



PROGRAMME GUIDELINE

Community Sharing Programme

Version: February 2026

Alternative solutions for everyone: simple, visible, affordable

ABOUT LYNDUNG

Because medical costs shouldn't be faced alone.

Keeping yourself and those you love healthy is one of life's most fundamental priorities. Yet accessing timely and appropriate medical care has become increasingly complex and financially challenging.

Private healthcare offers speed and quality, but costs are often beyond reach. Public facilities provide essential care, yet demand frequently exceeds capacity. When illness strikes, individuals and families may be forced to delay treatment, rely on personal savings, or turn to public donations to manage medical hardship.

This is where Lyndung comes in.

The Lyndung Community Sharing Programme is a community-based medical cost sharing programme that brings individuals together who voluntarily support one another during times of medical need. Through a structured and organised sharing framework, Lyndung enables members to participate in collective support that is simple, visible, and affordable.

Grounded in mutual assistance, shared responsibility, and ethical participation, Lyndung empowers communities to organise support responsibly — helping members access timely care while managing medical cost challenges together.

Lyndung operates on principles of solidarity, accountability, value, and responsible participation to ensure that community support remains transparent, sustainable, and accessible to those in need.

This Programme Guideline sets out the principles, structure, and operational framework governing the Lyndung Community Sharing Programme. It explains how participation is organised, how community sharing is administered, and the respective roles and responsibilities of Members and the Programme Administrator.

Table of Contents

KEY DISCLAIMER	1
PROGRAMME NATURE AND LEGAL CHARACTERISATION	2
Nature and Purpose of the Programme.....	2
Legal Characterisation of the Programme	2
Shariah Basis of the Programme	2
Role of the Administrator.....	3
Nature of Participation.....	4
INTERPRETATION AND DEFINITIONS.....	5
Interpretation.....	5
Definitions	5
Ordinary meaning.....	8
1.0 GENERAL INFORMATION.....	9
1.1 Nature and Purpose of the Programme	9
1.2 Member Principles and Community Commitments.....	9
1.3 Member Acknowledgement and Consent.....	9
1.4 Pre-Enrolment Disclosure and Platform Information.....	10
2.0 THE ADMINISTRATOR AND APPOINTED INDEPENDENT SERVICE PROVIDERS	11
2.1 The Administrator.....	11
2.2 Appointed Independent Service Providers.....	11
2.2.1 Medical Third-Party Administrator (TPA)	11
2.2.2 Independent Trustee	12
2.2.3 eKYC and Identity Verification Provider	12
2.2.4 Shariah Advisory and Actuarial Governance	12
3.0 PROGRAMME STRUCTURE	13
3.1 Method of The Programme	13
3.2 Application of Shariah Concepts.....	13
3.3 Programme Roles & Structure.....	14
3.4 Community Sharing Logic	14
3.4.1 Initial Sharing Contribution	14
3.4.2 Non-Commercial Character of the Programme	15
4.0 ACCOUNT OWNER, MEMBERSHIP ENROLMENT AND CLASSIFICATIONS	16
4.1 Account Owner	16
4.2 Member	16
4.3 Membership Enrolment	16
4.3.1 Eligibility Criteria.....	17
4.4 Membership Status Classifications.....	17
4.5 Status Transitions	17
4.5.1 Administrative Actions	17
4.5.2 Payment-Related Status Changes.....	18
4.6 Information Accuracy and Disclosure.....	18
4.7 Voluntary Cessation of Participation	18
4.8 Administrative Authority and Finality	18

5.0	SUSPENSION, WITHDRAWAL, AND DISQUALIFICATION	19
5.1	Suspension and Reactivation of Participation	19
5.1.1	Suspension from The Programme	19
5.1.2	Reactivation Following Suspension	19
5.2	Voluntary Withdrawal from Participation	19
5.3	Disqualification and Administrative Termination.....	20
5.4	Treatment of Initial Sharing Contribution upon Exit	20
5.5	Non-Reinstatement and Re-Entry	20
5.6	Administrative Authority and Finality	20
6.0	CONTRIBUTIONS, FEES AND COMMUNITY SHARING MECHANICS	21
6.1	Types of Contributions and Fees	21
6.1.1	Administrative Fee (Wakalah)	21
6.1.2	Community Sharing Contributions	22
6.1.3	Minor Protection Contribution Exemption	24
6.2	Determination of Community Sharing	24
6.2.1	Trustee Management of Community Fund	25
6.2.2	Exclusions, Limitations, and Programme Conditions	25
6.2.3	No Refunds and No Backdating.....	25
6.2.4	Administrative Discretion and Finality	25
6.3	Payment Authorisation and Mandate Consent.....	25
6.3.1	Payment Facilitation Mechanics.....	26
6.4	Government Taxes and Statutory Levies.....	26
7.0	MEDICAL EXPENSE SHARING AND CLAIMS PROCESS	27
7.1	Scope of Medical Expense Consideration.....	27
7.2	Hospital Admission and Medical Expense Administration Flow	27
7.2.1	Facilitated Admission Workflow (Cashless Administration).....	27
7.2.2	Post-Payment Submission Workflow (Pay and Submit).....	27
7.3	Medical Documentation Review and Verification.....	28
7.4	Determination of Community Sharing Amount	28
7.4.1	Monthly Consolidation and Application.....	28
7.4.2	Finality and Administrative Authority	29
8.0	WAITING PERIODS, EXCLUSIONS, AND LIMITATIONS.....	30
8.1	Waiting Periods	30
8.2	General Exclusions from Community Sharing	30
8.3	Pre-Existing Conditions.....	30
8.4	Specific Limitations on Community Sharing	31
8.5	Non-Circumvention and Consistency	31
8.6	Interpretation and Administrative Authority	31
9.0	DATA PROTECTION AND CONFIDENTIALITY	32
9.1	Regulatory Compliance Framework	32
9.2	Data Collection, Consent, and Withdrawal	32
9.3	Disclosure to Authorised Parties	33
9.4	Data Security and Safeguards.....	33
9.5	Data Protection Governance and Breach Notification	33
9.6	Member Data Rights.....	34
9.7	Withdrawal of Consent.....	34
9.8	Confidentiality Obligations	34

9.9	Administrative Authority and Finality	34
10.0	GOVERNANCE, OVERSIGHT, AND SHARIAH COMPLIANCE.....	36
10.1	Governance Structure	36
10.2	Administrator Function	36
10.3	Trustee Oversight	36
10.4	Third-Party Administrator Function	36
10.5	Shariah Compliance and Advisory Framework	37
10.6	Governance Decision-Making	37
10.7	Limitations of Authority	38
10.8	Finality and Interpretation	38
11.0	AMENDMENTS TO THE PROGRAMME GUIDELINE	39
11.1	Authority and Discretion to Amend	39
11.2	Nature and Scope of Amendments	39
11.3	The Amendment Process	39
11.4	Notification and Effective Date	40
11.5	Member Acceptance	40
11.6	Finality and Interpretation	40
12.0	DISPUTE RESOLUTION AND GOVERNING LAW	41
12.1	Internal Resolution Process.....	41
12.2	Escalation and Final Resolution.....	41
12.3	Governing Law and Shariah Compliance.....	42
13.0	GENERAL PROVISIONS	43
13.1	Severability.....	43
13.2	No Waiver.....	43
13.3	Assignment and Transfer	43
13.4	Notices and Communications	43
13.5	Language and Interpretation	44
13.6	Entire Programme Guideline.....	44
13.7	Amendment Reference	44
APPENDIX A	THE ADMINISTRATOR AND APPOINTED INDEPENDENT SERVICE PROVIDERS	45
A.1	Administrator.....	45
A.2	Medical Third-Party Administrator (TPA).....	45
A.3	Independent Trustee	45
A.4	eKYC and Identity Verification Provider	45
A.5	Shariah Advisory	45
APPENDIX B	ACCOUNT OWNER AND MEMBER REGISTRATION PROCESS.....	46
B.1	Account Creation	46
B.2	Identity and Contact Verification	46
B.3	Member Profile Creation	46
B.4	Health Declaration Submission	46
B.5	Contribution and Payment Selection	46
B.6	Authorisation and Confirmation.....	47
B.7	Procedural Clarification	47
APPENDIX C	ADMINISTRATIVE (WAKALAH) FEE SCHEDULE	48

C.1	Standard Administrative (Wakalah) Fee.....	48
C.2	Nature of Administrative (Wakalah) Fee.....	48
C.3	Applicability and Revision.....	48
C.4	Relationship with Fee Adjustments.....	49
C.5	Interpretation	49
APPENDIX D	ADMINISTRATIVE FEE ADJUSTMENT FRAMEWORK	50
D.1	Eligibility Basis	50
D.2	Adjustment Reference Table.....	50
D.3	Reset Condition	50
D.4	Application Parameters.....	50
APPENDIX E	CONTRIBUTION ADJUSTMENT RATIOS.....	51
E.1	Entry-Based Contribution Adjustment Ratios	51
E.2	Administrative Application	51
E.3	Child Entry Step-Down Mechanism	51
APPENDIX F	MEMBERSHIP STATUS CLASSIFICATION	53
APPENDIX G	ELIGIBILITY STATUS & WAITING PERIODS.....	54
APPENDIX H	ELIGIBLE MEDICAL EXPENSES SHARING AND PLAN PARAMETERS	55
H.1	Plan Parameters & Eligible Medical Expenses	55
H.2	Explanation of Table Items (Clarificatory Notes)	56
APPENDIX I	LIST OF COMMON MEDICAL CONDITIONS.....	58
I.1	Common Medical Conditions	58
I.2	Administrative Clarification	58
APPENDIX J	LIST OF SPECIFIED ILLNESSES	59
J.1	Specified Illnesses.....	59
J.2	Administrative Clarification	60
APPENDIX K	LIST OF CONGENITAL AND HEREDITARY CONDITIONS	61
K.1	Congenital Conditions	61
K.2	Hereditary Conditions.....	61
K.3	Administrative Clarification	61
APPENDIX L	LIST OF INVESTIGATION DIAGNOSIS.....	62
APPENDIX M	NON-ELIGIBLE MEDICAL EXPENSES	64
APPENDIX N	ADMISSIONS AND CLAIM PROCEDURE.....	70
N.1	Planned Admission Procedure	70
N.2	Emergency Admission Procedure	70
N.3	Discharge and Final Administrative Review	70
N.4	Admission Workflow Classification	70
N.5	Procedural Clarification.....	71
N.6	Administrative Timelines.....	71

KEY DISCLAIMER

This Key Disclaimer summarises the legal character, Shariah basis, and practical limitations of the Lyndung Community Sharing Programme (the Programme). It should be read together with all the Sections and Appendices below.

NOT AN INSURANCE OR TAKAFUL PRODUCT. The Programme is not a licensed insurance company or a takaful operator as defined under the Financial Services Act 2013 (FSA) or the Islamic Financial Services Act 2013 (IFSA). The Programme is a value-driven, community-based medical cost-sharing arrangement established on the principles of mutual assistance (ta'awun) and voluntary conditional contribution (iltizām bi al-tabarru'). Participation in this Programme does not constitute an insurance policy, takaful certificate, or any form of regulated indemnity contract under Malaysian law.

NO TRANSFER OF RISK AND NO GUARANTEE OF PAYMENT. The Programme operates on the Shariah principle of Ta'awun (mutual assistance). Unlike traditional insurance or takaful, where risk is transferred to an insurer or operator in exchange for a premium, this Programme facilitates the voluntary sharing of medical expenses among members. There is no transfer of risk from any member to the Administrator, or among the members themselves. The Administrator does not guarantee, promise, or assure that any eligible medical expenses will be shared or paid. Any sharing is conditional, discretionary, and subject to the availability of community resources and compliance with this Programme Guideline. The final decision to participate in sharing rests with the community in accordance with the Programme's administrative processes.

ROLE OF THE ADMINISTRATOR AND TRUSTEE. The Administrator acts solely as a Wakil (administrative agent) and facilitator for the community. The Administrator does not underwrite risk or own the sharing funds. All community sharing contributions are held in a separate Trust Account managed by appointed Trustee. The Administrator does not underwrite or assume any medical or financial risk. The Administrator does not own or control the community sharing funds. All Monthly Sharing Contributions and Initial Sharing Contributions are held in a segregated Trust Account managed by appointed Trustee. Any sharing that occurs is made from member-owned community funds and not from the Administrator's corporate assets. The Administrator's revenue is derived solely from the Administrative Fee (Wakalah) and does not depend on, nor benefit from, any surplus or unutilised amount within the Sharing Contribution Pool.

MEMBER PERSONAL RESPONSIBILITY. Every member remains personally and legally liable for their own medical expenses at all times. The Programme is an alternative form of community-based support and is not a substitute for any insurance or takaful coverage required by law. Participation in the Programme does not relieve a member of any payment obligation to any medical provider. Sharing is subject to the member's compliance with this Programme Guideline and the availability of community resources. Members are encouraged to consult a licensed insurance or takaful professional to understand the differences between regulated insurance or takaful products and community-based sharing arrangements such as this Programme.

REGULATORY STATUS. This Programme is not regulated as an insurance or takaful product by Bank Negara Malaysia. The Programme operates under the general principles of contract and trust under Malaysian law. The Programme is subject to applicable consumer protection and data protection laws, including the Personal Data Protection Act 2010 (PDPA), in relation to member information. Participation in the Programme is voluntary and based on informed consent by each member.

PROGRAMME NATURE AND LEGAL CHARACTERISATION

Nature and Purpose of the Programme

The Programme is a community-based medical expense sharing arrangement established to facilitate mutual assistance (ta'āwun) among participating Members. It operates as a digital platform through which Members voluntarily commit to assist one another in managing eligible Medical Expenses based on cooperation, shared responsibility, and ethical conduct. Participation is grounded in social solidarity and is not structured as a commercial risk-transfer product. The primary objectives of the Programme are:

- (a) To promote mutual support during medical hardship;
- (b) To provide a transparent and organised framework for community sharing;
- (c) To encourage responsible conduct and good-faith participation; and
- (d) To maintain administrative neutrality in the facilitation of sharing.

Legal Characterisation of the Programme

For the avoidance of doubt, the Programme is not an insurance policy, insurance contract, takaful certificate, takaful arrangement, or any other regulated indemnity arrangement under Malaysian law, and is not offered as such. The Programme does not involve:

- (a) Any transfer of risk from a member to The Administrator;
- (b) Any assumption of underwriting responsibility by the Administrator;
- (c) Any promise, guarantee, or obligation to pay or reimburse medical expenses; or
- (d) Any creation of a contractual right to receive funds.

Each member remains personally responsible for their own medical expenses at all times. Any sharing that occurs is conditional, discretionary, and subject to the collective participation of other members in accordance with this Programme Guideline.

The Programme operates under general principles of contract and trust under Malaysian law and independently of regulatory frameworks applicable to licensed insurers and takaful operators.

By enrolling in the Programme, each Member confirms that they have read, understood, and agreed to be bound by this Guideline, as amended from time to time.

Shariah Basis of the Programme

The Programme is structured in accordance with the following Shariah principles:

- (a) **Ta'āwun** (Mutual Assistance): Members participate on the basis of cooperation and social responsibility, assisting one another without expectation of contractual indemnity.
- (b) **Iltizām bi al-Tabarru'** (Commitment to Donate): Each member makes a voluntary conditional commitment to contribute a specified amount toward assisting other members when eligible medical expenses arise. This contribution is not a price for protection and does not create any entitlement or debt obligation.

- (c) **Wakālah bi al-Ujrah** (Agency with Fee): The Administrator acts solely as an administrative agent (wakīl) to facilitate enrolment, coordination, and operational processes. The Administrative Fee (Wakalah) is charged exclusively for administrative services and does not constitute consideration for medical cost sharing.
- (d) **Qard** (Benevolent Loan) – Limited Application: Where applicable, a member’s own Initial Sharing Contribution may be temporarily applied to fulfil that member’s prior commitment to the community. Such use is treated as a benevolent advance from the member’s own reserve and does not constitute a benefit payment or entitlement. The Programme is designed to avoid riba (interest), maysir (gambling), and gharar fāḥish (excessive uncertainty) by ensuring that participation is voluntary, non-commercial in nature, and free from any guarantee of return.
- (e) **Maṣlaḥah ‘Āmmah** (Public Interest): The implementation of Waiting Periods and phase-in participation limitations is grounded in the Shariah principle of Maṣlaḥah ‘Āmmah (public interest). These measures are intended to protect the integrity and sustainability of the community sharing arrangement by preventing immediate adverse selection and ensuring that contributions remain fair and proportionate for all members. Such limitations are administrative safeguards and do not create entitlement, restriction of charity, or commercial advantage, but serve to preserve the collective welfare of the community.
- (f) **‘Adl** (Fairness) **and Tawāzun** (Balance): The Contribution Adjustment Framework is implemented to ensure fairness (‘adl) and proportional participation among members with differing health and demographic profiles. The adjustment factor modifies a member’s proportional share of community participation and does not constitute a price for protection, a premium, or a charge in exchange for benefit. This framework is designed to prevent undue burden on other members and to preserve balance (tawāzun) and collective welfare (maṣlaḥah ‘āmmah) within the community.

Role of the Administrator

The Administrator acts exclusively as the platform operator and administrative facilitator for the Programme. The Administrator:

- (a) Does not own the community sharing funds;
- (b) Does not underwrite or assume any medical or financial risk;
- (c) Does not promise or guarantee any outcome or payment; and
- (d) Does not derive profit from the community sharing pool.

All community sharing contributions are held separately in a Trust Account managed by appointed Trustee for the sole purpose of administering community sharing in accordance with this Programme Guideline.

The Administrator’s remuneration is limited to the Administrative Fee (Wakalah) and is not linked to the amount of medical expenses shared or not shared.

Nature of Participation

Participation in the Programme is voluntary and based on informed consent. By enrolling and remaining enrolled, each Member acknowledges that:

- (a) The Programme is a community-based sharing arrangement and not an insurance or takaful product;
- (b) Participation does not create a legal right to receive payment or reimbursement for Medical Expenses;
- (c) Any sharing is subject to Programme conditions and the availability of community resources;
- (d) any sharing is conditional upon the Programme's verification and administration processes and the availability of community funds for Programme purposes; and
- (e) Membership is intended as an alternative form of social support and not as a substitute for any insurance or takaful coverage required by law.

