

# BSN 1SEJAHTERA

## SCHEDULE OF BENEFITS

NO		BENEFITS		COMPENSATION (RM)			
CORE BENEFITS		PLAN 1	PLAN 2	PLAN 3	PLAN 4		
1	Accidental Death	100,000	150,000	200,000	250,000		
	For Child	50,000	75,000	100,000	125,000		
2	Permanent Disablement	100,000	150,000	200,000	250,000		
	For Child	50,000	75,000	100,000	125,000		
3	Medical Expenses Due To An Injury	2,000	3,000	4,000	5,000		
	For Child	1,000	1,500	2,000	2,500		
4	Daily Hospitalisation Income Due To An Injury <i>Aggregate Period: Up to 180 consecutive Days</i>	100 per Day	150 per Day	200 per Day	250 per Day		
5	Daily Hospitalisation Income In An Intensive Care Unit Due To An Injury <i>Aggregate Period: Up to 20 consecutive Days</i>	300 per Day	450 per Day	600 per Day	750 per Day		
ADD-ON BENEFITS		PLAN 1	PLAN 2	PLAN 3	PLAN 4		
1	Fractures	3,000	3,000	3,000	3,000		
2	Household Bills Protection (per month) <i>Aggregate Period: Up to 3 months</i>	1,000	1,000	1,000	1,000		