqa Family Takaful in writing should there be a change to any answer or declarations in this application, prior to the date of issuance of the certificate of Takaful.
- Acceptance of your application shall be subject to underwriting assessment. Cover will commence upon issuance of the certificate.
- Please notify the Takaful Intermediary or Etiqa Family Takaful of any change in your correspondence address and contact details including the amendments to nominee(s) and/or executor(s), to enable Etiqa Family Takaful to effectively communicate with you.
- Please contact Etiqa Family Takaful's Customer Contact Centre if you do not receive the certificate after thirty (30) business days upon the submission of this application and all supporting documents.
- Please ensure you receive Etiqa Family Takaful's official receipt within a reasonable time but not less than thirty (30) calendar days, failing which you should contact Etiqa Family Takaful. It is important to retain the official receipt as proof of contribution payment.
- Please provide evidence of age (such as a copy of your NRIC) together with this application, as it is a pre-requisite for payment of Takaful benefits. If age is misstated, the benefits, the surplus distributed (if any), the contributions, or the expiry date of the certificate may be varied.
- Please ensure that the Takaful Intermediary presents and fully explains the recommended plan in the language that you understand, and provides you with the product disclosure sheet for your consideration. Please seek clarification from the Takaful Intermediary should you not understand any of the terms and conditions therein.
- If anyone induces or attempts to induce you to terminate your existing certificate, please report to Etiqa Family Takaful's Customer Contact Centre immediately.
- If you have an enquiry or require further information, please contact Etiqa Family Takaful's Customer Contact Centre via e-mail at [info@etiqa.com.my](mailto:info@etiqa.com.my) or by calling 1-300-13-8888 from Malaysia. If you have a complaint, dispute or feedback, please contact Etiqa Family Takaful's Complaints Unit via e-mail at [cmu@etiqa.com.my](mailto:cmu@etiqa.com.my), by calling 1-300-13-8888 within Malaysia or +603-2780-4500 from overseas, by facsimile to +603-2785-3093, or by post to Complaints Management Unit, Level 4, Tower C, Dataran Maybank, No. 1 Jalan Maarof, 59000 Kuala Lumpur.
- If you are dissatisfied with the conduct of Etiqa Family Takaful, you may refer to Bank Negara Malaysia via e-mail at [bnmtelink@bnm.gov.my](mailto:bnmtelink@bnm.gov.my), by calling at 1 300 88 5465, by facsimile to +603 2174 1515, or by post to Pengarah, Jabatan LINK & Pejabat Wilayah, Bank Negara Malaysia, P.O. Box 10922, 50929 Kuala Lumpur. If you dispute a decision made by Etiqa Family Takaful, you may refer to the Ombudsman for Financial Services via e-mail at [enquiry@ofs.org.my](mailto:enquiry@ofs.org.my), by calling at +603 2272 2811, by facsimile to +603 2272 1577, or by post to Level 14, Main Block, Menara Takaful Malaysia, No.4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.
- The Consumer Education Programme is available at [www.insuranceinfo.com.my](http://www.insuranceinfo.com.my).

