



KUMPULAN WANG SIMPANAN PEKERJA

HEALTH WITHDRAWAL

PURPOSE

This withdrawal allows you to withdraw your savings from Account 2 to pay for medical expenses incurred for the treatment of critical illnesses **AND/OR** to buy medical aid equipment as approved by the EPF Board for yourself or your allowed family members.

APPLICATION ELIGIBILITY

- (i) A Malaysian Citizen; **OR**
- A Malaysian Citizen who has made Leaving The Country Withdrawal before 1 August 1995 and later opted to re-contribute to the EPF; **OR**
- A Non-Malaysian Citizen who:
 - Has become an EPF member before 1 August 1998; **OR** has obtained a Permanent Resident status (PR).

Have not reached the age of 55 on the date the application is received by EPF; **AND**

Still have savings in Account 2.

TERMS OF WITHDRAWAL

- The list of critical illnesses approved by the EPF Board are as follows:

NO.	CATEGORY OF ILLNESS	TYPE OF CRITICAL ILLNESS
1.	CANCER (<i>KANSER</i>)	<ul style="list-style-type: none"> • Cancer (<i>Kanser</i>)
2.	CARDIOVASCULAR SYSTEM (<i>SISTEM KARDIOVASKULAR</i>)	<ul style="list-style-type: none"> • Cardiomyopathy (<i>Kardiomiopati</i>) • Coronary Artery Disease (<i>Penyakit Arteri Koronari</i>) • Heart Attack / Myocardial Infarction (<i>Serangan Jantung / Infarksi Miokardium</i>) • Heart Valve Replacement / Valvular Heart Disease Requiring Replacement (<i>Penyakit Injap Jantung Memerlukan Penggantian</i>) • Surgery to Aorta / Diseases of the Aorta Requiring Surgery (<i>Penyakit Aorta Memerlukan Pembedahan</i>) • Congenital Heart Disease (<i>Penyakit Jantung Semenjak Kelahiran</i>)
3.	GASTROENTEROLOGY / HEPATOLOGY (<i>GASTROENTEROLOGI / HEPATOLOGI</i>)	<ul style="list-style-type: none"> • Chronic Inflammatory Bowel Disease (<i>Penyakit Radang Usus Kronik</i>) • Chronic Liver Disease (<i>Penyakit Hati Kronik</i>) • Fulminant Viral Hepatitis (<i>Hepatitis Virus Fulminan</i>) • Primary Pulmonary (<i>Pulmonari Primer</i>)
4.	GENITOURINARY SYSTEM (<i>SISTEM GENITOURINARI</i>)	<ul style="list-style-type: none"> • Bilateral Renal Calculi Requiring Surgical Intervention (<i>Kalkuli Ginjal Dwisisi Memerlukan Intervensi Pembedahan</i>) • Congenital Urinary Abnormalities Requiring Urgent And Major Surgical Intervention (<i>Abnormaliti Urinari Kongenital Memerlukan Intervensi Pembedahan Segera dan Major</i>) • Kidney Failure (<i>Kegagalan Ginjal</i>) • Medullary Cystic Disease (<i>Penyakit Medulari Sistik</i>)
5.	HEMATOLOGY (<i>HEMATOLOGI</i>)	<ul style="list-style-type: none"> • Aplastic Anaemia (<i>Anemia Aplastik</i>) • Hematopoetic Stem Cell Transplantation (<i>Pemindahan Sel Stem Hematopoetik</i>) • Lymphoma (<i>Limfoma</i>) • Thalassaemia Major Requiring Chelating Agent (<i>Talesemia Major Memerlukan Agen Pengkelat</i>)
6.	ILLNESS OF CHILD UNDER 16 YEARS OLD (<i>PENYAKIT KANAK-KANAK DI BAWAH 16 TAHUN</i>)	<ul style="list-style-type: none"> • Intellectual Impairment Due To Accident Or Sickness (<i>Kerosakan Intelektual Disebabkan Kemalangan Atau Penyakit</i>) • Leukaemia (<i>Leukimia</i>) • Severe Asthma (<i>Asma Teruk</i>)