Members are encouraged to obtain independent professional advice to understand the distinctions between regulated insurance or takaful products and community-based sharing arrangements such as this Programme.

INTERPRETATION AND DEFINITIONS

Interpretation

In this Programme Guideline, unless the context otherwise requires:

- (a) Singular/plural. Words importing the singular include the plural and vice versa.
- (b) Headings. Headings are for convenience only and do not affect interpretation.
- (c) “Includes”. The words “include”, “includes” and “including” are construed as being without limitation.
- (d) Person. A reference to a “person” includes an individual and, where the context permits, a body corporate or unincorporated body.
- (e) Writing and electronic form. A reference to “writing” includes electronic form (including in-platform acknowledgements and platform-generated records), unless expressly stated otherwise.
- (f) Statutes. A reference to an “Act”, “law” or “regulation” includes that law as amended, re-enacted, consolidated, or replaced from time to time.
- (g) Shariah terminology. References to Shariah terms and concepts are used to describe governance intent and Programme structuring. They do not, by themselves, create a promise to pay, a guarantee, a transfer of risk, or any independent payment obligation.
- (h) Meaning of sharing. References to “sharing” are references to administrative consideration and facilitation of Medical Expenses through the Programme processes and community funds (if any), and do not imply indemnity, entitlement, priority, assurance, or an undertaking to pay
- (i) Core and Appendices. This Programme Guideline consists of (i) the core provisions (including the Key Disclaimer, Programme Nature and Legal Characterisation) and (ii) the Appendices. The core provisions set out principles, authority, and mechanics; the Appendices contain variable parameters, tables, and operational templates. If there is any inconsistency, the core provisions prevail unless the relevant core clause expressly states that a Schedule shall prevail for that limited purpose.
- (j) Defined terms in Appendices. A capitalised term used in a Schedule has the meaning given in here unless that Schedule expressly defines it for that Schedule only.

Definitions

In this Programme Guideline, unless the context otherwise requires, the following terms have the meanings set out below.

Key Term	Definition
Account Owner	A natural person who creates and maintains an account on the Platform for administrative purposes, including the registration and management of one or more members. An Account Owner may or may not be a member and does not acquire any right to sharing or participation by virtue of account ownership alone.

Key Term	Definition
Administrative Fee (Wakalah)	A non-refundable administrative fee payable to the Administrator under the Wakalah arrangement for platform access, enrolment, administration, coordination services, and operational expenses. Payment of this fee does not constitute consideration for any medical cost sharing, benefit, reimbursement and does not create any entitlement to receive funds.
Administrator (Wakil)	The entity responsible for establishing and administering the Programme and operating the Programme platform, acting solely in its capacity as a platform operator and administrative agent (wakil) to facilitate participation, coordination, and operational administration under the Programme. For avoidance of doubt, the Administrator is not an insurer or takaful operator, does not provide insurance or takaful, does not assume risk (daman) and does not guarantee any outcome, payment, or sharing
Actual Sharing Amount	The proportionate amount determined after verification of eligible medical expenses and allocation among active Members in accordance with the Contribution Adjustment Framework and Programme Guideline.
Community (Ta'āwun Group)	The collective body of active Members who voluntarily commit to the principles of mutual assistance (ta'āwun) and commitment to donate (iltizām bi al-tabarru') without any contractual obligation to indemnify one another.
Contribution Adjustment Framework	A proportional adjustment methodology applied to a Member's participation in monthly community sharing to ensure fairness ('adl) and balance (tawāzun) among Members. This framework does not constitute pricing, underwriting, or premium determination.
Eligibility	The administrative status indicating that a person meets the baseline criteria to participate in the Programme. Eligibility does not imply entitlement, assurance, or expectation of sharing.
Guarantee Letter (GL) / Final Guarantee Letter (FGL)	An administrative document issued by the Third-Party Administrator solely to facilitate hospital admission and billing coordination. A GL or FGL does not constitute a promise of payment or a guarantee of sharing.
Initial Sharing Contribution	A one-off voluntary commitment (iltizām) under a tabarru'-based framework, contributed to a community reserve held collectively for the Program purposes. This reserve is intended to be utilised only in limited circumstances, such as temporary member-level payment, timing issues or short-term contribution interruptions, and not as a routine source of benefit payment or entitlement.
Medical Expense	Charges incurred for medically necessary treatment provided by licensed medical practitioners or healthcare facilities.

Key Term	Definition
Member	A natural person who has completed registration, satisfied Eligibility criteria, and voluntarily participates in the Programme in accordance with this Guideline. A Member may submit Medical Expenses Sharing Request for consideration under the Programme, subject to applicable limitations.
Monthly Sharing Contribution (Iltizam Bi Al-Tabarru')	A voluntary conditional charitable contribution pledged by a Member for the purpose of assisting other Members through community sharing of Medical Expenses. This contribution is not a premium, is not refundable except where expressly stated, does not create ownership, debt, or entitlement and is made without any guarantee or expectation of return.
Panel Hospital	A healthcare facility recognised by the Third-Party Administrator where Medical Expenses may be considered for community sharing, subject to Programme conditions.
PDPA	The Personal Data Protection Act 2010 [Act 709], as amended (including by the Personal Data Protection (Amendment) Act 2024) and as commenced from time to time.
Personal Data	Has the meaning given to "personal data" under the PDPA.
Pre-Existing Condition	Any medical condition; illness, symptom, diagnosis, underlying condition or treatment that existed, was suspected, or for which medical advice was sought prior to the Participant's registration date, whether disclosed or not.
Programme	The Lyndung Community Sharing Programme established and administered in accordance with this Programme Guideline.
Programme Guideline	This Programme Guideline, including the Key Disclaimer, the Sections, and the Appendices, as to the latest Revision.
Registration Date	The date on which a person is first recorded by the Platform as an active Member, as used for the Waiting Period and other time-based rules.
Sharing	The administrative process by which the Programme facilitates consideration and (if applicable) distribution for verified Medical Expenses in accordance with this Programme Guideline. Sharing is not an indemnity, does not create entitlement, and is not guaranteed.
Sharing Request	A submission made by or on behalf of a Member requesting administrative consideration of Medical Expenses for potential Sharing, supported by documentation required.
Shariah Principles	The foundational principles derived from Islamic jurisprudence applicable to the Programme, including but not limited to ta'āwun (mutual assistance), tabarru' (voluntary donation), iltizām bi al-

Key Term	Definition
	tabarru' (commitment to donate), wakālah (agency), and the avoidance of riba, maysir, and gharar fāhish.
Suspended	An administrative classification indicating that a Member's participation is temporarily paused due to contribution or administrative non-compliance and that the Member is excluded from community sharing consideration during the suspension period.
Third-Party Administrator (TPA)	An independent service provider engaged to perform administrative and medical review functions, including verification of documentation, auditing of Medical Expenses, and issuance of Guarantee Letters.
Trust Account	A segregated account maintained by the appointed Trustee solely for holding Monthly Sharing Contributions and Initial Sharing Contributions for Programme purposes. Funds in the Trust Account do not belong to the Administrator and are not corporate assets.
Trustee (Amin)	A Shariah-Compliant Independent Trustee appointed to oversee the Trust Account and ensure Contributions are handled in accordance with these Guidelines.
Waiting Period	A defined phase-in duration following registration during which a Member's participation in community sharing is subject to limitation based on Programme rules.
CPETTR 2024	The Consumer Protection (Electronic Trade Transaction) Regulations 2024 [P.U. (A) 449], as amended or replaced.

Ordinary meaning.

Any capitalised term not defined here has the meaning given to it elsewhere in this Programme Guideline, or otherwise bears its ordinary meaning in the context in which it is used.

1.0 GENERAL INFORMATION

This section explains the Programme's purpose, the behavioural commitments expected of Members, and the baseline acknowledgements that support informed participation. It should be read together with the Key Disclaimer, Programme Nature and Legal Characterisation, Interpretation and Definitions, and the Appendices cross-referenced below.

1.1 Nature and Purpose of the Programme

- (a) The Programme is a digital platform designed to facilitate mutual assistance (ta'āwun) among its participating Members in relation to verified Medical Expenses, through an organised community sharing arrangement.
- (b) The Programme connects individuals who voluntarily commit to assist one another during medical hardship through a structured community-sharing arrangement. Participation is founded on ethical cooperation, shared responsibility, and social solidarity, and is not intended to operate as a commercial or profit-driven risk-transfer model.
- (c) The Programme does not provide insurance, takaful, indemnity, or financial protection. Instead, it provides an organised mechanism through which Medical Expenses incurred by a Member may be presented to the community for possible sharing, subject to this Programme Guideline and the availability of community resources.
- (d) The objectives of the Programme are to promote mutual support among Members during periods of medical need, to provide a transparent and organised framework for community sharing, to encourage responsible health behaviour and ethical participation, and to maintain administrative neutrality in the facilitation of sharing.

1.2 Member Principles and Community Commitments

To preserve the integrity of the community, every Member to the following baseline commitments:

- (a) **Honest Declaration:** Members commit to providing true, complete, and accurate information, including health-related information where required. Any failure to disclose material information may be treated as a breach of community trust.
- (b) **Mutual Responsibility:** Members acknowledge that participation is based on shared responsibility and that Monthly Sharing Contributions are made to assist other Members, not to secure personal entitlement.
- (c) **Responsible conduct.** Members are expected to act responsibly and in good faith so as not to impose avoidable or improper burden on the Community, including by avoiding unlawful activity, fraud, and deliberate misuse of Programme processes.
- (d) **Financial Integrity:** Members acknowledge that all community sharing contributions are held in a Trust Account managed by the appointed Trustee and are used solely for Programme purposes in accordance with this Guideline

1.3 Member Acknowledgement and Consent

By enrolling in the Programme, each Member expressly acknowledges and agrees to the following:

- (a) **Informed Participation:** The Member confirms that they have read and understood that the Programme is not an insurance or takaful product and is not subject to the same regulatory requirements or consumer protection regimes applicable to licensed insurers or takaful

operators. The Member further acknowledges that participation does not create any entitlement or guarantee of sharing and that any sharing of Medical Expenses is conditional, discretionary, and subject to the Programme Guideline and the availability of community resources.

- (b) **Authorisation of Funds:** The Member authorises the Administrator, acting solely as administrative agent (Wakil), to facilitate the administration and coordination of community sharing, including the processing and deduction of Monthly Sharing Contributions and Administrative Fees through approved Direct Debit or e-Mandate arrangements. The Member acknowledges that all sharing contributions are held in a Trust Account managed by the appointed Trustee and do not belong to the Administrator, and that such deductions do not constitute payment in exchange for insurance, takaful, or any guaranteed benefit.
- (c) **Data Release:** In accordance with the Personal Data Protection Act 2010, the Member grants consent to the Administrator to collect, use, and disclose personal and medical information for Programme purposes, including verification and administration of Medical Expenses. Such information may be shared only with the Third-Party Administrator (TPA) for medical verification and hospital admission coordination, the appointed Trustee for fund administration purposes; and authorised service providers necessary for Programme operation.
- (d) **Dispute Resolution:** The Member agrees that any dispute arising in connection with the Programme Guideline or participation in the Programme shall first be referred to good faith discussion and mediation, and where unresolved, may be referred to arbitration in accordance with the dispute resolution procedures set out in this Guideline and the laws of Malaysia. Nothing in this clause shall exclude any mandatory rights available under applicable Malaysian law.

1.4 Pre-Enrolment Disclosure and Platform Information

To support informed participation and transparency, the Programme Platform provides Members with essential information prior to enrolment.

- (a) **Administrator Identification:** The Administrator's business registration details, contact information, and customer service channels are displayed on the Programme Platform in accordance with applicable Malaysian consumer protection requirements.
- (b) **Material Participation Terms:** Prior to enrolment, Members are provided with material Programme terms, including Administrative Fees, contribution obligations, withdrawal procedures, applicable timelines, and complaint channels, as set out in this Programme Guideline and the relevant Appendices.
- (c) **Cooling-Off and Cancellation Rights:** A Member who enrolls through the Programme Platform (being an electronic trade transaction) shall have a right to cancel participation within three (3) Business Days from the date of receipt of confirmation of enrolment ('Cooling-Off Period'), in accordance with the Consumer Protection (Electronic Trade Transaction) Regulations 2024 [P.U. (A) 449/2024]. A Member who exercises this right within the Cooling-Off Period shall be entitled to a full refund of the first Monthly Sharing Contribution paid, if any has been collected within the Cooling-Off Period. The Administrative Fee (Wakalah) paid during the Cooling-Off Period shall be non-refundable, as it constitutes remuneration for administrative services already rendered. For the avoidance of doubt, the Initial Sharing Contribution is not collected at enrolment and does not fall due until the second month of participation; accordingly, no Initial Sharing Contribution refund obligation arises during the Cooling-Off Period. To exercise the cancellation right, the Member must submit a written request through the Programme Platform within the Cooling-Off Period.

2.0 THE ADMINISTRATOR AND APPOINTED INDEPENDENT SERVICE PROVIDERS

This Section describes the roles of the Administrator and the independent service providers engaged to support Programme administration. It is designed to preserve role separation and to confirm that none of these roles involves underwriting, risk assumption, or a promise to pay. The identities and contact details of the Administrator and current appointed providers are set out in 0.

2.1 The Administrator

“Administrator” means the entity that establishes and administers the Programme and acts solely as Wakil (administrative agent) of the community for operational and facilitative purposes in respect of the Programme. The role of the Administrator is strictly limited to:

- (a) providing and maintaining the Programme platform;
- (b) coordinating enrolment and participation of Members;
- (c) facilitating administrative processes in relation to community sharing; and
- (d) engaging independent professional partners to support Programme operations.

For the avoidance of doubt, the Administrator is not an insurer or takaful operator, does not provide insurance or takaful, does not underwrite or assume any medical or financial risk, and does not guarantee or promise any sharing or payment of Medical Expenses.

The Administrator acts solely as Wakil (administrative agent) for the community and does not own, control, or have any beneficial interest in the community sharing funds. The Administrator’s remuneration is limited to the Administrative Fee described in Section 4 and the Administrator has no undisclosed entitlement to benefit from Community Funds.

2.2 Appointed Independent Service Providers

To promote transparency, integrity, and professional governance, the Programme engages independent service providers to perform specific professional functions within their respective mandates. None of these service providers assumes any insurance, underwriting, or risk-bearing function under the Programme. Their appointments do not alter the nature of the Programme as a community-based sharing arrangement and does not create any insurance, takaful, partnership, joint venture, or indemnity relationship.

2.2.1 Medical Third-Party Administrator (TPA)

The Medical Third-Party Administrator (“TPA”) is appointed to perform independent medical and administrative review functions in relation to Medical Expenses submitted under the Programme. The role of the TPA includes:

- (a) verification of medical documentation and treatment records;
- (b) audit Medical Expenses in accordance with recognised medical fee schedules and standards;
- (c) issuing administrative documents such as Guarantee Letters (GL) for hospital admission coordination; and
- (d) supporting the administrative processing of community sharing.

The TPA does not provide insurance or takaful, does not guarantee payment of Medical Expenses, and does not make any promise or assurance of sharing outcomes.

2.2.2 Independent Trustee

The Independent Trustee is appointed to manage and oversee the Trust Account established for the Programme. The role of the appointed Trustee includes;

- (a) holding Monthly Sharing Contributions and Initial Sharing Contributions in a segregated Trust Account;
- (b) administer disbursements strictly in accordance with this Programme Guideline; and
- (c) providing oversight to ensure that community funds are not commingled with the Administrator's corporate assets.

Funds held in the Trust Account belong to the community collectively and not the Administrator, and may be applied only for Programme purposes in accordance with this Programme Guideline.

2.2.3 eKYC and Identity Verification Provider

An independent electronic know-your-customer (eKYC) and identity verification provider is engaged to support Member onboarding and to reduce the risk of fraud and misuse. The role of the eKYC provider includes:

- (a) verifying Member identity information submitted during enrolment; and
- (b) supporting the integrity of the Programme by ensuring that participation is limited to verified individuals.

Such verification is conducted in accordance with applicable Malaysian laws and data protection requirements.

2.2.4 Shariah Advisory and Actuarial Governance

The Programme is supported by professional advisors to promote ethical compliance and long-term sustainability.

- (a) Shariah Advisory: Shariah advisors is engaged to review the Programme structure and contractual concepts, assess compliance with applicable Shariah principles; and provide guidance on matters relating to tabarru', iltizām, wakālah, and related concepts.
- (b) Actuarial and Technical Support: Independent actuarial or technical advisors may be engaged by the Administrator from time to time to analyse participation patterns and contribution adequacy, assess the sustainability of the community sharing arrangement, and support the design of equitable Contribution Adjustment Frameworks. Such advisory functions do not create underwriting obligations, do not convert the Programme into insurance or takaful; and are provided solely for governance and sustainability purposes.

3.0 PROGRAMME STRUCTURE

This section sets out the technical and ethical framework through which the Programme operates. By structuring the Programme as a Pure Sharing Model, this section explains how mutual assistance principles are applied in practice while maintaining clear separation from regulated insurance or takaful arrangements.

3.1 Method of The Programme

The Programme operates as a Pure Sharing Model, whereby Members voluntarily assist one another through a structured community-sharing arrangement without transferring risk to any company and without creating any contract of indemnity. Under this model:

- (a) Members retain personal responsibility for their own Medical Expenses at all times;
- (b) Medical Expenses incurred by a Member may be presented for possible sharing; and
- (c) any sharing that occurs is conditional, discretionary, and subject to this Programme Guideline and the availability of community resources.

The Programme does not pool risk for profit, does not provide protection, and does not guarantee outcomes. It facilitates a transparent administrative mechanism for community participation in medical cost sharing.