**INSTRUCTIONS: Please complete in full and in CAPITAL LETTERS and tick (✓) boxes as appropriate. Use BLACK ink only.**

\*Mandatory fields to be completed

### A: PERSONAL DETAILS OF PRINCIPAL PERSON COVERED ONLY

Language for Correspondence	<input type="checkbox"/> Bahasa Malaysia	<input type="checkbox"/> English
*Master Contract No. / Name of Contract Holder		
*Type of Application/Contribution	<input type="checkbox"/> New Application, RM _____	<input type="checkbox"/> Inclusion of Covered Member <input type="checkbox"/> Contribution Revision, from RM _____ to RM _____
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Dato' <input type="checkbox"/> Tan Sri <input type="checkbox"/> Datin <input type="checkbox"/> Puan Seri <input type="checkbox"/> Other <input type="checkbox"/> Ms <input type="checkbox"/> Datuk <input type="checkbox"/> Datuk Seri <input type="checkbox"/> Tun <input type="checkbox"/> Datin Seri <input type="checkbox"/> Toh Puan _____	
*Full Name (As per NRIC or Passport)		
*ID Type	<input type="checkbox"/> Old NRIC <input type="checkbox"/> Army Identity Card <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Police Identity Card <input type="checkbox"/> Other (please specify) _____	
*ID Type Number		*New NRIC Number
*Date of Birth		*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
*Marital Status	*Race	*Religion
*Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Other (please specify) _____	
*Residential Address (with Postcode)	Town/City: _____	Postcode: _____ State: _____ Country: _____
*Mailing Address (with Postcode), if different from Residential Address	Town/City: _____	Postcode: _____ State: _____ Country: _____

*Telephone Number	Office	House	
	Mobile	Fax	
E-mail		*Occupation (state the exact duty)	
Staff No.		Salary No.	
*Name of Employer		*Nature of Business: (if self-employed)	
*Business/ Employer Address	Town/City: _____ Postcode: _____ State: _____ Country: _____		
*Part Time Job (if any)			

**B. PRINCIPAL PERSON COVERED'S BANK ACCOUNT\* DETAIL FOR RECEIVING BENEFIT PAYMENTS AND REFUNDS OF CONTRIBUTION**

Bank Name	
Bank Account Number	
Bank Branch Address	

\*The Principal Person Covered's Bank Account must be maintained in Malaysia. In the case of an account outside Malaysia, please make a written request, providing account details to Etiqa Family Takaful. Etiqa Family Takaful reserves the right to agree or decline the request, and will advise you in writing. The Principal Person Covered must furnish a copy of the bank passbook or bank statement for verification of account details.

**C: FOR PERSON COVERED (PRINCIPAL'S SPOUSE AND CHILD/CHILDREN) (IF ALSO APPLYING TO BE COVERED)**

Type of Details	Spouse	Child 1
*Name (As per NRIC or Passport)		
*ID Type:	<input type="checkbox"/> Old NRIC <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Army Identity Card <input type="checkbox"/> Police Identity Card <input type="checkbox"/> Passport <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Old NRIC <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Army Identity Card <input type="checkbox"/> Police Identity Card <input type="checkbox"/> Passport <input type="checkbox"/> Other (please specify) _____
*ID Type Number		
*New NRIC Number:		
*Date of Birth		
*Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
*Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Malaysian <input type="checkbox"/> Other (please specify) _____
*Race		
*Religion		
*Marital Status		
*Occupation		
*Name of Employer		
*Nature of Business (if self employed)		
<input type="checkbox"/> *New Application: <input type="checkbox"/> Contribution Revision	RM _____ From: RM _____ to RM _____	RM _____ From: RM _____ to RM _____
Type of Details	Child 2	Child 3
*Name (As per NRIC or Passport)		
*ID Type:	<input type="checkbox"/> Old NRIC <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Army Identity Card <input type="checkbox"/> Police Identity Card <input type="checkbox"/> Passport <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Old NRIC <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Army Identity Card <input type="checkbox"/> Police Identity Card <input type="checkbox"/> Passport <input type="checkbox"/> Other (please specify) _____
*ID Type Number:		
*New NRIC Number:		
*Date of Birth		
*Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
*Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Malaysian <input type="checkbox"/> Other (please specify) _____

*Race		
*Religion		
*Marital Status:		
*Occupation		
*Name of Employer		
*Nature of Business (if self employed)		
<input type="checkbox"/> * New Application:	Contribution: RM _____	Contribution: RM _____
<input type="checkbox"/> Contribution Revision	Contribution: From: RM _____ To RM _____	Contribution From: RM _____ to RM _____