7.	MENTAL ILLNESS (PENYAKIT MENTAL)	<ul style="list-style-type: none"> • Bipolar Mood (<i>Mood Bipolar</i>) • Major Depression (<i>Kemurungan Major</i>) • Schizophrenia (<i>Skizofrenia</i>)
8.	MUSCULOSKELETAL SYSTEM (SISTEM MUSKULOSKELETAL)	<ul style="list-style-type: none"> • Systemic Lupus Erythematosus (SLE) With Lupus Nephritis (<i>Eritematosus Lupus Sistemik (SLE) Dengan Nefritis Lupus</i>) • Systemic Sclerosis With Pulmonary Hypertension (<i>Sklerosis Sistemik Dengan Hipertensi Pulmonari</i>)
9.	RESPIRATORY SYSTEM (SISTEM RESPIRATORI)	<ul style="list-style-type: none"> • Bronchiectasis (<i>Bronkiectasis</i>) • Chronic Lung Disease (<i>Penyakit Paru-Paru Kronik</i>) • Lung Fibrosis (<i>Fibrosis Paru-Paru</i>) • Obstructive Sleep Apnoea (<i>Apnoea Tidur Obstruktif</i>)
		<ul style="list-style-type: none"> • Secondary Pulmonary Hypertension (<i>Hipertensi Pulmonari Sekunder</i>) • Severe Chronic Obstructive Pulmonary Disease (COPD) / Emphysema (<i>Penyakit Pulmonari Obstruktif Kronik Teruk (COPD)/Emfisema</i>)
10.	NERVOUS SYSTEM (SISTEM SARAF)	<ul style="list-style-type: none"> • Alzheimer's Disease (<i>Penyakit Alzheimer</i>) • Appalic Syndrome (<i>Sindrom Apalik</i>) • Benign Tumor Of Brain (<i>Tumor Otak Benigna</i>) • Coma (<i>Koma</i>) • Encephalitis (<i>Ensefalitis</i>) • Loss Of Speech (<i>Kehilangan Pertuturan</i>) • Major Head Trauma (<i>Trauma Kepala Major</i>) • Meningitis (<i>Meningitis</i>) • Motor Neurone Disease (<i>Penyakit Neuron Motor</i>) • Multiple Sclerosis (<i>Sklerosis Berbilang</i>) • Muscular Dystrophy (<i>Distrofi Otot</i>) • Paralysis (<i>Kelumpuhan</i>) • Parkinson's Disease (<i>Penyakit Parkinson</i>) • Poliomyelitis (<i>Poliomielitis</i>) • Stroke (<i>Strok</i>) • Total Permanent Disability (<i>Hilang Upaya Kekal</i>) • Cerebral Palsy (<i>Serebral Palsi</i>)
11.	OTHER DISEASES APPROVED BY EPF BOARD (LAIN-LAIN PENYAKIT YANG DILULUSKAN OLEH LEMBAGA KWSP)	<ul style="list-style-type: none"> • Acquired Immuno-Deficiency Syndrome (AIDS) (Note : CD4 Count < 200 Cell/mm3) <i>[Sindrom Immunodefisiensi Perolehan (AIDS) (Nota : Kiraan CD4 kurang dari 200 sel/mm3)]</i> • Blindness (<i>Buta</i>) • Deafness (<i>Pekak</i>) • Loss Of Independent Existence (<i>Kehilangan Upaya Hidup Sendiri</i>) • Major Burns (<i>Kelecuran Major</i>) • Major Organ Transplant (<i>Pemindahan Organ Major</i>) • Terminal Illness (<i>Penyakit Membawa Maut</i>)

- The allowed family members under this withdrawal:
 - Your spouse
 - Your children / stepchildren / adopted children
 - Your parents / parents-in-law / stepparents / foster parents
 - Your siblings
- Allowed medical expenses:

The medical expenses include all charges by the hospital / medical centre related to the treatment received by the patient, inclusive of the cost of buying the medical aid equipment allowed in the treatment for the approved illness.
- Medical aid equipment
 - Medical aid equipment refers to the medical support equipment used for the purpose of treatment for the approved critical illness.
 - Please click [here](#) to obtain the complete list of medical support equipment approved for the Health Withdrawal or visit any of the nearby EPF office.
- Medical Reports / Bills (*'Final Bill'*) **AND** Receipts:

Medical reports, actual medical bills (*'final bill'*) and receipts not exceeding 1 year from the date the withdrawal application is submitted
Bills and receipts must be in the name of the patient or applicant.