3.2 Application of Shariah Concepts

The Shariah principles described in Programme Nature & Legal Characterisation are operationalised within the Programme structure as follows:

- (a) Ta'awun (Mutual Assistance): Members participate on the basis of cooperation and shared responsibility, assisting one another without contractual obligation to indemnify or compensate.
- (b) Tabarru' and Iltizām bi al-Tabarru' (Voluntary Donation and Commitment to Donate): Members voluntarily pledge Monthly Sharing Contributions for the purpose of assisting other Members. Such contributions are not a price for protection, do not create entitlement, and are made without guarantee of return.
- (c) Wakalah bi al-Ujrah (Agency with Fee): The Administrator acts solely as an administrative agent to facilitate Programme operations. The Administrative Fee () is charged exclusively for administrative services and does not constitute consideration for medical sharing.
- (d) Maṣlaḥah 'Āmmah (Public Interest): Administrative safeguards, including Waiting Periods and participation limitations, are implemented to protect the collective welfare of the community and to ensure long-term sustainability.
- (e) Qard (Benevolent Loan) - Limited Administrative Application: Where applicable, a Member's Initial Sharing Contribution may be temporarily applied to fulfil that Member's prior pledge to the community. Such application is treated as a benevolent advance from the Member's own reserve and does not constitute a benefit, entitlement, or payout.
- (f) 'Adl and Tawāzun (Fairness and Balance): The Contribution Adjustment Framework is applied to preserve proportional participation among Members and to avoid undue burden on the community.

The Programme is designed to avoid riba (interest), maysir (gambling), and gharar fāḥish (excessive uncertainty) by ensuring voluntariness, transparency, and the absence of any guaranteed return.

3.3 Programme Roles & Structure

The Programme operates through the following functional components:

- (a) Members (Muwakkil): Members are the participants of the community sharing arrangement. They make voluntary conditional contributions, collectively form the sharing community, and remain personally responsible for their own Medical Expenses.
- (a) Administrator (Wakil): The Administrator facilitates Programme administration, including enrolment, participation records, and coordination with appointed independent partners. The Administrator does not own community funds, assume medical or financial risk, or guarantee any sharing outcome.
- (b) Service Providers: Independent providers support Programme integrity, including the Third-Party Administrator for medical verification, the Trustee for Trust Account administration, and providers for identity and payment processing. Each operates within its mandate and does not create any insurance, takaful, or indemnity relationship with Members.

3.4 Community Sharing Logic

Where a Member incurs a Medical Expense:

- (a) the Medical Expense may be submitted for administrative and medical verification;
- (b) the Third-Party Administrator reviews documentation and verification;
- (c) the Administrator facilitates presentation for community consideration; and
- (d) the proportionate Actual Sharing Amount is determined in accordance with the Contribution Adjustment Framework and Programme rules.

Any sharing that occurs is facilitated through proportionate deductions from participating Members and applied via community-held funds maintained in the Trust Account, does not originate from the Administrator's assets, and does not create precedent or entitlement for future sharing.

3.4.1 Initial Sharing Contribution

Members maintain an Initial Sharing Contribution ('ISC') as a static administrative reserve held in the Trust Account. This reserve:

- (a) Continuity Safeguard: serves as an administrative safeguard to temporarily fulfil a Member's own Monthly Sharing Contribution obligation in the event of payment interruption, solely to the extent and for the duration described in Appendix F (Membership Status Classification).
- (b) Non-Benefit Nature: is not a benefit fund and is not earmarked for Medical Expense payment.
- (c) Limited Application: may be applied to a Member's own outstanding Monthly Sharing Contribution only upon the Member's status transitioning to 'Inactive' or 'Suspended' as defined in Appendix F, and for no other purpose.
- (d) Shariah Treatment as Qard: Any application of the ISC to fulfil a Member's own Monthly Sharing Contribution is treated as a Qard (benevolent loan) advanced from the Member's own reserve. The Member shall be notified by the Administrator promptly (and no later than seven (7) Business Days) upon any such application. The Member shall replenish the applied amount within thirty (30) calendar days of such notification. Failure to replenish within this period shall result in the relevant status transition as set out in Appendix F. No increment, profit, or benefit shall attach to the Qard. Upon voluntary withdrawal, any remaining ISC balance (after

deduction of any outstanding unreplaced Qard amount) shall be refunded to the Member in accordance with Section 5.2.

- (e) ISC Characterisation: For the avoidance of doubt, the ISC is characterised as a reserve contribution made under a conditional Qard arrangement, and not as a tabarru' donation. Accordingly, the refundability of the ISC upon exit is consistent with its Qard characterisation.

3.4.2 Non-Commercial Character of the Programme

The Programme is not established to generate profit and exists solely to facilitate ethical community sharing and does not operate as a financial product. Accordingly:

- (a) no surplus from community contributions belongs to the Administrator;
- (b) community funds are not invested for commercial return; and
- (c) the Administrator's remuneration is limited to the Administrative Fee for services rendered.

4.0 ACCOUNT OWNER, MEMBERSHIP ENROLMENT AND CLASSIFICATIONS

This Section sets out the administrative roles, enrolment process, Membership status framework, and the manner in which participation standing may change within the Programme. These provisions regulate participation and administrative continuity only and do not create entitlement, guarantee, or assurance of community sharing.

4.1 Account Owner

An Account Owner is a natural person who creates and maintains an account on the Programme platform for administrative and facilitative purposes. Under this role:

- (a) an Account Owner may register, manage, and administer one or more Members;
- (b) an Account Owner may act as a parent, guardian, or representative for Minor Members;
- (c) account ownership alone does not confer Member status or eligibility for community sharing.

An Account Owner who also satisfies the eligibility criteria and completes enrolment may separately participate as a Member, subject to this Programme Guideline.

4.2 Member

A Member is a natural person who has completed enrolment, been administratively accepted, and holds active participation status under the Programme. Member status does not create entitlement, guarantee, or assurance of community sharing. Under this role:

- (a) a Member may submit Medical Expenses for administrative consideration in accordance with Programme rules
- (b) a Member must maintain compliance with payment and participation requirements;
- (c) Member status is subject to classification, waiting periods, exclusions, and administrative verification.

4.3 Membership Enrolment

Membership in the Programme is voluntary and subject to completion of the enrolment process and administrative acceptance. The operational registration steps (including account creation, identity verification, health declaration submission, and payment authorisation) are prescribed in 0 and form part of this Programme Guideline. To enrol as a Member:

- (a) satisfy the eligibility criteria prescribed under this Programme Guideline;
- (b) complete all required declarations and disclosures truthfully;
- (c) consent to the Programme Guideline and applicable authorisations; and
- (d) maintain active payment arrangements for Administrative Fees and Monthly Sharing Contributions, where applicable.

Administrative acceptance of an application is required before Member status is conferred. Submission of an application does not create entitlement, guarantee acceptance, or assurance of community sharing

4.3.1 Eligibility Criteria

Eligibility determines whether an applicant may be administratively accepted as a Member under the Programme. Eligibility is assessed based on administrative criteria, and may include criteria such as:

- (a) minimum or maximum age requirements set by the Programme;
- (b) submission and acceptance of required health and personal declarations;
- (c) compliance with enrolment conditions; and
- (d) successful identity verification (including eKYC in accordance with applicable Malaysian law).

Eligibility does not create entitlement to community sharing, does not guarantee acceptance of Medical Expenses for sharing; and may be reassessed from time to time in accordance with Programme rules.

4.4 Membership Status Classifications

The Programme assigns each Member an administrative status to reflect their participation stage. These status classifications are for internal administration only. They do not imply any “coverage” or contractual benefit, and a Member’s status can change based on ongoing compliance (for example, after waiting periods or payment failures). Membership status:

- (a) is determined based on enrolment stage, waiting periods, payment continuity, and compliance with Programme requirements;
- (b) guides administrative processing and sharing eligibility assessment; and
- (c) does not create contractual rights or assurances of sharing.

The definitions, effects, and sharing implications of each Membership status classification are set out in 0.

4.5 Status Transitions

Membership status may change upon the occurrence of defined administrative or participation events, including:

- (a) completion of enrolment or waiting periods;
- (b) unsuccessful authorised deductions or payment interruption;
- (c) verification or review of submitted information;
- (d) voluntary cessation of participation; or
- (e) resolution of previously unmet Programme requirements.

All status transitions are applied prospectively and recorded in the Programme system. Changes in status do not operate retroactively and do not create entitlement to community sharing for any prior period.

4.5.1 Administrative Actions

The Programme may apply administrative actions in response to status transition events to ensure orderly Programme operation. Such actions may include:

- (a) temporary restriction of Programme access during administrative review;
- (b) suspension of participation where requirements are unmet;
- (c) termination of participation where conditions remain unresolved; and
- (d) reinstatement processing upon fulfilment of applicable requirements.

Administrative actions regulate participation standing only and do not operate as penalties or create entitlement or forfeiture rights.

4.5.2 Payment-Related Status Changes

Payment continuity is an administrative requirement for ongoing participation. Members must maintain valid authorised payment arrangements. Repeated unsuccessful deductions may trigger status transitions or administrative action in accordance with Programme rules.

Status may be restored upon resolution of payment issues, subject to applicable conditions. Payment-related actions are administrative in nature and do not affect prior administrative determinations.

4.6 Information Accuracy and Disclosure

Accurate and complete information is required for Programme administration. Members must provide complete and accurate information at enrolment and ensure submitted information remains current throughout participation.

Information may be reviewed or verified where inconsistencies arise. Where material inaccuracies are identified, administrative action may be taken in accordance with Programme rules.

4.7 Voluntary Cessation of Participation

A Member may elect to cease participation in accordance with Programme procedures. Requests must be submitted through the designated Programme platform or prescribed channel. Cessation takes effect upon administrative processing and confirmation by the Programme.

Administrative timelines applicable to voluntary cessation are set out in 0 and are subject to verification requirements. Cessation applies prospectively and does not affect prior participation or administrative determinations.

4.8 Administrative Authority and Finality

All determinations under this Section are administrative in nature and applied in accordance with Programme rules.

- (a) Actions are taken in good faith based on verified records and available information at the time of determination.
- (b) No provision in this Section creates vested, accrued, or automatic rights to participation or community sharing.
- (c) Membership status definitions and operational effects are set out in 0 and shall be read together with this Section.

5.0 SUSPENSION, WITHDRAWAL, AND DISQUALIFICATION

This section sets out the administrative circumstances under which a Member's participation may be temporarily paused, voluntarily ceased, or permanently ended. These provisions regulate participation status only and do not create entitlement, guarantee, or assurance of community sharing. This section shall be read together with Membership Status provisions and applicable Appendices.

5.1 Suspension and Reactivation of Participation

5.1.1 Suspension from The Programme

Suspension refers to a temporary administrative status change applied where participation conditions are not met. Suspension is an administrative measure and does not constitute termination.

- (a) Trigger Event: Suspension may occur following unsuccessful authorised deductions or unresolved administrative requirements.
- (b) Status Effect: During suspension, participation is paused for administrative purposes.
- (c) Sharing Restriction: Medical Expenses incurred during suspension are not eligible for consideration.
- (d) Prospective Application: Suspension applies going forward and does not affect prior determinations.

5.1.2 Reactivation Following Suspension

A suspended Member may be considered for reactivation upon resolution of the underlying administrative issue. Reactivation restores participation prospectively only.

- (a) Issue Resolution: Outstanding payment or administrative matters must be resolved.
- (b) Administrative Confirmation: Reactivation occurs upon successful verification.
- (c) No Retrospective Effect: Reactivation does not alter the status of events during suspension.

5.2 Voluntary Withdrawal from Participation

Members may elect to cease participation in the Programme through prescribed administrative procedures. Voluntary withdrawal does not create entitlement to refunds beyond those expressly provided under Programme rules.

- (a) Initiation Requirement: Withdrawal request must be submitted through approved channels.
- (b) Processing Period: Withdrawal is affected after completion of administrative processing, and the member is still responsible for any Monthly Community Sharing occur during this period.
- (c) Participation Responsibility: Obligations arising prior to the effective withdrawal date remain administratively applicable.
- (d) Prospective Effect: Withdrawal applies forward and does not affect past participation.
- (e) Final Settlement: After the Processing period, the Administrator shall process a refund of any remaining balance in the Initial Sharing Contributions.

5.3 Disqualification and Administrative Termination

Disqualification refers to permanent administrative termination of participation. It is administrative in nature and does not operate as a penalty or sanction.

- (a) Repeated Non-Compliance: Persistent failure to meet participation conditions may result in disqualification.
- (b) Material Misrepresentation: Submission of materially inaccurate or misleading information may result in disqualification.
- (c) System Integrity: Actions that materially disrupt Programme administration may result in disqualification.
- (d) Finality Effect: Disqualification permanently ends participation unless otherwise permitted by Programme rules.

5.4 Treatment of Initial Sharing Contribution upon Exit

The treatment of the Initial Sharing Contribution is subject to the circumstances of exit. No interest, gain, or entitlement arises from the Initial Sharing Contribution.

- (a) Voluntary Withdrawal: Any remaining balance may be processed by Programme procedures.
- (b) Administrative Termination: Processing is subject to resolution of outstanding administrative matters.
- (c) Exclusion Cases: Where disqualification arises from material misrepresentation, treatment may differ as prescribed.
- (d) Processing Timeline: Any processing occurs within administrative timelines set out in the Appendices.

5.5 Non-Reinstatement and Re-Entry

Following disqualification or withdrawal, re-entry into the Programme is subject to administrative discretion.

- (a) Fresh Assessment: Any future participation requires a new application.
- (b) No Continuity Assumption: Prior participation does not create priority or preference.
- (c) Eligibility Review: Re-entry is subject to Programme rules in force at the time of application.

5.6 Administrative Authority and Finality

All actions taken including withdrawal, termination, disqualification, and contribution treatment upon exit are administrative determinations applied in accordance with Programme rules.

- (a) Good-Faith Administration: Decisions are made based on verified records, available information, and applicable Programme provisions at the time of determination.
- (b) No Accrued Rights: Exit does not create any vested, accrued, or continuing right to participation, sharing, or contribution recovery except as expressly stated in this document.
- (c) Procedural Reference: Administrative timelines and processing mechanics relating to cessation or exit are applied in accordance with the relevant procedures set out in 0 and any applicable contribution treatment provisions under this Programme Guideline.

6.0 CONTRIBUTIONS, FEES AND COMMUNITY SHARING MECHANICS

This section sets out the financial structure of participation in the Programme, including Administrative Fees and Community Sharing Contributions. It explains how these categories are distinguished, administered, and safeguarded. It also describes the mechanisms governing proportional participation, fund administration, and governance, without creating entitlement, guarantee, or assurance of outcome.

6.1 Types of Contributions and Fees

Participation involves two distinct financial categories, each serving a separate purpose. These categories are legally distinct and shall not be conflated.

6.1.1 Administrative Fee (Wakalah)

The Administrative Fee (Wakalah) is payable to the Administrator for administrative and facilitative services, including platform access, enrolment management, coordination with professional partners, identity verification, medical documentation coordination, and operational administration. The Administrative Fee is characterised as follows:

- (a) Agency Basis: Charged under the principle of Wakalah bi al-Ujrah (agency with fee).
- (b) Non-Sharing Nature: Not part of the community sharing pool.
- (c) No Medical Consideration: Does not constitute consideration for medical sharing.
- (d) No Entitlement Creation: Does not create entitlement to community sharing.
- (e) Refund Limitation: Non-refundable unless expressly stated in this Programme Guideline.

Administrative Fees are payable in accordance with the prescribed payment cycles selected at enrolment, including monthly, quarterly, or annual arrangements. The applicable Administrative Fee amounts, payment options, and plan parameters are set out in APPENDIX C and communicated through official Programme channels.

6.1.1.1 Administrative Fee Adjustment Mechanism

The Programme may, at its discretion, offer an administrative adjustment to the Administrative Fee (Wakalah) to encourage continuity of participation and responsible community conduct. The detailed mechanism, eligibility basis, and application parameters are set out in APPENDIX D

- (a) Administrative Scope: Applies solely to the Administrative Fee.
- (b) No Sharing Impact: Does not affect Monthly Sharing Contributions or sharing mechanisms.
- (c) Non-Entitlement: Does not create entitlement or guarantee of community sharing.
- (d) Separate Disclosure: Any applicable reference scales or illustrations are set out in the Appendices or communicated through administrative notices.

6.1.1.2 Administrative Fee–Funded Outreach and Referral Arrangements

To support responsible community growth and broader participation in the Programme, the Administrator may implement structured outreach or referral arrangements. Expanded and stable participation may strengthen the community participation base and may, over time, support moderation of sharing contribution levels across Members. Such outreach or referral arrangements

are funded solely from the Administrative Fee (Wakalah) layer and do not form part of the community sharing mechanics or Medical Expense facilitation mechanisms.

- (a) Administrative Funding Basis: Any outreach, referral recognition, or service allowance is funded exclusively from the Administrative Fee and not from community sharing funds.
- (b) No Sharing Function: Referrers do not act as insurers, takaful operators, agents of risk transfer, or decision-makers in relation to community sharing, and have no authority to approve, promise, or guarantee any sharing outcome.
- (c) Separate Arrangement: Any referral or community partner engagement framework is governed under separate agreements issued by the Administrator.
- (d) No Member Impact: Referral arrangements do not affect Member eligibility, contribution obligations, status classification, or community sharing determinations under this Programme Guideline.

6.1.2 Community Sharing Contributions

Community Sharing Contributions are voluntary contributions pledged by Members for the purpose of facilitating mutual assistance within the community. These contributions comprise the Monthly Sharing Contribution and the Initial Sharing Contribution, each serving a distinct administrative and functional role. Applicable contribution tiers and parameters are set out in the relevant Appendices.

6.1.2.1 Initial Sharing Contribution

Upon enrolment, each Member places an Initial Sharing Contribution (ISC) into the Trust Account, where it is held by the appointed Trustee as a static community reserve to support administrative continuity. The applicable ISC tiers and plan parameters are prescribed in 0. Where applicable, the Initial Sharing Contribution may be temporarily applied to fulfil a Member's own sharing commitment during periods of administrative interruption. The ISC:

- (a) Continuity Safeguard: Supports participation continuity during administrative interruption.
- (b) Non-Benefit Nature: Not a benefit fund and not earmarked for Medical Expense payment.
- (c) No Advance Sharing: Does not constitute advance payment for sharing.
- (d) No Entitlement: Does not create entitlement or guarantee of reimbursement.
- (e) Temporary Application: Where applicable, the Initial Sharing Contribution may be temporarily applied to fulfil the Member's own prior sharing commitment during administrative interruption.
- (f) Shariah Treatment: Any such application is treated as Qard (benevolent loan) from the Member's own reserve and does not constitute a payout or benefit.