**D: HEALTH DECLARATION (TO BE COMPLETED FOR SUM COVERED APPLIED ABOVE FREE COVER LIMIT)**

		Principal Person Covered	Spouse	Child 1	Child 2	Child 3
1	What is your current height (in cm)?	.....cm	.....cm	.....cm	.....cm	.....cm
2	What is your current weight (in kg)?	.....kg	.....kg	.....kg	.....kg	.....kg
3	Do you smoke? If yes how many sticks per day and how long have you been smoking? Principal Person Covered:..... sticks/day for..... year(s) Spouse :..... sticks/day for .....year(s)	Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4	Have you ever had, been diagnosed, or been treated, with an illness/disease/disorder/condition, directly or indirectly related to the following:					
	a) Cancer, tumor, cyst, abnormal lump/growth/swelling, leukemia, melanoma or lymphoma	Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	b) Heart, blood vessels, lymph, lymph glands (including coronary artery disease, heart attack, heart murmur, hypertension, high cholesterol, stroke)	Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	c) Blood (including anemia, thalassemia, low platelet count, bleeding problems or any other blood disorder)	Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	d) Lungs (including pneumonia, tuberculosis)	Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	e) Gall bladder, liver, stomach, esophagus, bowel (including hepatitis B or C, blood in the stools, colitis, Crohn's disease)	Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	f) Brain, nerves (including epilepsy, convulsions, seizures, fits, Parkinson's disease, multiple sclerosis, Alzheimer's disease, paralysis, involuntary tremors, psychiatric illness, dementia)	Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	g) Thyroid, pancreas, and endocrine glands (including diabetes, goiter, pancreatitis, hormone disorders)	Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	h) Muscles, bones, joints (including gout, arthritis, rheumatism, prolapsed intervertebral disc, physical abnormality, physical dismemberment or disability)	Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	i) Kidneys, bladder, urinary tract (including blood in the urine, abnormal levels of sugar or protein in urine, kidney stones, and for males, the prostate)	Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	j) Immune system (including SLE - Systemic Lupus Erythematosus)	Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	k) HIV, AIDS, sexually transmitted disease (including herpes, syphilis)	Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	l) For males: prostate disease	Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	m) For females: breast, cervix, uterus, ovaries (including breast lump, carcinoma in situ, breast or ovarian cyst, fibroid)	Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5	In the past 5 years have you ever had or been advised to have or do you intend to undergo any investigations/ screening test including blood/urine tests?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6	Are you currently receiving/considering to seek any medical treatment/advise or in the past 5 years have you ever been referred to or admitted to a hospital or medical facility or ever undergone/been advised to undergo a surgery?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

If your answer is "yes" to any of the above questions, please provide the following details:

Name of Person Covered: .....

Diagnosis: .....

Date: .....

Treatment duration: .....

Type of treatment: .....

Attending doctor particulars: .....

Current condition: .....

**INCENTIVE FEE FROM INVESTMENT PROFIT IN PIF (where applicable)**

**Product Name**

Person Covered

Etiqa Family Takaful

Group Mutiara Plus Takaful

We further agree that if the surplus or any sum payable is less than Ringgit Malaysia Ten (RM10.00) it will be credited into a charity fund which will be utilized as 'amal jariah' on behalf of the participants.

I/we hereby declare, after reading and understanding the rules pertaining to the Plan above, that I/we would like to participate in the Plan and agree to abide to the rules of the Plan. I/we agree to pay RM \_\_\_\_\_ per month as contribution for the Plan and consent for \_\_\_\_\_ to deduct the same amount from my/our salary.

Signature of Person Covered

Date

Signature of Spouse

Date

Name of Person Covered

Name of Spouse

Signature of Child 1 (if above 16 years)

Date

Signature of Child 1 (if above 16 years)

Date

Name of Child 1

Name of Child 2

Signature of Child 3 (if above 16 years)

Date

Name of Child 3

\*Signature of Witness

Date

Name

NRIC No

\* Witness must be at least 18 years of age, of sound mind and can not be a named nominee

**H: DECLARATION BY TAKAFUL INTERMEDIARY / SALES CHANNEL**

In this section, "I" refers to the Takaful Intermediary / Sales Channel Officer.