- You can also make a joint-withdrawal with other family members to cover the required medical expenses (subject to the cost of medical treatment).
- You can choose to withdraw any amount from your Account 2 subject to the cost of the medical treatment.
- You are **not eligible** to apply if:
 - The illness is other than that stated in the approved critical illnesses list
 - You are buying a medical aid equipment that is not approved
 - The cost of medical treatment is fully covered by your employer or the employer of any of your allowed family members You are receiving fertility treatments
 - You are receiving alternative treatments such as acupuncture or traditional medication

WITHDRAWAL AMOUNT ELIGIBILITY

- You may withdraw your savings from your Account 2 based on the following, **subject to whichever is the lower:** All of your savings in Account 2 **OR** the actual medical cost
- If your employer only covers part of your medical cost, the **amount** you can withdraw is:
The remaining balance not covered by your employer **subject to** the savings balance in your Account 2
- For joint application, the eligible amount is as follows, **subject to whichever is the lower amount and subject to the actual medical cost:**
The applied amount **OR** the respective applicants' savings in Account 2

LIST OF REQUIRED DOCUMENTS

NO.	MAIN DOCUMENTS
1.	KWSP 9D (AHL) Withdrawal Form
2.	<p>Personal Identification Card</p> <ul style="list-style-type: none"> • MyKad / Military Identification Card / Permanent Resident Identification Card (MyPR) <p>OR</p> <ul style="list-style-type: none"> • Police Identification Card AND Verification Letter from Employer stating that the Police number and Identification Card number refer to the same person (If member does not own MyKad/Police Identification Card without identification card number) <p>OR</p> <ul style="list-style-type: none"> • Passport. If the member is not a Malaysian citizen and has become an EPF member before 1 August 1998. <p><u>Note:</u> Copy of identification card is not necessary if the member is a MyKad holder and Thumbprint Identification against the EPF Database or MyKad Reader is successful. Members who do not possess MyKad and/or application via mail/ via representative are still required to submit a copy of the identification document respectively.</p>
3.	<p>Payment Via Direct Crediting Into Applicant's Bank Account</p> <p>Bank Passbook / Savings Account Statement OR Current Account Statement OR Verification Letter of Account Holder's Details from Bank OR Account Holder's Details Printed via Website OR Bank Account Holder's Card</p> <p><u>Note:</u> Owns an account with the panel bank appointed by EPF The bank account must still be active (The original document is not required if the bank account information can be provided by member correctly without reference to the original document. Accuracy of the information is necessary to avoid failure of direct crediting to member's account.)</p>
4.	<p>Payment Via Mail</p> <p>Application for Member's Registration and Amendments of Member's Particulars (KWSP 3)</p>

NO.	SUPPORTING DOCUMENTS
A. SETTLEMENT OF MEDICAL EXPENSES IN LOCAL MEDICAL INSTITUTION	
1.	<p>Original Medical Report from the Medical Institution</p> <ul style="list-style-type: none"> • In accordance to the format as stipulated by EPF and does not exceed 1 year from the date the withdrawal application is received • Complete with the patient's details of illness and the effects of the illness to the patient if left untreated • The medical institution's stamped name and address • The doctor attending to the patient's signature, together with the stamp of full name, designation and field of work
2.	<p>Liability Confirmation Letter from the Employer</p> <ul style="list-style-type: none"> • If the patient is the applicant, confirmation letter from the applicant's employer is required (if the applicant is employed) • If the patient is a child – confirmation letters from the parents' employers are required (if the parents are employed) • If the patient is a spouse, confirmation letter from the patient's employer AND the spouse's employer are required (if the spouse is employed) • If the patient is a parent, confirmation letter from the applicant's employer, parent's employer is required (if child/ parent is employed) • If the patient is a sibling, confirmation letter from the patient's employer, applicant and parents of patient are required (if employed) <p>(Exempted if the applicant AND patient are not employed)</p>
3.	<p>Patient's Identification Card (unverified photocopy of the document is accepted) MyKad / Military Identification Card / Permanent Resident Identification Card (MyPR) / Passport (for Non-Malaysian citizen) (Exempted if the applicant is a patient and for submission of first application only)</p>
4.	<p>Proof of Relationship between the Applicant and Patient (if the applicant is not the patient) a.</p> <p>Nikah Certificate / Marriage Certificate; OR</p> <ul style="list-style-type: none"> • The relevant birth certificate; OR • Adoption papers from the National Registration Department (if adopted)
5.	<p>Actual Medical Bills ('<i>Final Bill</i>') AND Original Payment Receipts from the Medical Centre (if payment has already been made)</p> <p><u>Note:</u> The date of the bills and receipts must not exceed 1 year from the date the withdrawal application is received by EPF; AND If the payment receipt is not under the applicant's name, an authorisation letter from the receipt payer (with signature, name and Identification Card number) is required.</p>