6.1.2.2 Monthly Sharing Contribution (Iltizām bi al-Tabarru')

The Monthly Sharing Contribution is a voluntary conditional charitable contribution made by Members to support community sharing of Medical Expenses and is administered through the Trust Account for that purpose. It is characterised as follows:

- (a) Shariah Basis: Made under tabarru (voluntary donation) supported by iltizām (commitment).
- (b) Non-Commercial Nature: Not premiums, prices, or consideration for protection.
- (c) No Priority Rights: Do not create entitlement, priority, or assurance of sharing.
- (d) Rule-Bound Application: Applied strictly in accordance with this Programme Guideline.

6.1.2.3 Contribution Adjustment Framework

The Programme applies an entry-based participation adjustment framework to preserve fairness ('adl), balance (tawāzun), and long-term sustainability of the community.

- (a) Proportional Participation: Members participate in monthly sharing in proportion to a disclosed participation ratio applied solely at the point of enrolment.
- (b) Non-Medical Basis: Ratios are based solely on disclosed, non-medical, entry-based characteristics.
- (c) Non-Insurance Character: Adjustments do not constitute pricing, underwriting, or premium determination.
- (d) No Risk Assessment: No assessment of medical risk or probability of illness.
- (e) Eligibility Neutrality: Adjustments do not affect eligibility for consideration of Medical Expenses.
- (f) Purpose and Shariah Basis: The Contribution Adjustment Framework is implemented to uphold the Shariah principles of 'adl (fairness), tawāzun (balance), and maṣlaḥah 'āmmah (public interest).
- (g) Participation Ratio: The participation ratios applicable at the point of entry are set out in O and shall be read together with this Section.

Participation adjustments under this framework modify a Member's proportional participation ratio in monthly community sharing and are disclosed upfront and applied only at enrolment. Such adjustments do not constitute protection pricing, underwriting, or actuarial risk assessment, do not affect eligibility for sharing consideration, and are applied uniformly across the Programme.

6.1.2.3.1 Application Logic

The Entry-Based Participation Adjustment operates on the following principles:

- (a) Entry-Point Adjustment Only: Participation ratios are assigned once, at the point of enrolment, based on disclosed entry characteristics.
- (b) No Re-Adjustment: There is no automatic adjustment, escalation, or re-evaluation due to age progression or changes over time.
- (c) Transparency and Predictability: All applicable participation ratios are disclosed upfront prior to enrolment.
- (d) Community Sustainability: The framework ensures proportional participation across the community, supporting long-term viability without disadvantaging any cohort.

6.1.2.3.2 Child Entry Step-Down Provision

Members enrolled between fourteen (14) days to five (5) years of age may be considered for a one-time discretionary participation ratio adjustment upon attaining six (6) years of age. This provision reflects community compassion while preserving collective fairness and is subject to:

- (a) Non-Entitlement: the adjustment is discretionary and not a contractual or automatic right;
- (b) Participation Continuity: the Member must have maintained continuous active participation without administrative interruption;
- (c) Health & Medical Expense Safeguard: The Member must not have experienced a Major Medical Event or been diagnosed with the List of Specified Illnesses in Appendix J, including but not limited to conditions requiring long-term specialist treatment, major surgery, or

- ongoing high-severity medical care, as determined by the Programme's medical verification panel prior to the step-down application;
- (d) Application Requirement: Parent or Account Owner must submit a written request to the Programme administrator;
- (e) Prospective Effect: Any approved adjustment shall apply prospective only. No backdating, recalculation of past contributions, or refunds shall arise.

The detailed administrative mechanism and eligibility parameters are set out in 0

6.1.3 Minor Protection Contribution Exemption

Where a Member below eighteen (18) years of age is registered under a paying parent, guardian, or Account Owner, and such paying parent or guardian passes away during the Member's participation in the Programme, the following administrative provisions may apply:

- (a) Contribution Exemption: The Minor Member may be exempted from both the Administrative Fee (Wakalah) and the Monthly Sharing Contribution from the date of administrative confirmation of the death of the paying parent or guardian.
- (b) Continued Participation: During the exemption period, the Minor Member shall remain an active Member of the Programme and may continue to submit Medical Expenses for administrative consideration in accordance with this Programme Guideline.
- (c) Sharing Participation: Medical Expenses submitted by the Minor Member may be considered for community sharing in accordance with the Programme rules, subject to the applicable Waiting Periods, exclusions, limitations, and verification procedures.
- (d) Duration of Exemption: The exemption shall remain effective until the Minor Member attains eighteen (18) years of age, unless earlier terminated upon appointment of a new paying Account Owner or guardian.
- (e) Administrative Verification: Application of this provision is subject to submission of relevant supporting documentation and administrative confirmation by the Programme.
- (f) Administrative Nature: This provision is implemented as an administrative and compassionate measure and does not create entitlement, precedent, or financial obligation beyond the scope expressly stated in this Programme Guideline.

6.2 Determination of Community Sharing

When a Medical Expense is submitted for consideration, the supporting documentation shall be reviewed and administratively assessed by the appointed Third-Party Administrator in accordance with the Member's classification and the applicable Programme rules. Where administrative verification is satisfied, the Actual Sharing Amount, if any, shall be determined proportionately in accordance with the Programme Guideline.

Any sharing facilitated under this Section is derived solely from the proportionate participation of eligible Members and applied through funds held in the Trust Account. Such sharing does not originate from the Administrator's assets and does not create entitlement, expectation, precedent, or assurance of future sharing.

6.2.1 Trustee Management of Community Fund

All Monthly Sharing Contributions and Initial Sharing Contributions are held in a Trust Account established and managed by the appointed Trustee in accordance with the Trustee Act 1949 [Act 208]. The Trust Account is maintained with a licensed Islamic financial institution in Malaysia under a Shariah-compliant deposit arrangement (Wadiah Yad Dhamanah or such other Shariah-compliant deposit structure as approved by the Programme's Shariah advisor from time to time), ensuring that no interest (riba) accrues on community funds.

- (a) Fund Segregation: Community funds are strictly segregated from the Administrator's corporate assets at all times.
- (b) Trustee Account: The Trust Account is managed by the appointed Shariah-compliant Trustee, the identity and contact details of whom are set out in Appendix A.
- (c) No Beneficial Interest: The Administrator holds no legal or beneficial interest in the Trust Account or its funds.
- (d) Insolvency Protection: Funds held in the Trust Account are ring-fenced and shall not form part of the Administrator's assets in the event of the Administrator's insolvency, liquidation, or receivership.

6.2.2 Exclusions, Limitations, and Programme Conditions

Community sharing consideration is subject to Programme exclusions, limitations, and conditions

WAITING PERIODS, EXCLUSIONS, AND LIMITATIONS, including waiting periods (0), disclosure requirements, and exclusion schedules.

6.2.3 No Refunds and No Backdating

Unless expressly stated otherwise; Administrative Fees, Monthly Sharing Contributions, and Initial Sharing Contribution are non-refundable and participation and sharing apply prospectively only.

6.2.4 Administrative Discretion and Finality

All determinations relating to contributions, adjustments, and community sharing are administered in accordance with this Programme Guideline. Administrative determinations are made in good faith, based on verified information and Programme rules, and do not create enforceable rights to sharing.

6.3 Payment Authorisation and Mandate Consent

This section governs Member consent and related payment authorisations.

- (a) Express Consent: By enrolling, the Account Owner and/or Member provides consent for automated payment arrangements to facilitate authorised deductions.
- (b) Verification Charges: Nominal verification charges may be imposed by financial institutions for mandate validation.
- (c) Transaction Costs: Payment gateway or banking charges may be borne by Members and do not form part of community funds.
- (d) Mandate Responsibility: The Account Owner remains responsible for maintaining valid payment arrangements throughout participation.

6.3.1 Payment Facilitation Mechanics

This section describes the operational manner in which authorised deductions are facilitated.

- (a) Authorised Facilitation: Members authorise the Administrator to facilitate deductions of Administrative Fees and Monthly Sharing Contributions via approved automated payment arrangements, as prescribed by the Programme from time to time.
- (b) Automated Administration: Deductions are administered in accordance with Programme schedules and payment system availability.
- (c) Failed Deductions: Managed strictly in accordance with Membership Classification and Transition of Status provisions.

6.4 Government Taxes and Statutory Levies

All fees and contributions are subject to applicable Malaysian laws.

- (a) Service Tax: Administrative Fees may be subject to SST at prevailing rates.
- (b) Statutory Charges: Stamp duties and statutory levies applied in accordance with law.

7.0 MEDICAL EXPENSE SHARING AND CLAIMS PROCESS

This section sets out the administrative framework governing submission and consideration of Medical Expenses and facilitation of community sharing under the Programme. Medical documentation review and verification are conducted by an appointed Third-Party Administrator for independent assessment. Nothing herein creates entitlement, guarantee, or assurance of sharing and shall be read together with 0 and the applicable Appendices, including references in 0 and 0 and the waiting period framework in 0.

7.1 Scope of Medical Expense Consideration

Medical Expenses may be submitted for consideration subject to Programme rules, Member classification, and applicable conditions. Eligible categories and Plan Parameters are set out in 0 and shall be read together with this Section.

- (a) Eligibility Basis: Consideration depends on Member status, participation standing, and applicable waiting periods.
- (b) Non-Entitlement Nature: Submission does not create a right to sharing or reimbursement.
- (c) Community Basis: Any sharing arises solely from community participation mechanics.

7.2 Hospital Admission and Medical Expense Administration Flow

This section outlines the administrative pathways through which hospital admission and subsequent Medical Expense consideration may be facilitated. Availability is subject to Programme conditions and does not create entitlement, priority, or assurance of sharing.

7.2.1 Facilitated Admission Workflow (Cashless Administration)

This workflow enables hospital admission to be facilitated without upfront settlement of eligible Medical Expenses, subject to Programme conditions. It is administrative in nature and does not constitute approval, guarantee, or commitment of community sharing.

- (a) Administrative Facilitation: Admission may be facilitated through arrangements coordinated by the Third-Party Administrator including issuance of a Guarantee Letter and, where applicable, a Final Guarantee Letter, in accordance with 0.
- (b) Eligibility Basis: Availability depends on the Member's classification and applicable Waiting Period (0), and the Medical Expense category must fall within Eligible Medical Expenses and Plan Parameters (0).
- (c) Member-Borne Items: Hospital deposits, personal upgrades, or non-eligible charges remain the responsibility of the Member.
- (d) Discharge Administration: Itemised charges are subject to administrative verification prior to consideration under Programme mechanics.

7.2.2 Post-Payment Submission Workflow (Pay and Submit)

This workflow applies where Medical Expenses are settled by the Member before administrative review and does not create entitlement to reimbursement or assurance of sharing

- (a) Upfront Settlement: The Member settles the medical charges directly with the medical facility.
- (b) Document Submission: Original supporting documents, including itemised bills and relevant medical records are submitted through prescribed channels.
- (c) Administrative Review: Submitted expenses reviewed by the Third-Party Administrator for compliance with Programme rules with reference to applicable Appendices
- (d) Investigation Review: Where a diagnosis appears in the Investigation Diagnosis List (refer to O), further administrative medical review may be conducted in accordance with Programme parameters.
- (e) Subsequent Consideration: Verified expenses may be considered for community sharing in accordance with Programme mechanics and applicable Appendices.

7.3 Medical Documentation Review and Verification

All submitted Medical Expenses are subject to independent verification prior to any community sharing consideration. Verification does not constitute approval or assurance of sharing.

- (a) Medical Necessity Review: Treatments are reviewed for procedural and clinical appropriateness.
- (b) Fee Reference Check: Charges are reviewed against prevailing professional fee benchmarks where applicable.
- (c) Scope Confirmation: Only expenses falling within Programme-defined categories proceed to further consideration.

7.4 Determination of Community Sharing Amount

Where Medical Expenses pass administrative verification, a determination is made on whether community sharing may be facilitated. Any sharing facilitated arises from community-held funds and not from the Administrator's corporate assets.

- (a) Administrative Assessment: Eligibility is assessed based on Member classification and Programme rules.
- (b) Proportionate Application: Any sharing amount is determined proportionately in accordance with community participation mechanics.
- (c) Non-Precedent Effect: Past determinations do not create precedent for future submissions.

7.4.1 Monthly Consolidation and Application

Verified Medical Expenses are administered through a consolidated monthly process. This process does not create assurance of identical outcomes across different periods.

- (a) Consolidation Cut-Off: Verified cases are collated in accordance with Programme timelines.
- (b) Exact Sharing Basis: Community participation reflects the actual verified amount for the relevant period.
- (c) Automated Application: Proportionate participation is applied through authorised payment arrangements.

7.4.2 Finality and Administrative Authority

All determinations under this section are administrative and governed by Programme rules.

- (a) Good-Faith Administration: Decisions are made based on verified documentation and applicable guidelines.
- (b) No Appeal Right: Determinations do not create an automatic right of appeal outside Programme processes.
- (c) No Legal Obligation: Nothing in this section creates a legal obligation on the community or Administrator to share.

8.0 WAITING PERIODS, EXCLUSIONS, AND LIMITATIONS

This section sets out the participation boundaries, timing benchmarks, and administrative limitations applicable to the consideration of Medical Expenses under the Programme. These provisions define the scope of community sharing mechanics and do not create entitlement, guarantee, or assurance of outcome. This section shall be read together with 0 and the applicable Appendices, including references in 0 and 0 and the waiting period framework in 0.

8.1 Waiting Periods

Waiting periods apply to all new enrolments and operate as participation maturity benchmarks before certain categories of Medical Expenses may be considered for community sharing. These benchmarks distinguish between general medical conditions and specified illness categories, as set out in APPENDICES I and J respectively.

- (a) Immediate Phase: Limited participation applies from the date of enrolment, subject to Programme rules and administrative verification.
- (b) First Phase (Phase 1) Waiting Period: Consideration may extend to common medical conditions (0) upon completion of the Phase 1 maturity period specified in 0.
- (c) Second Phase (Phase 2) Waiting Period: Consideration may further extend to specified illness categories (0) upon completion of the Phase 2 maturity period specified in 0.

8.2 General Exclusions from Community Sharing

Certain categories of Medical Expenses are not eligible for community sharing consideration. The detailed operational list of non-eligible Medical Expenses is set out in 0, 0 and forms part of this Programme Guideline. The following principles apply:

- (a) Non-Eligibility Principle: Medical Expenses falling within categories specified in 0 shall not be considered for sharing unless expressly provided otherwise under the applicable Plan Parameters.
- (b) Tier Neutrality: Exclusions apply across all participation tiers unless expressly stated otherwise in the relevant Appendix.
- (c) Administrative Application: Classification of Medical Expenses shall be determined in accordance with the Programme Guideline and applicable Appendices.
- (d) No Implied Inclusion: Absence of a specific item from Section 7.2 does not imply eligibility.

8.3 Pre-Existing Conditions

Medical Expenses arising directly or indirectly from a Pre-Existing Condition are not eligible for community sharing consideration, subject to the applicable Programme parameters and administrative determination.

A condition shall be regarded as Pre-Existing where, prior to the Eligibility Date, the Member had received or was receiving treatment, had been advised to undergo treatment or investigation, exhibited clear or distinct symptoms, or where the existence of the condition would have been apparent to a reasonable person in similar circumstances. Determination of Pre-Existing status shall be made on an administrative and evidence-based basis in accordance with the Programme Guideline. The following principles apply:

- (a) Five-Year Participation Boundary: Medical Expenses arising from a Pre-Existing Condition are not eligible within five (5) years from the Eligibility Date.
- (b) Post Boundary Review: Upon completion of five (5) continuous years of participation, the condition may be reclassified subject to administrative review. Completion of this period does not create entitlement or automatic eligibility.
- (c) Disclosure Obligation: Members must disclose all known medical conditions during enrolment, either through health declaration, additional health questionnaire, and submission of relevant medical records. Material non-disclosure may result in reclassification, suspension, or termination in accordance with Programme rules.
- (d) Verification Authority: The Administrator and appointed Third-Party Administrator may request relevant medical records for verification purposes. Medical Expenses submitted within ninety (90) days from the Eligibility Date may be subject to enhanced review.
- (e) Investigation Diagnosis Review: Where a Member is diagnosed, within two (2) years from the Eligibility Date, with a condition listed under the Investigation Diagnosis List (0), the Third-Party Administrator may conduct an administrative medical review to determine whether the condition is related to a Pre-Existing Condition. Determination shall be made based on available medical evidence and Programme parameters.

8.4 Specific Limitations on Community Sharing

Where Medical Expenses are eligible for consideration, facilitation of community sharing remains subject to applicable quantitative and operational limits, including annual aggregate caps per Member, accommodation category and duration limits, phase-based waiting period restrictions, and geographical scope requirements.

The applicable annual limits, accommodation limits, and other quantitative parameters are prescribed under 0 and shall be read together with this Section.

8.5 Non-Circumvention and Consistency

Participation boundaries under this Section apply uniformly across the Programme and shall not be manipulated to circumvent waiting periods, exclusions, or classification rules. Completion of any waiting period does not retrospectively alter prior ineligibility, and identical rules apply to all Members within the same classification.

8.6 Interpretation and Administrative Authority

All determinations under this Section are administrative and procedural in nature. Interpretation rests with the Administrator, acting in accordance with this Programme Guideline and applicable governance structures. Nothing herein creates a vested or accrued right to community sharing.

9.0 DATA PROTECTION AND CONFIDENTIALITY

This section sets out the principles, authority, and administrative controls governing the collection, use, disclosure, and protection of personal data within the Programme. These provisions regulate information handling for Programme administration only and do not create entitlement, guarantee, or assurance of community sharing.