- I hereby declare that the information contained in the application form is the only information given to me by the Person Covered and I have not withheld any other information which might influence the acceptance of this application.
- In compliance with the Anti-Money Laundering, Anti-Terrorism Financing, and Proceeds of Unlawful Activities Act 2001 and Islamic Financial Services Act 2013, I hereby confirm that I have sighted the Person Covered's original NRIC, birth certificate, or passport and verified by me at the point of sales.
- I hereby confirm that I have explained to the Person Covered the information contained in the product disclosure sheet.

Name Takaful Intermediary/ Sales Channel Officer : .....

Takaful Intermediary's/Sales Channel Officer's Signature

New NRIC No : .....

Takaful Intermediary's/ Sales Channel Officer's Contact No : .....

Date : .....

**FOR ETIQA FAMILY TAKAFUL BERHAD'S USE ONLY**

Date Received in Head Office:

Monthly Contribution:

Inclusion Date

Approved Date:

Reviewed by:

Etiqa Family Takaful Berhad (265243)D

(Formerly known as Etiqa Takaful Berhad)

Licensed Under Islamic Financial Services Act 2013 and regulated by Bank Negara Malaysia

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Tel: +603 2011 8888 E: info@etiqa.com.my

F: +603 22 9988 E: etiqahealthcare@etiqa.com.my

Anggota kumpulan  **Maybank**

7	Have any of your natural parents and/or siblings, ever suffered from or died as a result of diabetes, cancer, kidney disease, stroke or any other hereditary disease before the age of sixty (60) years? If yes, please provide details of diagnosis, age of onset, current age if living, or age deceased.	Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8.	<b>Existing coverage</b> Have you ever had an application, renewal or reinstatement of a Life Policy or Family Takaful contract, declined, postponed, rated or subject to special terms, if yes please provide details.	Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

#### E: NOMINATION, PAYMENT OF TAKAFUL BENEFITS

##### IMPORTANT NOTES

###### Takaful

Pursuant to Section 142 of the Islamic Financial Services Act 2013 (Schedule 10), sets out that a Principal Person Covered who has attained the age of sixteen (16) years may assign the Takaful benefits to a nominee or designate the nominee to receive the Takaful benefits as a beneficiary under Conditional Hibah; or designate the nominee to receive the Takaful benefits as an executor.

###### Nomination of Executor

For a Muslim Principal Person Covered, the Executor(s) is the recipient of the Takaful benefits according to the percentage (%) indicated and is responsible to distribute the benefits in accordance to Faraid law. Should anyone of the Executors predecease the Principal Person Covered, his/her portion shall be divided equally among the surviving Executors.

For a Non-Muslim Principal Person Covered, the Executor(s) is the recipient of the Takaful benefits according to the percentage (%) indicated which is to be distributed according to the applicable law. Should any one of the Executors predecease the Principal Person Covered, his/her portion shall be divided among the surviving Executors in accordance with the applicable law.

###### Nomination of Beneficiary(ies) under Conditional Hibah

The Beneficiary(ies) is entitled to receive the Takaful benefits on the basis of Conditional Hibah(Gift). Conditional Hibah has the effect of transferring ownership of the Takaful benefits payable to the Beneficiary(ies) upon the death of the Principal Person Covered and shall not form part of the estate of the Principal Person Covered or be subject to his/her debts. Conditional Hibah, is however, a gift which the Principal Person Covered may revoke during his/her lifetime.

If the Beneficiary(ies) is incompetent at the point of claim payment, the Takaful benefits shall be paid to the parent of the incompetent nominee, and where there is no surviving parent of the incompetent nominee:

- (i) if the Takaful benefits do not exceed fifty thousand ringgit, the Takaful benefits shall be paid to a proper claimant as defined in the Islamic Financial Services Act 2013;and
- (ii) if the Takaful benefits exceed fifty thousand ringgit, the Takaful benefits shall be paid to the Public Trustee or a trust company nominated by the Principle Person Covered.