9.1 Regulatory Compliance Framework

All personal data processed under the Programme is administered in accordance with applicable data protection laws and Programme requirements.

- (a) Legal Basis: Data processing is conducted in compliance with the Personal Data Protection Act 2010 [Act 709] as amended by the Personal Data Protection (Amendment) Act 2024 ('PDPA').
- (b) Data Protection Officer: The Administrator shall designate a Data Protection Officer ('DPO') responsible for overseeing compliance with the PDPA and related data protection obligations. The name and contact details of the DPO shall be made available on the Programme Platform. Members may direct data protection queries and complaints to the DPO.

9.2 Data Collection, Consent, and Withdrawal

The Programme collects and processes personal data strictly for administrative, verification, and governance purposes in connection with participation under the Programme. No data is collected or processed for commercial profiling or unrelated purposes.

- (a) Categories of Data: Personal data collected may include identification data, contact data, health declarations, relevant medical records, and authorised transaction records necessary for enrolment, classification, verification, and participation administration.
- (b) Administrative Consent: By enrolling, Members authorise the processing of personal data strictly for Programme administration, classification, and governance functions in accordance with this Guideline.
- (c) Health and Medical Verification: Members consent to verification of disclosed health information and, where reasonably required, to access and review relevant medical records, including prior medical history, diagnostic reports, and treatment documentation, for accuracy and eligibility assessment.
- (d) Authorised Processing by Service Providers: Personal data may be disclosed to appointed independent service providers acting solely for Programme administration and verification within their professional mandate.
- (e) Withdrawal of Consent: Withdrawal of required consent may limit or prevent the Administrator from processing participation, classification, or Medical Expense submissions in accordance with Programme procedures.
- (f) Minor Members' Data: Where a Member is under the age of eighteen (18) years, personal data (including health declarations and medical records) is provided by the Account Owner or parent/guardian acting on behalf of the Minor Member. The Administrator shall apply heightened data protection standards to the personal data of Minor Members, including restricting access to authorised personnel only, applying additional security measures, and ensuring that such data is not used for any purpose beyond Programme administration and verification. Consent for the processing of Minor Members' data is provided by the Account Owner/guardian at enrolment and may be withdrawn in accordance with Section 9.7.

9.3 Disclosure to Authorised Parties

Personal data may be disclosed only to parties authorised for Programme administration.

- (g) Third-Party Administrator: Disclosure for medical documentation review, procedural verification, and administrative coordination.
- (h) Trustee: Disclosure for fund administration, reconciliation, and governance oversight.
- (i) Shariah Advisory Function: Disclosure where necessary for Shariah compliance review, governance audit, or advisory assessment in connection with Programme operations.
- (j) Professional Advisers: Disclosure to appointed legal, compliance, or audit professionals where reasonably required for regulatory or governance purposes.

Disclosure shall be limited to the minimum information necessary for the stated purpose, and subject to confidentiality obligations consistent with applicable law and Programme governance standards.

9.4 Data Security and Safeguards

Reasonable administrative and technical measures are applied to protect personal data. Absolute security cannot be guaranteed, but safeguards are applied consistently.

- (a) Access Controls: Data access is restricted to authorised personnel only.
- (b) Security Measures: Systems are protected against unauthorised access, alteration, or disclosure.
- (c) Retention Limitation: Data is retained only for as long as necessary for Programme administration.

9.5 Data Protection Governance and Breach Notification

The Administrator maintains data protection governance measures in accordance with the Personal Data Protection Act 2010 (“PDPA”).

- (a) Data Protection Oversight: The Administrator designates a person-in-charge responsible for personal data protection compliance and governance.
- (b) Data Breach Notification: In the event of a personal data security breach affecting Member data, the Administrator shall notify the Personal Data Protection Commissioner within seventy-two (72) hours of becoming aware of the breach, in accordance with the notification obligations under the Personal Data Protection (Amendment) Act 2024. Where it is not possible to provide complete information within 72 hours, an initial notification shall be submitted and supplemented as further information becomes available. Affected Members shall be notified without undue delay where the breach is likely to result in a high risk to their rights and interests.
- (c) Data System Compliance: The Administrator acknowledges its obligations under applicable PDPA provisions relating to notification or registration of personal data systems, where required by law.
- (d) Cross-Border Transfers: Personal data may be transferred outside Malaysia only with Member consent and subject to safeguards consistent with PDPA requirements.

9.6 Member Data Rights

Members retain certain rights in relation to their personal data. The exercise of data rights is administered in accordance with PDPA procedures.

- (a) Access Request: Members may request access to personal data held by the Administrator in accordance with the PDPA.
- (b) Correction Request: Members may request correction of inaccurate or incomplete personal data held.
- (c) Data Portability: Members may request that their personal data be provided in a structured, commonly used, and machine-readable format to the extent required under the PDPA as amended.
- (d) Processing Limitation: All requests under this Section shall be subject to administrative verification and shall be processed within the timelines prescribed under the PDPA.

9.7 Withdrawal of Consent

A Member may withdraw consent for specific data processing activities, subject to applicable legal requirements and operational implications under the Programme.

- (a) Administrative Impact: Withdrawal of consent may limit or prevent the Administrator from administering participation or processing Medical Expenses.
- (b) Functional Limitation: Certain Programme functions may not proceed where required information or authorisation is withdrawn.
- (c) Prospective Effect: Withdrawal operates prospectively and does not affect data processing lawfully carried out prior to such withdrawal.

Withdrawal of consent does not create a right to continued participation where processing of the relevant data is reasonably necessary for Programme administration.

9.8 Confidentiality Obligations

All information processed under the Programme is subject to confidentiality safeguards in accordance with applicable law.

- (a) Purpose Limitation: Information is used solely for authorised Programme administration and related governance purposes.
- (b) Controlled Disclosure: Disclosure is limited to authorised parties within their respective mandates.
- (c) Continuing Obligation: Confidentiality obligations survive cessation of participation.

9.9 Administrative Authority and Finality

All matters arising under this Section are administered in accordance with applicable laws and Programme provisions.

- (a) Good-Faith Administration: Determinations are made based on verified information, statutory requirements, and operational necessity.

- (b) **No Proprietary Rights:** Nothing in this Section creates proprietary, vested, or accrued rights in relation to data handling or administrative outcomes.
- (c) **Statutory Reference:** Data protection obligations are governed by applicable Malaysian law and related regulatory requirements.

10.0 GOVERNANCE, OVERSIGHT, AND SHARIAH COMPLIANCE

This section sets out the governance framework, oversight arrangements, and Shariah compliance principles governing the Programme. These provisions define roles, authority boundaries, and accountability mechanisms for Programme administration and do not create entitlement, guarantee, or assurance of community sharing.

10.1 Governance Structure

The Programme operates under a multi-layered governance structure designed to ensure orderly administration, accountability, and compliance.

- (a) Role Segregation: Governance functions are separated between administration, fund custody, verification, and advisory oversight.
- (b) Defined Authority: Each function operates within a defined scope of authority.
- (c) Non-Consolidation: No single function exercises unilateral control over Programme funds and determinations.

10.2 Administrator Function

The Administrator is responsible for Programme administration and coordination. The Administrator acts strictly within a Wakālah (agency) capacity.

- (a) Administrative Role: Oversees enrolment, participation records, and procedural implementation.
- (b) Facilitative Capacity: Coordinates with authorised service providers for verification and processing.
- (c) Non-Fund Ownership: Does not own or beneficially control community-held funds.
- (d) Non-Indemnity Role: Does not assume risk or provide indemnification.

10.3 Trustee Oversight

Community-held funds are subject to independent custodial oversight. The Trustee does not assess eligibility or determine sharing outcomes.

- (e) Fund Custody: Holds and safeguards community-held funds in accordance with trust principles.
- (f) Segregation Requirement: Maintains strict separation between community funds and administrative assets.
- (g) Disbursement Control: Executes disbursements only upon authorised administrative instruction.
- (h) Insolvency Protection: Community funds remain ring-fenced from administrative insolvency.

10.4 Third-Party Administrator Function

Medical and procedural verification is conducted independently. The Third-Party Administrator does not manage funds or determine Programme rules.

- (a) Verification Role: Reviews documentation for procedural and medical consistency.
- (b) Independence Standard: Operates independently from participation administration.
- (c) No Decision Authority: Does not create entitlement or guarantee of sharing.
- (d) Administrative Reporting: Reports verification outcomes for administrative determination.

10.5 Shariah Compliance and Advisory Framework

The Programme is designed and administered in alignment with applicable Shariah principles governing mutual assistance and agency-based arrangements. Such principles operate as ethical and structural parameters guiding Programme design, governance, and administration and do not create contractual guarantees or individual rights.

- (a) Core Shariah Basis: The Programme is founded on the concepts of ta'āwun (mutual assistance), tabarru' (voluntary contribution), iltizām (commitment), and Wakālah (agency).
- (b) Prohibited Elements: Programme mechanics are structured to avoid riba (interest), maysir (gambling), and gharar fāḥish (excessive uncertainty).
- (c) Character Preservation: No governance action, interpretation, or administrative practice shall alter the non-insurance, non-takaful character of the Programme.
- (d) Advisory Support: Shariah advisory input may be obtained in relation to Programme structure, documentation, and proposed amendments as part of governance oversight.
- (e) Periodic Review: Programme mechanics may be reviewed from time to time to assess continued Shariah alignment and structural integrity.
- (f) Binding Structural Opinions: Shariah advisory opinions on matters of core Programme structure including the characterisation of contribution types, contractual forms (tabarru', wakālah, qard), and the treatment of community funds shall be binding on the Administrator in relation to Programme design and administration. Shariah advisory opinions on individual member claims or administrative determinations shall be advisory in nature and shall not create enforceable rights or individual entitlements for Members.
- (g) Shariah Audit: The Programme shall be subject to an independent Shariah audit conducted by a qualified appointed Shariah advisory body at least once every two (2) years. The findings of such audit shall be made available to Members in summary form upon written request to the Administrator.

Shariah oversight supports ethical consistency, governance integrity, and long-term sustainability of the Programme.

10.6 Governance Decision-Making

Governance decisions are administered through defined internal processes to ensure consistency, accountability, and procedural integrity.

- (a) Collective Review: Material governance matters are subject to internal review in accordance with the Programme's governance framework.
- (b) Good-Faith Standard: Decisions are made in good faith based on verified information and relevant professional input where applicable.
- (c) Record Maintenance: Governance determinations are documented for administrative accountability and oversight.

Governance determinations do not create precedent, vested rights, or entitlement to future outcomes.

10.7 Limitations of Authority

Governance authority under the Programme is limited to administrative and oversight functions.

- (a) No Risk Assumption: No governance body assumes medical, actuarial, or financial risk under the Programme.
- (b) No Guarantee Power: No governance body may guarantee or promise community sharing outcomes.
- (c) Prospective Application: Governance actions operate prospectively unless expressly provided otherwise under this Programme Guideline.

10.8 Finality and Interpretation

All governance and oversight matters are administered in accordance with this Programme Guideline and applicable law.

- (a) Administrative Finality: Governance determinations are final within the Programme's internal processes, subject to any dispute resolution provisions expressly provided herein.
- (b) Interpretive Authority: Interpretation of governance provisions rests with the Administrator, acting in accordance with the governance structure set out in this Section.
- (c) Structural Reference: Detailed governance roles and oversight mechanisms are described in Section 2.0 and related provisions of this Programme Guideline.

11.0 AMENDMENTS TO THE PROGRAMME GUIDELINE

This section sets out the authority, scope, and administrative process governing amendments to this Programme Guideline. Amendments regulate Programme administration and participation mechanics in response to operational, legal, or governance requirements and do not create entitlement, guarantee, or assurance of community sharing.

11.1 Authority and Discretion to Amend

The Programme Guideline is the governing document for Programme administration and participation. Amendment authority is exercised for administrative governance and not for commercial gain.

- (a) Administrative Authority: The Administrator may amend, revise, supplement, or substitute this Programme Guideline where required for operational, legal, or governance purposes.
- (b) Scope Limitation: Amendments may relate to participation rules, administrative procedures, eligibility parameters, or operational mechanics.
- (c) Shariah Governance: All amendments must remain consistent with applicable Shariah principles and Programme characterisation.

11.2 Nature and Scope of Amendments

Amendments may be introduced to address changes affecting Programme administration. No amendment shall convert the Programme into an insurance, takaful, or indemnity arrangement.

- (a) Operational Adjustments: Changes to procedures, timelines, or administrative processes.
- (b) Participation Parameters: Changes to participation benchmarks, waiting periods, or classification mechanics.
- (c) Regulatory Alignment: Changes required to maintain compliance with applicable laws or guidance.
- (d) Governance Updates: Changes arising from governance or advisory review.

11.3 The Amendment Process

Amendments are implemented through an administrative process designed for transparency and orderly transition.

- (a) Internal Review: Proposed amendments undergo internal governance and compliance review.
- (b) Professional Advisory Input: Where appropriate, advisory input may be sought for operational or governance matters.
- (c) Community Consultation: The Administrator may, at its discretion, seek non-binding feedback or recommendations from Members.
- (d) Version Control: Each amendment is issued as a revised version of the Programme Guideline, which supersedes all prior versions and prior communications upon its effective date.

11.4 Notification and Effective Date

Members will always be the first to be informed of any changes to the Programme through prescribed communication channels.

- (a) Notice Mechanism: Notification shall be issued via the Programme Platform and, where practicable, to the registered email address or mobile number of each Member.
- (b) Material vs. Administrative Amendments:
 - i. Material Amendments, being amendments that affect contribution amounts, exclusions, waiting periods, plan parameters, or Member rights, shall take effect no earlier than thirty (30) calendar days from the date of notification to Members ('Material Amendment Notice Period'). During the Material Amendment Notice Period, a Member who objects to the amendment may elect voluntary cessation of participation in accordance with Section 5.2 without penalty.
 - ii. Administrative Amendments, being amendments of a technical, procedural, or clarificatory nature that do not materially affect Members' rights or obligations, may take effect on the date specified in the notice.
- (c) Prospective Application: All amendments apply prospectively and do not alter prior administrative determinations unless expressly stated in the amendment notice.
- (d) Application to Medical Expense Consideration: Medical Expenses submitted for community sharing consideration after the Effective Date shall be assessed in accordance with the amended Programme Guideline, irrespective of when such expenses were incurred.

11.5 Member Acceptance

Continued participation after notification and implementation of an amendment constitutes acceptance of the amended Programme Guideline.

- (a) Continued Participation: Participation after the Effective Date is administered under the amended provisions.
- (b) Right to Withdraw: A Member who does not agree to an amendment may elect voluntary cessation of participation prior to the Effective Date in accordance with Section 9.0.
- (c) No Accrued Rights: Amendments do not create or extinguish vested or accrued rights unless expressly provided.

11.6 Finality and Interpretation

All matters relating to amendments are administered in accordance with this Programme Guideline.

- (a) Administrative Interpretation: Interpretation of amended provisions rests with the Administrator acting within its administrative mandate.
- (b) Non-Waiver: Any failure or delay in enforcing an amended provision does not constitute waiver of that provision.
- (c) Structural Reference: Variable parameters and operational details subject to amendment may be described in the relevant Appendices and operational disclosures.

12.0 DISPUTE RESOLUTION AND GOVERNING LAW

This section sets out the administrative process for resolving disputes arising under the Programme. Dispute resolution under this Programme is structured, internal in the first instance, and governed by Malaysian law. Nothing in this section restricts statutory rights that cannot be lawfully excluded.

12.1 Internal Resolution Process

Any complaint, disagreement, or claim arising from participation in the Programme (“Dispute”) shall be addressed through the following administrative steps:

- (a) Initial Review: The Member shall first refer the matter to the Administrator for administrative clarification.
- (b) Formal Submission: Where unresolved, the Member shall submit a written request setting out relevant facts and supporting documentation.
- (c) Administrative Determination: The Administrator shall issue a written determination in accordance with Programme rules.

Administrative determinations are made based on documented compliance and Programme parameters.

12.2 Escalation and Final Resolution

If the Member remains dissatisfied after administrative determination, the Dispute may proceed through the following escalation stages:

- (a) Internal Escalation: The matter may be referred for internal management review in accordance with Programme procedures.
- (b) Mediation: The parties shall first attempt to resolve the Dispute through good-faith mediation before commencing any formal proceedings.
- (c) Arbitration: If the Dispute remains unresolved following mediation under sub-clause (b) above, either party may refer the matter to arbitration administered by the Asian International Arbitration Centre (AIAC) in Kuala Lumpur, Malaysia. The seat of arbitration shall be Kuala Lumpur, the proceedings shall be conducted in English, and the arbitration shall be conducted in accordance with the AIAC Arbitration Rules. Unless otherwise directed by the arbitrator, each party shall bear its own costs.
- (d) Consumer Forum Rights Preserved: Notwithstanding sub-clause (c), nothing in this Section shall restrict or exclude a Member's right to refer a Dispute to the Tribunal for Consumer Claims established under the Consumer Protection Act 1999 [Act 599] where the Dispute falls within the Tribunal's jurisdiction, or to pursue any other mandatory legal remedy available under Malaysian law. Where a Member elects to refer a Dispute to the Tribunal for Consumer Claims, the arbitration clause in sub-clause (c) above shall not apply to that Dispute.
- (e) Shariah Dispute: Where a Dispute involves the interpretation or application of a Shariah principle in the Programme, the matter may be referred to the Programme's Shariah advisor for a non-binding opinion before or during the mediation or arbitration process.

This arbitration mechanism is without prejudice to any statutory consumer rights. Nothing in this Section prevents a Member from pursuing any mandatory legal remedy, court proceedings, or small-claims process available under Malaysian law. Participation in mediation or arbitration does not waive any statutory right of the Member to seek remedies under applicable law.

12.3 Governing Law and Shariah Compliance

All disputes arising shall be governed by the laws of Malaysia. Programme administration, dispute resolution, and governance decisions shall be conducted in accordance with applicable Laws of Malaysia and Shariah Principles as adopted under the Programme's governance framework.

13.0 GENERAL PROVISIONS

This section sets out general legal provisions applicable to this Programme Guideline. These provisions support interpretation, administration, and enforceability and do not create entitlement, guarantee, or assurance of community sharing.