If the Beneficiary(ies) under Conditional Hibah predeceases the Principle Person Covered, the share of the deceased Beneficiary(ies), upon the death of the Principal Person Covered, shall be paid to the estate of the Principal Person Covered unless the Principal Person Covered has made a subsequent nomination in place of the deceased Beneficiary(ies).

Payment to the Beneficiary(ies) named herein shall discharge Etiqa Family Takaful from all obligations and liabilities under the Certificate.

No.	Option	Please tick one (1) only
1.	Nomination of Executor(s)	<input type="checkbox"/>
2	Nomination of Beneficiary(s) under Conditional Hibah	<input type="checkbox"/>

##### EXECUTOR / BENEFICIARY DETAILS

	Executor / Beneficiary I	Executor / Beneficiary II	Executor / Beneficiary III
*Name			
*Gender			
*ID Type (Old IC/ Birth Cert No./Army/ Police/ Passport No./ Others)			
*ID Type Number			
* New NRIC Number			
*Date of Birth (DD/MM/YYYY)			
Nationality			
Occupation (State the exact duty)			
Name of Employer			
Nature of Business (if self employed)			
*Relationship with Principle Person Covered			
* Share (%)			
Current/Savings Account Number			
Bank Name			
Residential Address			
*Mailing Address (if different from Residential address)			
*Telephone Number	Home: Office: Mobile:	Home: Office: Mobile:	Home: Office: Mobile:

Notes:

- \* Mandatory fields to be completed.
- Nomination is allowed only if the Principal Person Covered is the Person Covered
- Submission of a copy of the nominee (s) NRIC/Passport/Birth Certificate is/are encouraged.
- If there are more than 3 nominees, please submit an additional nomination form.
- The latest submission and endorsement of a nomination by the Etiqa Family Takaful will supersede any previous nomination made.
- Please inform your nominee about the nomination pursuant to this application.

**F: CONSENT FOR MINOR PERSON COVERED (To be completed by the Parent / Legal Guardian if Person Covered is between 1 and 16 age next birthday)**

I hereby give my consent for a takaful Certificate to be issued on the life of my child/ward and that he/she is the Person Covered of the takaful Certificate. I consent to the additional declaration to be given by my child/ward in any questionnaires relating to this application.

Name of Parent / Legal Guardian\*: .....

New NRIC: .....

Old IC/Passport: .....

Relationship with Child: .....

Signature of Parent / Legal Guardian: .....

\*Please submit legal documents showing proof as Legal Guardian.

**G: DECLARATION / AUTHORISATION AND AQAD**

Please read carefully before signing this application.

1. I/we am/are aware that I/we must answer all questions and declarations in this application, and that these answers and declarations are accurate and complete. I/we agree that failure to answer a question or declaration, or incorrectly answering a question or declaration, may result in termination of the Certificate, a claim not being paid or reduced, or the terms and conditions of the Certificate being changed.
2. I/we agree to notify Etiqa Family Takaful in writing should there be a change to any answers or declarations in this application, prior to the time that the contact is entered into, varied or renewed of the Certificate. I/we agree that failure to notify Etiqa Family Takaful of any such change, may result in voidance of the Certificate, a claim not being paid or reduced, or the terms and conditions of the Certificate being changed
3. I/We confirm that I/We fully understand that my/our answers and declarations in this application, and any other relevant documents completed by me/us in connection with this application and in any medical report, questionnaires, or amendments given thereto, shall be relied upon by Etiqa Family Takaful in deciding whether to accept my application or not.
4. I/We hereby authorise any physician, hospital, clinic, Takaful operator/insurance company, financial institution or any other organisation or company or person that has any records or knowledge about me/us, my/our financial standing or my/our health, to disclose to Etiqa Family Takaful or its representatives any or all information about me/us with reference to my/our family history and/or my/our financial standing and/or medical history before or after my/our death. I/We agree that a photocopy or facsimile of this authorization shall be considered as effective and as valid as the original and legally binding on anyone who takes over any of my/our legal rights.
5. Sum Covered applied up to Free Cover Limits only  
I/We understand and agree that pre-existing condition will not be covered except for death benefit under this plan from the commencement date or reinstatement date, whichever is later.
6. Sum Covered applied above Free Cover Limits only  
I/We understand and agree that the Takaful coverage I/we have applied for shall only take effect on the date of the TAKAFUL CERTIFICATE HAS BEEN ISSUED by Etiqa Family Takaful provided always that this application has been approved and that the full contribution has been received by Etiqa Family Takaful during my/our lifetime and that prior to or as at the date of commencement of the cover, there has been no alterations as to my/our health. If the initial contribution is paid via cheque, I/we understand that the Takaful coverage will only commence after the cheque has been cleared. Commencement Date starts from the contribution deduction month or the inclusion date of the Person Covered, whichever is later.
7. Personal Data Protection Act 2010 (PDPA)  
I/We, agree, consent and allow Etiqa Family Takaful to process my/our personal data (including sensitive personal data) ('Personal Data') with the intention of entering into a contract of Takaful, in compliance with the provisions of the PDPA.  
I/We, understand and agree that any Personal Data collected or held by Etiqa Family Takaful (whether contained in this application or otherwise obtained) may be held, used, processed and disclosed by Etiqa Family Takaful to individuals and/or organizations related to and associated with Etiqa Family Takaful or any selected third party (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters/investigators, solicitors, industry associations, regulators, statutory bodies and government authorities) for the purpose of processing this application and providing subsequent service related to it and to communicate with me/us for such purposes.  
I/We understand that I/we have a right to obtain access to and to request correction of any Personal Data held by Etiqa Family Takaful concerning me/us. Such request can be made by completing the Access Request Form available at all Etiqa Family Takaful branches or contact Etiqa Family Takaful via email at [PDPA@etiqa.com.my](mailto:PDPA@etiqa.com.my). In accordance with the provisions of the PDPA, I/we may contact the Customer Service Centre at Etiqa Family Takaful Online at 1 300 13 8888 for the details of my/our Personal Data. Such information shall only be granted upon verification.  
Should I/we not provide an updated bank account for auto credit purposes to Etiqa Family Takaful (please refer Section B above), I/we consent that my account with Maybank Group may be utilised for the same purpose.
8. APPLICATION OF PRINCIPLES OF TAKAFUL  
I/We agree to participate in this Group Takaful scheme based on the principle of Takaful. I/We agree to the concept of Tabarru' (donation) for the purposes of mutual support of other participants and with this contribution, I/we are entitled to the Takaful cover as expressed in the terms and conditions of this Takaful contract.  
I/We agree to pay the Wakalah Fee (as shown in the Product Disclosure Sheet and as mentioned in the Takaful Certificate) to Etiqa Family Takaful, as a deduction from contributions, to cover the expenses of managing and distributing the Group Takaful scheme.  
I/We understand that at the end of each financial year, the underwriting surplus (if any) from the Participants' Risk Fund (PRF) will be determined by Etiqa Family Takaful. I/We agree that 50% of the distributed surplus (if any) will be paid to Etiqa Family Takaful as an incentive for operating and managing the PRF and the balance of 50% will be shared amongst Persons Covered whose Certificates have not terminated and who have not made any claim within the financial year.  
I/We agree to appoint Etiqa Family Takaful to manage the Participants' Investment Funds (PIF) according to the principles of Shariah, and that Etiqa Family Takaful will be paid an incentive fee for managing the performance, according to the following table