13.1 Severability

The validity of this Programme Guideline is preserved notwithstanding any provision determined to be invalid, unlawful, or unenforceable.

- (a) Independent Operation: Any invalid provision is severed without affecting the remaining provisions.
- (b) Continuing Effect: The remaining provisions continue in full force and effect.
- (c) Interpretive Adjustment: Any affected provision may be construed or modified to the extent necessary to give lawful effect to its original intent.

13.2 No Waiver

Failure or delay in enforcing any provision does not constitute waiver of rights.

- (a) Non-Waiver Rule: No right or provision is waived by reason of delay, omission, or inaction.
- (b) Single Instance: Any waiver in a specific instance does not operate as waiver in any subsequent instance.
- (c) Express Requirement: Any waiver must be expressly confirmed in writing by the Administrator.

13.3 Assignment and Transfer

Participation under the Programme is personal and non-transferable.

- (a) No Assignment: A Member may not assign, transfer, or otherwise dispose of participation status or administrative rights during the Member's lifetime.
- (b) No Automatic Transfer: Participation does not transfer by operation of law, succession, or otherwise, except as provided in sub-clause (c) below.
- (c) Estate Exception: Notwithstanding sub-clauses (a) and (b), upon the death of a Member, the Member's legal personal representative (executor or administrator of the Member's estate) shall be entitled to claim, on behalf of the Member's estate, any refundable Initial Sharing Contribution balance due to the Member in accordance with Section 5.4, subject to production of a grant of probate, letters of administration, or such other proof of authority as the Administrator may reasonably require. For the avoidance of doubt, participation status itself does not vest in the Member's estate and the estate does not acquire any right to continue participation or submit Medical Expenses for sharing.

13.4 Notices and Communications

Programme communications are administered through prescribed channels.

- (a) Official Channels: Notices may be issued through the Programme platform or equivalent means.
- (b) Deemed Receipt: Notices are deemed received when made available through such channels.
- (c) Member Responsibility: Members are responsible for maintaining accurate and current contact details.

13.5 Language and Interpretation

This Programme Guideline is issued in the English language.

- (a) Controlling Text: The English version prevails in the event of inconsistency with any translation.
- (b) Defined Terms: Capitalised terms have the meanings assigned in Section B (Interpretation and Definitions).
- (c) Headings: Headings are for convenience only and do not affect interpretation.

13.6 Entire Programme Guideline

This document constitutes the complete Programme Guideline.

- (a) Entire Understanding: It supersedes all prior representations, understandings, or communications relating to the Programme.
- (b) No External Reliance: No reliance is placed on statements not contained in this Programme Guideline.
- (c) Appendix Integration: All Appendices form part of and shall be read together with this Programme Guideline.

13.7 Amendment Reference

Amendments are governed by the amendment provisions set out in Section 12.

- (d) Controlled Amendment: Amendments are made in accordance with the prescribed governance and notification process.
- (e) Prospective Application: Amendments apply prospectively unless expressly stated otherwise.
- (f) Version Authority: The latest issued version of the Programme Guideline prevails.

APPENDIX A THE ADMINISTRATOR AND APPOINTED INDEPENDENT SERVICE PROVIDERS

A.1 Administrator

Lyndung Sdn. Bhd.
(Company No. 202201009186)
D1-01-07, Atelier Centre, Jalan Atelier 1, Edusphere, Cyber 11, 63000 Cyberjaya, Selangor, Malaysia
Tel: +6010-811 2800
Email: help@lyndung.my
Website: <https://lyndung.my>

A.2 Medical Third-Party Administrator (TPA)

Eximius Medical Administration Sdn. Bhd.
(Company No. 200901031238)
Level 13, Wisma PERKESO, 155 Jalan Tun Razak, Kampung Baru, 53000 Kuala Lumpur, Malaysia
Tel: +603-9213 0103
Email: emas.support@crm.emastpa.com.my
Website: <https://corporate.emastpa.com.my>

A.3 Independent Trustee

Amanah Warisan Berhad
(Company No. 201801043459)
M2-12-03, 8TRIUM, Menara 2, Jalan Cempaka SD 12/5, Bandar Sri Damansara, 52200 Kuala Lumpur, Malaysia
Tel: +603-6263 9990
Email: admin@awarisgroup.com
Website: <https://awarisgroup.com>

A.4 eKYC and Identity Verification Provider

CTOS Data Systems Sdn. Bhd.
Unit 01-12, Level 8, Tower A, Vertical Business Suites Avenue 3, Bangsar South, No. 8 Jalan Kerinchi, 59200 Kuala Lumpur, Malaysia

A.5 Shariah Advisory

Sharlife Sdn. Bhd.
(Company No. 202301018516)
18, Jalan Pinggiran Putra 4A/4, Bandar Kajang, 43000 Kajang, Selangor, Malaysia
Tel: +603-7890 6636
Email: corporate@sharlife.my
Website: <https://sharlifeadvisory.com>

APPENDIX B ACCOUNT OWNER AND MEMBER REGISTRATION PROCESS

This Appendix sets out the standard operational steps governing enrolment into the Programme. The registration process is administrative in nature and is designed to ensure accurate data capture, identity verification, and procedural readiness prior to participation.

B.1 Account Creation

This subsection governs the initial creation of a user account on the Programme platform.

- (a) Account Setup: A prospective participant shall create an account using a valid email address and mobile number through the official platform.
- (b) Credential Verification: System verification of login credentials is required to activate the account.

B.2 Identity and Contact Verification

This subsection governs basic identity and contact validation for administrative purposes.

- (a) Identity Details: The Account Owner shall provide personal identification details as required for administrative records.
- (b) Contact Confirmation: Verification codes may be issued to confirm registered contact information.

B.3 Member Profile Creation

This subsection governs the creation of an individual Member profile under the account.

- (a) Profile Registration: A Member profile shall be created by entering personal particulars in accordance with platform requirements.
- (b) Role Designation: Where applicable, an Account Owner may register dependants or additional Members under the same account.

B.4 Health Declaration Submission

This subsection governs the submission of health-related information for administrative assessment.

- (a) Questionnaire Completion: Members shall complete the prescribed health declaration questionnaire truthfully and in full.
- (b) Disclosure Basis: Declarations are used solely for administrative classification and Programme eligibility assessment.

B.5 Contribution and Payment Selection

This subsection governs selection of participation parameters prior to activation.

- (a) Initial Contribution Selection: Members shall select the applicable Initial Sharing Contribution as prescribed by the Programme.
- (b) Payment Arrangement: Administrative Fee payment frequency and authorised payment method shall be selected during registration.

B.6 Authorisation and Confirmation

This subsection governs final authorisation prior to activation.

- (a) **Payment Authorisation:** The Account Owner shall authorise automated payment arrangements in accordance with Programme requirements.
- (b) **Registration Completion:** Membership activation occurs upon successful completion of registration steps and system confirmation.
- (c) **Participation Commencement (“Day 0”):** For administrative and operational purposes, Day 0 refers to the date and time when the Member’s registration is fully completed and the applicable Administrative Fee (Wakalah Fee) has been successfully received and confirmed by the Programme system. All Waiting Period calculations, participation duration references, and Programme timelines shall be measured from Day 0 unless otherwise specified under the Programme Guideline. Where payment authorisation fails or is reversed, Day 0 shall be deemed not to have commenced until successful payment confirmation is received.
- (d) **Waiting Period Reference:** For the avoidance of doubt, all Waiting Periods, participation duration calculations, and Programme timeline references shall be measured from Day 0, being the date when the Member’s registration is completed and the applicable Administrative Fee has been successfully received and confirmed by the Programme system. Any earlier account creation, application submission, or incomplete payment authorisation shall not constitute the commencement of participation.

B.7 Procedural Clarification

This Appendix describes operational registration mechanics only.

- (a) **No Automatic Acceptance:** Completion of registration steps does not constitute acceptance into the Programme until administrative confirmation.
- (b) **Administrative Review:** The Administrator reserves the right to request additional information or clarification prior to activation.

APPENDIX C ADMINISTRATIVE (WAKALAH) FEE SCHEDULE

This Appendix sets out the standard Administrative (Wakalah) Fee payable for participation in the Programme. The Administrative Fee represents the Wakalah fee charged by the Administrator for providing platform access, enrolment administration, contribution processing, and ongoing Programme facilitation services. The Administrative Fee is distinct from Community Sharing Contributions and does not form part of the Community Sharing Pool.

C.1 Standard Administrative (Wakalah) Fee

The applicable Administrative (Wakalah) Fee is determined based on the selected payment frequency at enrolment or renewal.

Payment Frequency	Administrative (Wakalah) Fee
Monthly	RM40
Quarterly	RM100
Annual	RM360

The above fees represent the standard Wakalah fee applicable to Members without adjustment. Any applicable fee adjustment or discount mechanism is administered in accordance with APPENDIX D.

C.2 Nature of Administrative (Wakalah) Fee

The Administrative Fee:

- (a) constitutes the Wakalah fee payable to the Administrator for services rendered;
- (b) is not a contribution to the Community Sharing Pool;
- (c) is non-participatory in any sharing surplus or deficit;
- (d) does not create entitlement to community sharing; and
- (e) remains payable independently of any sharing outcome.

Payment of the Administrative Fee establishes and maintains access to Programme participation status subject to this Programme Guideline.

C.3 Applicability and Revision

The Administrative (Wakalah) Fee Schedule may be revised by the Administrator from time to time for operational or sustainability considerations, subject to:

- (a) prospective application only;
- (b) reasonable notice to Members; and
- (c) consistency with the Programme's Wakalah structure.

Any revised Administrative Fee shall apply from the next billing cycle or renewal period as specified by the Administrator.

C.4 Relationship with Fee Adjustments

Where a Member qualifies for an Administrative Fee adjustment or discount, the applicable amount shall be determined in accordance with APPENDIX D. In all cases, APPENDIX D prevails for adjustment eligibility and application mechanics, while this APPENDIX C establishes the base Administrative (Wakalah) Fee Schedule.

C.5 Interpretation

For the avoidance of doubt:

- (d) Administrative (Wakalah) Fee refers solely to the Administrator's service fee;
- (e) Community Sharing Contributions are separate and governed under Section 6 and related Appendices; and
- (f) participation in the Programme remains subject to all eligibility and status provisions under this Programme Guideline.

APPENDIX D ADMINISTRATIVE FEE ADJUSTMENT FRAMEWORK

This Appendix sets out the administrative adjustment framework applicable to the Administrative Fees (Wakalah). The Programme may apply a discretionary partial waiver of the Administrative Fee ('Wakalah Fee Waiver') to recognise continuous participation and community stewardship. For communication purposes, this mechanism may be referred to as the 'Live Healthy Discount Reward (LDR)' within Programme materials. The Wakalah Fee Waiver is funded solely from the Administrator's administrative fee layer and does not affect the Wakalah contract for services rendered. All waivers apply solely to the Administrative Fee and do not affect Monthly Community Sharing Contributions, participation ratios, eligibility status, or community sharing mechanics.

D.1 Eligibility Basis

Administrative fee adjustments are referenced based on continuous and uninterrupted active participation status as recorded by the Programme. Eligibility requires that the Member;

- (a) maintains continuous active participation in good standing; and
- (b) has not submitted any Medical Expense for community sharing consideration during the applicable participation period.

For the purpose of this Appendix, continuous participation is determined administratively and excludes periods of suspension, termination, or other non-active status.

D.2 Adjustment Reference Table

Continuous Participation Period	Administrative Fee Adjustment
After completion of 1st year	10% reduction
After completion of 2nd year	20% reduction
After completion of 3rd year	30% reduction
After completion of 4th year	40% reduction
5th year onwards	50% reduction

D.3 Reset Condition

Where sharing is facilitated on a submitted Medical Expense, the continuous participation period used for determining the Wakalah Fee Waiver resets to Year 0. The submission of a Medical Expense determined to be ineligible for sharing does not trigger a reset.

D.4 Application Parameters

- (a) Fee Scope Only: Adjustments apply solely to Administrative Fees and do not affect Monthly Sharing Contributions, participation ratios, eligibility status, or Medical Expense assessment.
- (b) Prospective Effect: Adjustments apply on a forward-looking basis and do not result in recalculation, reimbursement, or refund of previously paid Administrative Fees.
- (c) Maximum Threshold: Reductions are capped at the stated levels and do not accumulate beyond the maximum reference percentage.
- (d) Status Dependency: Eligibility for adjustment is contingent upon maintaining active participation in good standing.

APPENDIX E CONTRIBUTION ADJUSTMENT RATIOS

This Appendix sets out the entry-based participation ratios applicable to Monthly Sharing Contributions under the Programme Guideline. The ratios operate solely as administrative participation adjustments for proportional community sharing and do not create entitlement or payment guarantee.

E.1 Entry-Based Contribution Adjustment Ratios

Entry Age Group	Base Adjustment Ratio	Declared Lifestyle Factor	Combined Ratio
14 Days – 5 Years	1.6x	Not applicable	1.60x
6 Years – 40 Years	1.0x (Standard)	1.0x (Non-Smoker)	1.00x
6 Years – 40 Years	1.0x (Standard)	1.2x (Smoker)	1.20x
41 Years – 45 Years	1.6x	1.0x (Non-Smoker)	1.60x
41 Years – 45 Years	1.6x	1.2x (Smoker)	1.92x

E.2 Administrative Application

- (a) Entry Assignment: Ratios are determined at enrolment based on declared entry age and lifestyle characteristics.
- (b) Proportional Basis: Ratios apply solely for proportional participation in Monthly Sharing Contributions only and do not constitute pricing, underwriting, or medical risk assessment.
- (c) Fixed Entry Basis: Once assigned, the ratio remains fixed throughout participation unless expressly provided otherwise under the Programme Guideline.
- (d) Eligibility Neutrality: Ratio classification does not affect eligibility status, Waiting Periods, or consideration of Medical Expenses.
- (e) Administrative Oversight: Application of ratios is administered by the Programme Administrator in accordance with internal governance and applicable advisory guidance.
- (f) Illustrative Values: Monetary illustrations or operational examples are communicated separately and do not form part of this Programme Guideline.
- (g) Shariah Basis for Child Entry Ratio: The 1.60x Contribution Adjustment Ratio applicable to Members enrolled between fourteen (14) days and five (5) years of age reflects a community sustainability measure premised on actuarial data indicating higher per-capita medical utilisation in this age cohort. The ratio has been reviewed and approved by the Administrator as consistent with the principle of 'adl (fairness) and maşlahah 'āmmah (public interest), on the basis that proportional participation preserves the long-term viability of the community sharing arrangement for all Members, including the Minor Member.

E.3 Child Entry Step-Down Mechanism

This explains the administrative ratio transition applicable to Members who entered the Programme between fourteen (14) days and five (5) years of age and who subsequently attain six (6) years of age.

- (a) Eligible Transition: Where approved under Section 6.1.2.3.2, the Member's Contribution Adjustment Ratio may transition from the Child Entry Ratio to the Standard Ratio applicable at age six (6).
- (b) Applicable Requirement: Step-down consideration is not automatic. The Parent or Account Owner must submit a request to the Programme administration upon the Member attaining six (6) years of age.
- (c) Health and Medical Expense Condition: Step-down consideration requires that the Member:

- i. Has not experienced a Major Medical Event, defined as any single verified Medical Expense exceeding RM25,000 or cumulative verified Medical Expenses exceeding RM50,000, prior to the application date; and
 - ii. Has not been diagnosed with any Specified Illnesses listed in Appendix J, including but not limited to conditions requiring long-terms specialist treatment, major surgery, or ongoing high-severity medical care, as determined by the Programme's medical verification panel.
- (d) Prospective Application: Where approved, the adjusted ratio shall apply from the next contribution cycle following administrative approval and does not affect prior Monthly Sharing Contributions.
- (e) One-Time Adjustment: The step-down may be granted once only during the Member's participation.
- (f) Continuity Requirement: Eligibility requires uninterrupted active participation from enrolment until the step-down application.
- (g) Administrative Discretion: Approval remains subject to Programme governance, previous sharing records, medical verification processes, and sustainability considerations.
- (h) No Recalculation or Refund: Historical contributions shall not be recalculated and no refund or backdating shall arise from the adjustment.

APPENDIX F MEMBERSHIP STATUS CLASSIFICATION

Status	Administrative Definition	Sharing Eligibility
Pending	The Member has initiated enrolment but has not yet completed required information, verification, or declarations (e.g. waiting for completed eKYC or health declaration).	Ineligible. Not eligible to be considered for sharing.
Probation	The Member is within the Phase 1 waiting period immediately after enrolment.	Limited. Eligible to be considered only for accidental injury-related sharing and Khairat Kematian (bereavement gift), subject to applicable Programme limits.
Active	The Member has completed Phase 1 waiting period and meets ongoing administrative requirements.	Standard Eligible to be considered for sharing of common medical conditions, subject to Programme rules, exclusions, and limits
Verified	Member has completed the Phase 2 waiting period and satisfies prescribed administrative conditions.	Extended. Eligible to be considered for sharing of common medical conditions and specified illnesses, subject to Programme rules, exclusions, and limits.
Inactive	Triggered by the first failed deduction of the Monthly Sharing Contribution and/or Administrative Fee. During this period, the applicable contribution may be administratively applied from the Initial Sharing Contribution.	Suspended. Not eligible to be considered for sharing during the inactive period. Eligibility may resume upon resolution.
Suspended	Triggered by the second consecutive failed payment of the Monthly Sharing Contribution and/or Administrative Fee. During this period, the applicable contribution may be administratively applied from the Initial Sharing Contribution.	Suspended. Not eligible to be considered for sharing and excluded from the subsequent sharing headcount.
Terminated	Triggered by the third consecutive failed deduction. Participation in the Programme is ended and the Member is removed from the Programme.	None. Participation has ended. Any future participation requires a new application and is subject to eligibility criteria and participation waiting periods.
Withdrawn	Member has voluntarily elected to cease participation in accordance with this Programme Guideline.	None. Participation has ended.

APPENDIX G ELIGIBILITY STATUS & WAITING PERIODS

This Appendix sets out the eligibility status applicable to Members based on the elapsed period from enrolment. It operates as a reference schedule and does not create entitlement, guarantee, or assurance of community sharing.

Period	Eligibility Status
Immediate Phase	From the date the applicant is formally accepted as a Member. Sharing consideration limited to Accidental Injury and Khairat Kematian only, subject to applicable Plan Parameters and Programme conditions.
First Phase (Phase 1) Waiting Period	From the date accepted as a Member (Day 0) up to ninety (90) days of participation. During this period, Common Medical Conditions become eligible for sharing consideration, subject to Programme rules, exclusions and applicable limits.
Second Phase (Phase 2) Waiting Period	From ninety-first (91) day until one hundred eighty (180) days from the date accepted as a Member (Day 0). Common Medical Conditions and Specified Illnesses become eligible for consideration, subject to Programme rules and exclusions.

APPENDIX H ELIGIBLE MEDICAL EXPENSES SHARING AND PLAN PARAMETERS

This Appendix sets out reference plan parameters and categories of Medical Expenses that may be considered for community sharing, subject at all times to the Programme Guideline. All figures, limits, and inclusions are operational references only and do not create entitlement, guarantee, or assurance of sharing.

H.1 Plan Parameters & Eligible Medical Expenses

Description	Plan Tier			
	Basic	Plus	Premium	Ikhlas
Initial Sharing Contribution	RM100	RM200	RM300	RM50
Khairat Kematian (Bereavement gift)	up to RM10,000	up to RM10,000	RM10,000	RM10,000
Accidental Injury Treatment/Surgery (within applicable waiting period only)	up to RM10,000 (pay & claim)	up to RM10,000 (pay & claim)	up to RM10,000 (cashless)	up to RM10,000 (cashless)
Hospitalisation & Surgical Sharing - Annual Reference Limit - Lifetime Reference Limit Room & Board (per night) Daily Cash Allowance (Government Hospital) Intensive Care Unit (ICU) Ambulance Fees Hospital Supplies & Services Surgical Fees Operating Theatre Fees Anaesthetist Fees In-hospital Doctor Visit Day Care & Day Surgery Emergency Accidental Dental Treatment Compulsory Admission Test Second Surgical/Treatment Opinion	RM1mil Unlimited RM150 RM100 Included Included Included Included Included Included Included Included Included Included Included Included	RM1mil Unlimited RM250 RM100 Included Included Included Included Included Included Included Included Included Included Included	RM1mil Unlimited RM350 RM100 Included Included Included Included Included Included Included Included Included Included Included	N/A
Pre-Hospital Diagnostic Test & Consultation	N/A	N/A	Included (pay & claim)	N/A
Post-Hospital Follow Up Treatment	N/A	N/A	Included (pay & claim)	N/A
Out-patient Cancer Treatment	N/A	N/A	up to RM100,000 (combined limit, pay & claim)	N/A
Out-patient Kidney Dialysis Treatment				
Organ Transplant (Donee Only)	N/A	N/A	up to RM20,000	N/A

H.2 Explanation of Table Items (Clarificatory Notes)

This section provides clarifications to the reference table above and does not create entitlement, guarantee, or assurance of sharing.

- (a) Initial Sharing Contribution: Held in trust for administrative continuity and applied only in accordance with this Programme Guideline.
- (b) Khairat Kematian: A discretionary bereavement gift may be administered to the appointed beneficiary upon the death of a Member, subject to the applicable Plan Tier and Waiting Period conditions. The reference parameters are as follows:

Plan Tier	Day 1 – Day 90	Day 91 onwards
Basic	Up to RM5,000 (Accidental death only)	RM5,000 for accidental or natural death. Amount increases by RM1,000 for each completed participation year, up to a maximum of RM10,000.
Plus	Up to RM5,000 (Accidental death only)	RM5,000 for accidental or natural death. Amount increases by RM1,000 for each completed participation year, up to a maximum of RM10,000.
Premium	Up to RM10,000 (Accidental death only)	Up to RM10,000 for accidental or natural death.
Ikhlas	Up to RM10,000 (Accidental death only)	Up to RM10,000 for accidental or natural death.

The bereavement gift is administered as a community compassion gesture and does not constitute insurance coverage, contractual entitlement, or guaranteed payout.

- (c) Accidental Injury Treatment/Surgery: Applies only within the applicable Waiting Period (ninety (90) days for non-sport injury and one hundred eighty (180) days for sport related injury), after which standard in-patient sharing parameters apply.
- (d) Annual Hospitalisation & Surgical Sharing: Subject to the annual reference limit per sharing year, with aggregate sharing not exceeding the stated amount.
- (e) Annual & Lifetime Reference Limits: Annual reference limits apply per sharing year, while no lifetime reference limit applies unless expressly stated.
- (f) In-Patient Expense Categories: All listed items are subject to applicable day limits, reasonableness assessment, and Programme conditions;
- (g) Room & Board: Subject to a maximum of 120 days per sharing year corresponding to the selected Plan Tier for the cost of a Member's hospital room and meals during in-patient stay. Any room upgrade beyond the applicable reference limit is borne by the Member.
- (h) Intensive Care Unit (ICU): Subject to maximum day limits per sharing year and medical necessity assessment.
- (i) Daily Cash Allowance in Government Hospital: Applicable upon submission of required documentation, subject to a maximum of one hundred twenty (120) days per sharing year.
- (j) Ambulance Fees: Applicable for medically necessary transportation to a hospital in emergency situations.
- (k) Hospital Supplies & Services: Limited to items and services provided during in-patient admission and discharge, subject to reasonableness review.
- (l) Surgical Fees: Applicable to medically necessary surgical procedures performed during in-patient admission, including the surgeon's fees.
- (m) Operating Theatre Fee: Applicable to use of operating theatre facilities associated with eligible surgical procedures.

- (n) Anaesthetist Fees: Applicable where anaesthesia services are required for eligible surgical procedures.
- (o) In-Hospital Doctor Visit: Limited to two visits per day by a doctor, up to a maximum of 120 days per sharing year.
- (p) Day Care & Day Surgery: Applicable to medical procedures that can be done on an outpatient basis or same-day surgery, allowing a Member to leave the hospital the same day as their procedure.
- (q) Emergency Accidental Dental Treatment: Limited to in-patient treatment caused by an accidental injury. Does not require to be within 24-hours.
- (r) Compulsory Admissions Test: Limited to any compulsory medical tests a Member may need to undergo before being admitted to the hospital
- (s) Second Surgical/Treatment Opinion: Applicable to the seeking for a second opinion from a specialist or surgeon for a Member's medical condition or treatment plan
- (t) Pre-Hospital Diagnostic Test and Consultation: Applicable to Premium Tier only, applicable within 30 days prior to admission, on a pay-and-claim basis.
- (u) Post-Hospital Follow Up Treatment: Applicable to Premium Tier only, within 60 days after discharge, on a pay-and-claim basis.
- (v) Out-patient Cancer Treatment: Applicable after the one hundred eighty (180) days Waiting Period, subject to a combined lifetime reference limit with Out-patient Kidney Dialysis Treatment which is excluded from the Annual & Lifetime Hospitalisation & Surgical Sharing.
- (w) Out-patient Kidney Dialysis Treatment: Applicable after the one hundred eighty (180) days Waiting Period, subject to a combined lifetime reference limit with Out-patient Cancer Treatment which is excluded from Annual & Lifetime Hospitalisation & Surgical Sharing.
- (x) Organ Transplant (Donee Only): Applicable after 180 days Waiting Period, limited to Members as organ recipients only, subject to the stated lifetime sharing reference limit which is excluded from the Annual & Lifetime Hospitalisation & Surgical Sharing.
- (y) Refund: Any unused portion of the Initial Sharing Deposit is refundable upon withdrawal or termination from the Programme, subject to the applicable refund policy.

APPENDIX I LIST OF COMMON MEDICAL CONDITIONS

This Appendix sets out a non-exhaustive reference list of medical conditions classified as Common Medical Conditions for operational and administrative determination of eligibility sharing status under the Programme Guideline. This Appendix is classificatory in nature and does not create any entitlement, assurance, or guarantee of sharing.

I.1 Common Medical Conditions

For operational classification following completion of the applicable Waiting Period, Common Medical Conditions include, but are not limited to:

- (a) Dengue
- (b) Viral Fever
- (c) Bronchiolitis and Bronchitis
- (d) Influenza
- (e) Infectious Gastroenteritis and Colitis
- (f) Pneumonia
- (g) Tonsillitis and Pharyngitis
- (h) Gastritis
- (i) Urinary Tract Infection
- (j) Mild Asthma Conditions
- (k) Sinus Infections
- (l) Minor Cuts requiring Stitches
- (m) Sprains and Strains
- (n) Minor Fractures
- (o) Skin Infections
- (p) Ear, Nose and Throat (ENT) Infections
- (q) Respiratory Tract Infection

I.2 Administrative Clarification

Inclusion of a condition in this Appendix does not constitute medical diagnosis, confirmation of eligibility, or assurance of sharing. All determinations remain subject to the Programme Guideline, applicable Waiting Periods, exclusions, and administrative verification.

APPENDIX J LIST OF SPECIFIED ILLNESSES

This Appendix provides a reference classification of conditions designated as Specified Illnesses for eligibility timing and Waiting Period application purposes under the Programme Guideline. This Appendix is classificatory in nature.

J.1 Specified Illnesses

For operational classification following completion of the applicable extended Waiting Period, Specified Illnesses include, but are not limited to, the following:

No	Category	Condition
1	Cardiovascular and Circulatory Conditions	Hypertension, Diabetes Mellitus, Cardiovascular Disease, including heart attack, heart failure, and stroke, Coronary Artery Disease Cardiomyopathy
	Growths and Abnormal Tissue Conditions	Tumours (benign and/or malignant), Cancers of any type, Cysts, nodules, and polyps
	Renal and Hepatobiliary Conditions	Kidney stones, Gallstones, Chronic kidney disease, Liver failure and chronic liver disease
	Ear, Nose, Throat, and Respiratory Conditions	Chronic diseases of the ear, nose (including sinuses), and/or throat, Chronic respiratory conditions
	Gastrointestinal and Abdomnal Conditions	Hernias, Haemorrhoids Fistulae
	Reproductive and Urogenital Conditions	Hydrocele, Varicocele, Endometriosis, Other disorders of the reproductive system
	Musculoskeletal and Neurological Conditions	Disorders of the spine, including slipped disc, Chronic knee conditions, Neurological disorders affecting mobility or function
	Critical Illnesses	<ul style="list-style-type: none"> • Stroke • Heart attack • Kidney failure • Cancer • Coronary artery bypass surgery • Serious coronary artery disease • Angioplasty and other invasive coronary procedures • End-stage liver failure • Fulminant viral hepatitis • Coma • Benign brain tumour • Paralysis of limbs • Blindness • Deafness • Third-degree burns • End-stage lung disease • Encephalitis • Major organ or bone marrow transplant • Loss of speech • Brain surgery

		<ul style="list-style-type: none"> • Heart valve surgery • Terminal illness • Loss of independent existence • Bacterial meningitis • Major head trauma • Chronic aplastic anaemia • Motor neuron disease • Parkinson’s disease • Alzheimer’s disease or severe dementia • Muscular dystrophy • Surgery to the aorta • Multiple sclerosis • Primary pulmonary arterial hypertension • Cardiomyopathy • Systemic lupus erythematosus with severe kidney complications • Human Immunodeficiency Virus (HIV) Infection Due to Blood Transfusion • Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection • Full-blown Acquired Immunodeficiency Syndrome (AIDS)
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J.2 Administrative Clarification

Classification under this Appendix applies solely for Waiting Period and eligibility timing purposes. Inclusion does not constitute diagnosis, confirmation of eligibility, or assurance of sharing. All determinations remain subject to the Programme Guideline, applicable Waiting Periods, exclusions, and administrative verification.

APPENDIX K LIST OF CONGENITAL AND HEREDITARY CONDITIONS

This Appendix provides a reference classification of Congenital and Hereditary Conditions for administrative purposes under the Programme Guideline.

K.1 Congenital Conditions

For classification purposes, Congenital Conditions include, but are not limited to, the following

- (a) Spina Bifida, Neural Tube Defects
- (b) Birth Mark Hemangiomas
- (c) Down's Syndrome
- (d) Club Foot (Talipes Equinovarus)
- (e) Osteogenesis Imperfecta
- (f) Hereditary Multiple Exostosis
- (g) Pre-Auricular Sinus
- (h) Arteriovenous Malformation (AVM)
- (i) Aneurysm (associated with AVM)
- (j) Cleft Palate
- (k) Birth Mark / Naevus

K.2 Hereditary Conditions

For classification purposes, Hereditary Conditions include, but are not limited to, the following

- (a) Thalassemia
- (b) Haemophilia
- (c) G6PD
- (d) Sickle Cell Anaemia
- (e) Familial Exudative Vitreoretinopathy
- (f) Cystic Fibrosis
- (g) Marfan Syndrome
- (h) Polycystic Kidney
- (i) Huntington's Disease
- (j) Homocystinuria
- (k) Gangliosidosis
- (l) Celiac Disease

K.3 Administrative Clarification

Classification under this Appendix applies for eligibility, exclusion, or limitation assessment under the Programme Guideline. Inclusion does not constitute diagnosis or assurance of sharing. All determinations remain subject to the applicable provisions on Waiting Periods (0), Pre-Existing Conditions (8.3), exclusions (0), and administrative verification.

APPENDIX L LIST OF INVESTIGATION DIAGNOSIS

No	Category	Condition
1	Cardiovascular Conditions	Atrial Septal Defect; Aberrant Renal Artery; Aneurysm; Abdominal Aneurysm; Thoracic Aneurysm; Angina; Aortic Valve Disease; Arteriosclerosis; Atherosclerosis; Arteriovenous Aneurysms; Hypertension; Hypotension; Ischaemic Heart Disease; Myocardial Infarction; Heart Failure; Cardiomyopathy; Arrhythmia; Mitral Valve Disease; Tricuspid Valve Disease; Pulmonary Hypertension; Pericarditis; Endocarditis; Congenital Heart Disease; Rheumatic Heart Disease; Peripheral Arterial Disease; Varicose Veins; Deep Vein Thrombosis; Pulmonary Embolism
2	Neurological Conditions	Achalasia of the Cardia; Acromegaly; Agoraphobia; Alzheimer's Disease; Amnesia; Amyloid Disease; Epilepsy; Seizure Disorders; Multiple Sclerosis; Parkinson's Disease; Stroke; Transient Ischaemic Attack; Migraines; Cluster Headaches; Brain Tumour; Motor Neurone Disease; Encephalitis; Meningitis; Peripheral Neuropathy; Guillain-Barre Syndrome; Cerebral Palsy; Spinal Cord Injury; Myasthenia Gravis; Huntington's Disease; Dystonia; Ataxia; Narcolepsy; Insomnia; Restless Leg Syndrome Asthma; Chronic Bronchitis; Emphysema; Chronic Obstructive Pulmonary Disease (COPD); Pulmonary Fibrosis; Interstitial Lung Disease; Tuberculosis; Pneumonia; Bronchiectasis; Sarcoidosis; Sleep Apnoea
3	Respiratory Conditions	Acute Respiratory Distress Syndrome (ARDS); Lung Abscess; Pleural Effusion; Pneumothorax; Pulmonary Oedema; Occupational Lung Disease; Silicosis; Asbestosis
4	Digestive & Gastrointestinal Conditions	Anal Fissure; Ano-rectal Troubles; Crohn's Disease; Ulcerative Colitis; Gastritis; Gastro-oesophageal Reflux Disease (GERD); Peptic Ulcer Disease; Hepatitis A; Hepatitis B; Hepatitis C; Cirrhosis; Fatty Liver Disease; Gallstones; Cholecystitis; Pancreatitis; Irritable Bowel Syndrome; Coeliac Disease; Diverticulitis; Colorectal Polyps; Colitis; Constipation (Chronic); Haemorrhoids; Fistula-in-ano; Fissures; Hepatocellular Carcinoma
5	Endocrine & Metabolic Conditions	Achondroplasia; Addison's Disease; Diabetes Mellitus Type 1; Diabetes Mellitus Type 2; Diabetic Ketoacidosis; Hyperthyroidism; Hypothyroidism Cushing's Syndrome; Hyperparathyroidism; Hypoparathyroidism; Pituitary Adenoma; Metabolic Syndrome; Hyperlipidaemia; Obesity (Morbid); Phenylketonuria; Galactosaemia; Glycogen Storage Disease; Acidosis; Alkalosis
6	Musculoskeletal Conditions	Ankylosing Spondylitis; Arthritis; Osteoarthritis; Rheumatoid Arthritis; Juvenile Idiopathic Arthritis; Gout; Osteoporosis; Osteopenia; Fibromyalgia; Scoliosis; Kyphosis; Lordosis; Disc Herniation; Sciatica; Muscular Dystrophy; Myopathy; Polymyositis; Dermatomyositis; Bursitis; Tendinitis
7	Skin & Autoimmune	Angioneurotic Oedema; Psoriasis; Eczema; Atopic Dermatitis; Contact Dermatitis; Urticaria; Lupus Erythematosus (SLE); Discoid Lupus; Scleroderma; Vitiligo; Pemphigus Vulgaris; Bullous Pemphigoid; Dermatomyositis; Lichen Planus; Alopecia Areata; Rosacea; Hidradenitis Suppurativa

8	Eye Conditions	Aniridia; Anisometropia; Aphakia; Cataracts; Glaucoma; Diabetic Retinopathy; Hypertensive Retinopathy; Macular Degeneration; Retinitis Pigmentosa; Keratoconus; Corneal Ulcer; Optic Neuritis; Strabismus; Amblyopia; Conjunctivitis (Chronic); Uveitis
9	Ear, Nose & Throat Conditions	Chronic Sinusitis; Nasal Polyps; Deviated Nasal Septum; Allergic Rhinitis; Hearing Loss; Meniere's Disease; Otitis Media; Otitis Externa; Tinnitus; Cholesteatoma; Tonsillitis (Chronic); Pharyngitis; Laryngitis; Vocal Cord Nodules
10	Mental & Developmental Conditions	Anorexia; Bulimia; Depression; Bipolar Disorder; Schizophrenia; Autism Spectrum Disorder; ADHD; Obsessive Compulsive Disorder; Generalised Anxiety Disorder; Panic Disorder; Post-Traumatic Stress Disorder (PTSD); Personality Disorders; Conduct Disorder; Oppositional Defiant Disorder; Substance Abuse Disorder
11	Infectious Diseases	HIV/AIDS; Dengue Fever; Chikungunya; Malaria; Leptospirosis; Hepatitis B; Hepatitis C; COVID-19; Zika Virus; Japanese Encephalitis; Typhoid Fever; Cholera; Syphilis; Gonorrhoea; Tuberculosis; Cytomegalovirus; Epstein-Barr Virus; Influenza; Measles; Rubella; Chickenpox; Shingles
12	Cancers & Tumours	Breast Cancer; Lung Cancer; Colon Cancer; Rectal Cancer; Prostate Cancer; Ovarian Cancer; Uterine Cancer; Cervical Cancer; Testicular Cancer; Pancreatic Cancer; Kidney Cancer; Bladder Cancer; Liver Cancer; Brain Cancer; Leukaemia; Lymphoma; Hodgkin's Lymphoma; Non-Hodgkin's Lymphoma; Multiple Myeloma; Melanoma; Sarcoma; Arrhenoblastoma Anaemia (Iron Deficiency); Anaemia (Megaloblastic); Pernicious Anaemia; Sickle Cell Disease; Thalassaemia; Haemophilia; Idiopathic
13	Blood & Immune Disorders	Thrombocytopenic Purpura (ITP); Aplastic Anaemia; Polycythaemia Vera; Essential Thrombocythemia; Neutropenia; Agranulocytosis; Autoimmune Haemolytic Anaemia; Hypogammaglobulinemia
14	Pregnancy & Reproductive Conditions	Ante Partum Haemorrhage; Post Partum Haemorrhage; Ectopic Pregnancy; Pre-eclampsia; Eclampsia; Polycystic Ovary Syndrome; Endometriosis; Ovarian Cysts; Uterine Fibroids; Menorrhagia; Dysmenorrhoea; Amenorrhoea; Infertility (Female); Infertility (Male); Pelvic Inflammatory Disease; Miscarriage (Recurrent); Hyperemesis Gravidarum

APPENDIX M NON-ELIGIBLE MEDICAL EXPENSES

This Appendix sets out categories of Medical Expenses that are not eligible for community sharing under the Programme. This Appendix is operational in nature and must be read together with the Programme Guideline, Eligibility Status, Waiting Periods, and Plan Parameters.

No	Subject	Clarification Note
1	Aviation and Travel-Related Events	Medical Expenses arising from disability sustained during air travel, except as a fare-paying passenger on a recognised commercial airline operating scheduled routes or licensed charter services flown by professional crews between properly established and maintained airports.
2	Alcohol & Drugs and Substance Use	Medical Expenses arising from abuse, misuse, dependency, or rehabilitation relating to alcohol, drugs, pharmaceuticals, or controlled substances.
3	Alternative, Complimentary, and Non-Evidence-Based Treatments	Acupuncture, acupressure, aromatherapy, bone setting, chiropractic, herbal treatment, hyperbaric oxygen therapy, massage, osteopathy, reflexology, and similar therapies.
4	Circumcision and Related Procedures	All medical treatments for circumcisions. This excludes any other in-patient approved treatment that may require forced circumcision procedures, such as balanitis.
5	Complications from Non-Eligible Treatment	Treatment required as a result of complications arising from a non-eligible treatment or excluded medical condition.
6	Congenital and/or Hereditary Conditions	Medical Expenses arising from congenital anomalies, hereditary diseases, deformities, or disabilities, including but not limited to those listed under 0.
7	Cosmetic Surgery and Aesthetic Procedures	Cosmetic or plastic surgery unless medically required due to trauma or post-malignancy reconstruction.
8	Custodial, Maintenance, and Non-Curative Care	Rest cures, maintenance care, recuperative care, private nursing, or home-based doctor visits not treating an eligible Disability.
9	Dental-Related Treatments	Dental Treatments including, but not limited to, periodontics, orthodontics, temporomandibular joint disorder (TMJ) or orthognathic surgery, dental procedures under general anaesthesia except necessitated by accidental injury to sound natural teeth.
10	Durable Medical Equipment and Devices	Purchase, rental or replacement of durable or reusable equipment or devices, including, but not limited to, prosthetics, artificial limbs, orthotics, hearing aids, tubing, aero chambers, masks, exercise equipment, locomotion equipment (bed, wheelchair, walking aid etc.) and their associated expenses. Subject to review and approval by our TPA in accordance with stipulated standards
11	Emergency Room Charges for Non- Emergency Cases	When a treatment at an emergency room is not judged to be an emergency by normal standards of medical care and when less costly treatment was available by taking reasonable measures to seek such care.

12	Exercise and Rehabilitation Programs	Exercise-based treatments except doctor-supervised cardiac rehabilitation or in-patient physiotherapy.
13	Experimental, Investigational, Unproven or Unapproved Treatments	Treatments that are experimental, investigational or unproven, or that are not according to accepted professional standards or that are illegal under Malaysian law.
14	Eye Care and Vision Correction	Vision correction procedures including but not limited to eye exercise therapy, radial keratotomy or other eye surgery to correct near-sightedness, far-sightedness or visual acuity. Also, routine eye examinations, including refractions, lenses, corrective glasses for the eyes and examinations for their fitting.
15	Gross Negligent and Reckless Conduct	Treatments for a disability as to which the Member has acted with gross negligence or with reckless disregard to safety, as evidenced by medical records and as determined by the Administrator in its absolute discretion.
16	Hair and Cosmetic Dermatology	Treatments for hair loss, hair transplants or any drug that promises hair growth, whether or not prescribed by a Doctor.
17	Hazardous Activities	Treatments of a disability that results from engaging in a hazardous hobby. A hobby is hazardous if it is an activity which is characterized by a constant or recurring threat of danger or risk of bodily harm (e.g. include, but not limited to, cliff- or rock-climbing, spelunking, skydiving, or bungee jumping.)
18	Hearing Aids & Examinations	Charges for services or supplies in connection with routine hearing exams, hearing aids, or exams for their fitting.
19	Illegal Acts and Criminal Behaviour	Treatments received as a result of a disability caused by engaging in an illegal act or occupation; by committing or attempting to commit any crime, criminal act, assault or other felonious behavior; including but not limited to illegal drug activity, crimes against persons, crimes against property and gun offenses, while sane or insane.
20	Medical Implants (Any Types)	Implant-related expenses unless approved by The Administrator and TPA review with the advice from the TPA
21	Impotence & Sexual Dysfunction	Treatment for impotence or sexual dysfunction.
22	Infertility-Related Treatment	Diagnostic, surgical, non-surgical infertility treatment, assisted reproduction and related drugs for the treatment of infertility.
23	Mental Health and Psychiatric Conditions	Mental health related treatments including, but not limited to, psychiatric or psychological counseling, mental or nervous disability, learning disability, bereavement counseling, biofeedback therapy, psychological testing, treatment, medication and hospitalization.
24	Miscellaneous and Symptom-Based Treatments	Treatment for sleep disorders, snoring, hyperhidrosis, hormone replacement therapy, stem cell therapy, and symptom-based treatments without diagnosable Disability.
25	No Obligation to Pay	Medical Expenses where the Member has no legal liability to pay.
26	Non-Medically Necessary Treatments	Treatments that do not meet the criteria of a medically necessary treatment or is not specified as a medically necessary treatment,

		or treatments that are not recommended and approved by a Doctor; or treatments received when the Member is not under the regular care of a Doctor.
27	Non-Panel Facilities	Treatment provided by or under the direction of a Non-Panel Hospital.
28	Non-Prescribed Medical Supplies and Equipment	Non-prescribed medical supplies and equipment including, but not limited to, over-the-counter drugs, first-aid supplies and treatments, vitamins, food supplements, herbal cures, soap, anti-obesity or weight reducing agents, elastic stockings, tubings, masks, ostomy supplies, insulin infusion pumps, ace bandages, gauze, syringes, diabetic test strips and similar supplies. Subject to the review and approval by our TPA in accordance with stipulated standards.
29	Non-Reasonable & Customary Charges	Charges for treatments that exceeding reasonable and customary benchmarks based upon the determination of the Administrator in accordance with the Program Guidelines.
30	Organ Transplant	Medical expenses arising from organ transplant procedures are not eligible for community sharing, except where the Member is a transplant recipient (donee) enrolled under the Premium Tier, and subject to applicable Waiting Periods and lifetime reference limits as set out in the relevant Plan Tier schedule.
31	Out-patient Only Treatments	Treatment not linked to an eligible in-patient admission
32	Pandemic-Related Treatment	Medical expenses arising from treatment of an infectious disease during a period in which such disease has been classified as a pandemic by (i) the World Health Organization (WHO), or (ii) the Malaysian Ministry of Health under the Prevention and Control of Infectious Diseases Act 1988 [Act 342], or (iii) a Malaysian Government gazette notification, whichever is earlier. The exclusion shall apply from the date of such classification and shall cease to apply upon official declassification, unless otherwise extended by the Administrator with thirty (30) days' prior written notice to Members. For the avoidance of doubt, the exclusion applies to treatment costs arising during the classified pandemic period and does not apply retrospectively to costs incurred prior to classification.
33	Personal Comfort Items	Refers to television, telephone, fax, radio, air conditioners, air purification units, humidifiers, electric heating units, non-hospital adjustable beds, orthopedic mattresses, blood pressure instruments, scales, elastic bandages or stockings, admission kit/pack and other similar facilities
34	Pregnancy & Maternity	Treatment costs and expenses related to maternity and pregnancy for delivery/childbirth, surrogacy, surgery, pre- and post-natal care and miscarriage except for miscarriage due to an accident.
35	Pre-Existing Conditions	Medical Expenses arising from Pre-Existing Conditions as defined in 8.3.
36	Pre-Hospital Diagnostic Test	Diagnostic tests conducted before hospitalization, such as blood tests or imaging scans. These costs are not eligible for sharing

		unless a Member has opted for the Premium Tier, which is treated as part of applicable aggregated annual and lifetime sharing limits. Members with the Premium Tier may submit these costs for sharing but will need to pay for them in advance and provide required documentation to the Administrator for processing.
37	Pre-Hospital Specialist Consultation	Pre-Hospital Specialist Consultation refers to seeking specialized medical advice or consultation before hospitalization, typically in an emergency or pre-hospital setting. These costs are not eligible for sharing unless a Member has opted for the Premium Tier, which is treated as part of applicable aggregated annual and lifetime sharing limits. Members with the Premium Tier may submit these costs for sharing but will need to pay for them in advance and provide required documentation to the Administrator for processing.
38	Post-Hospitalization Treatment	Medical treatments or procedures that are required after a Member has been discharged from the hospital. The costs are not eligible for sharing unless a Member has opted for the Premium Tier, which is treated as part of applicable aggregated annual and lifetime sharing limits. Members with the Premium Tier may submit these costs for sharing but will need to pay for them in advance and provide required documentation to the Administrator for processing.
39	Professional Racing and/or Competitive Events	Treatments of disability arising from racing or competing as a professional. Professional racing means that such activity is one's primary vocation and means of financial support. Professional racing and competitive events include, but are not limited to, automobile, motorcycle, watercraft, ski or rodeo races or competitions.
40	Radiation and Contamination	Treatments for effects from radiation or contamination by radioactivity from any source.
41	Replacement Braces and/or Orthopaedic Devices	Replacement of braces of the leg, arm, back, neck, unless there is sufficient change in the Member's physical condition to make the original device no longer functional.
42	Recurrent and Related Illness Exclusion	Any hospitalization related to recurrence or is connected to a previously diagnosed or treated condition within 1 year of discharged date approved by program, except to accident injury.
43	Routine & Preventive Care	Including, but not limited to, all well-patient care and screening tests and procedures, such as; <ul style="list-style-type: none"> • physicals immunizations and vaccinations • blood and topical allergy testing • lab studies • PET scans (except confirmed Cancer treatment cases) • screening mammograms • screening colonoscopy • genetic testing • prophylactic and preventive surgery without personal history of diagnosis and Doctor's recommendation

		Routine physical examination, health check-ups or tests not incident to treatment or diagnosis of a Disability
44	Self-Inflicted Injury	Treatments due to suicide, attempted suicide, or intentionally self-inflicted disability, while sane or insane.
45	Sex Changes and Gender Reassignment	Treatments for non-congenital transsexualism, gender dysphoria or sexual reassignment or change. This includes but not limited to medications, implants, hormone therapy, surgery, or medical or psychiatric treatment.
46	Speech & Occupational Therapy	For various activities and approaches that can improve overall communication, language and speech complications. Also involves treatment to improve motor skills, balance, coordination that help with everyday tasks.
47	Surgical Sterilization or Reversal Procedures	Treatments for, or reversal of, surgical sterilization, including vasectomy and tubal ligation or contraceptive medications and devices.
48	Transportation Beyond Medical Necessity	Charges resulting from transportation by ambulance for disability that will not seriously jeopardize the Member's health or life, and/or additional expenses for transportation to a Panel Hospital that is not the nearest Panel Hospital capable of providing Medically Necessary Treatment.
49	Travel and/or Accommodation	Charges for travel or accommodations, whether or not recommended by a Doctor.
50	Treatment by Relatives	Treatments performed by a person who ordinarily resides in the Member's home or is related to the Member as a spouse, parent, child, sibling, whether the relationship is by blood or exists in law.
51	Venereal Disease, AIDS and HIV Related Disability	Exceptions include transmission by the following medically documented, non-voluntary means: (a) blood transfusion or blood products received from a licensed medical facility; (b) sexual assault or rape as evidenced by a police report or medical documentation; (c) occupational needle-stick or sharps injury sustained in the course of employment in a licensed healthcare setting; or (d) vertical transmission from mother to child (perinatal transmission). For the avoidance of doubt, the exception is not limited to married persons. All exception claims are subject to submission of supporting medical and, where applicable, official documentation for administrative verification.
52	Waiting Period	Medical expenses incurred during the Waiting Period
53	War and Civil Unrest	Any medical expenses incurred that are due to any declared or undeclared act of war, military activity, riot, rebellion, insurrection, civil commotion, explosion of war weapons, terrorism related activity, nuclear war, biological and chemical warfare/activity.
54	Special Cases	Any specific case announced by local authorities or governments. Subject to the review and approval by our TPA in accordance with stipulated standards.

55	Administrative Review Right	The Administrator, with TPA support, may classify additional expenses as non-eligible where inconsistent with Programme intent.
56	No Implied Inclusion	No Implied Rights: Absence from this list does not imply eligibility.
57	Prevailing Interpretation	Prevailing Interpretation: In the event of ambiguity, administrative interpretation prevails in accordance with Programme objectives.

APPENDIX N ADMISSIONS AND CLAIM PROCEDURE

This Appendix sets out the operational procedures governing hospital admission, verification, administrative facilitation, and related timelines under the Programme Guideline. It is procedural in nature and does not create entitlement, guarantee, or assurance of community sharing.

N.1 Planned Admission Procedure

This subsection applies to non-emergency admissions where prior medical referral and administrative review are practicable.

- (a) Medical Referral: The Member shall obtain a referral letter from a recognised medical practitioner or panel clinic prior to admission.
- (b) Panel Verification: Admission shall be sought at a recognised Panel Hospital listed under the Programme platform.
- (c) Pre-Authorisation Submission: The Member shall present the digital Admission Card together with the referral documentation at the hospital registration counter.
- (d) Guarantee Letter (GL) Issuance: When Programme conditions are satisfied, the TPA may issue a Guarantee Letter (GL) for administrative facilitation of eligible Medical Expenses, subject to Programme parameters and verification.

N.2 Emergency Admission Procedure

This subsection applies to urgent or life-threatening medical situations requiring immediate medical attention.

- (a) Immediate Treatment: The Member shall seek treatment at the nearest appropriate medical facility without delay.
- (b) Notification: The Member or next-of-kin shall notify the Administrator or TPA within twenty-four (24) hours of admission.
- (c) Emergency Verification: The TPA shall verify the emergency classification and determine the applicable administrative workflow, including issuance of a GL where appropriate.

N.3 Discharge and Final Administrative Review

- (a) Final Audit: Upon issuance of a discharge order, the TPA shall conduct a final administrative review of itemised charges.
- (b) Final Guarantee Letter: Where applicable, a final administrative confirmation shall be issued to the medical facility reflecting verified Medical Expenses considered eligible under Programme parameters.
- (c) Excluded Charges: Any charges determined to fall outside Programme parameters shall be settled directly by the Member prior to discharge.

N.4 Admission Workflow Classification

This subsection clarifies the applicable workflow pathways based on Programme parameters.

- (a) Cashless Workflow: Admission is administratively facilitated without upfront settlement, subject to Plan Parameters and other applicable conditions.
- (b) Pay-and-Submit Workflow: The Member settle charges upfront and submits documentation in accordance with Programme procedures for review.

N.5 Procedural Clarification

- (a) No Entitlement: Compliance with admission procedures does not constitute an assurance or entitlement to community sharing.
- (b) Administrative Authority: The Administrator and TPA retain authority to apply, interpret, and adjust procedural steps to ensure orderly administration.

N.6 Administrative Timelines

This subsection sets out operational timelines applicable to selected administrative processes under the Programme. These timelines are indicative and subject to verification requirements.

- (a) Voluntary Cessation Processing
 - i. Requests must be submitted through the Programme platform.
 - ii. Administrative processing is typically completed within thirty (30) calendar days from receipt of a complete request.
 - iii. Cessation takes effect upon written confirmation by the Administrator
- (b) Dispute Review Timeline
 - i. A review request must be submitted within fourteen (14) calendar days from notification of determination.
 - ii. Receipt shall be acknowledged within seven (7) calendar days.
 - iii. Administrative review is ordinarily completed within thirty (30) calendar days from receipt of complete documentation.
 - iv. The Administrator may extend the review period where additional verification is required