NO.	SUPPORTING DOCUMENTS
B. SETTLEMENT OF MEDICAL EXPENSES IN OVERSEAS MEDICAL INSTITUTION	
1.	All documents as per Schedule A (1 to 5).
2.	Acknowledgement/Reference letter from the local doctor attending to the patient with the patient's information, details of illness and the effects of the illness to the patient if left untreated.
3.	Estimated medical cost from the overseas medical institution.

NOTE:

EPF reserves the rights to request any additional documents if required and reject any incomplete applications and do not comply to the terms and conditions.

ATTENTION AND NOTICE TO APPLICANT

All documents from the overseas medical institution must be produced in English. Otherwise, a translated letter in Bahasa Malaysia or English from the relevant embassy or National Institute of Translation must be attached.

EPF does not produce any receipt on withdrawal payment made to third parties.

Failure to Return the Unused Amount for Withdrawal Purpose

If the applicant does not use the withdrawal payment for the purpose of the withdrawal is made, the applicant is considered as has committed an offence and shall, on conviction, be liable to imprisonment for a term not exceeding six months or to a fine not exceeding RM2,000.00 or to both [Section 58A, EPF Act 1991 (Amendment) 2007].

Incorrect or False Declaration or Furnishing False Documents

If the applicant provides incorrect or false declaration or furnishes false documents, the applicant is considered as has committed an offence and shall, on conviction, be liable to imprisonment for a term not exceeding three years or to a fine not exceeding RM10,000.00 or to both [Section 59, EPF Act 1991 (Amendment) 2007].

MODES OF PAYMENT

Modes of payment to you or the Medical Centre will be as follows:

	BANKER'S CHEQUE	DIRECT CREDITING
Local Treatment <ul style="list-style-type: none">Payment will be made to local Medical Centre's name upon receipt of the actual medical bill	The banker's cheque will be sent directly to the local Medical Centre's address as stated by you in the application form sent via mail, by registered mail, or over the counter as per the Medical Centre's request only. A payment notice (attached with the banker's cheque) with payment and withdrawal details will be sent to the Medical Centre. In addition , another notice will be sent to you to inform that the banker's cheque has been sent to the Medical Centre.	
Overseas Treatment	Payment will be made to you based on the estimated medical cost	
Reimbursement (if payment for the medical cost has been made)		Direct crediting to your bank account

Payment via direct crediting into your bank account is subject to the following conditions:

You have an account with a panel bank appointed by EPF; AND

- Your account is still active; **AND**
- Your identification number matches with the bank's record; **AND**
- Payment is made in Ringgit Malaysia (RM)

However, if the payment cannot be credited into member's bank account due to causes such as bank account is not active or your identification number does not match with the bank's record, payment will be made via banker's cheque.

NOTE:

You may request for a **Contribution Amount Confirmation Letter** from EPF to enable you to receive treatment at the Medical Centre. However, the letter only acts as your contribution eligibility confirmation letter at the time the application is made and not a payment guarantee letter from EPF. Your application will only be approved after EPF finds that all submitted documents are complete and in order, and subject to the critical illnesses approved for Health Withdrawal.

MODES OF SUBMISSION

Submission can be made at any EPF branch either at the counter **OR** via mail.

SUBMISSION AT THE COUNTER

Please bring along **ALL** original documents for verification purposes by the EPF Officer.

However, if the photocopied documents have been verified, please ensure the photocopies have been verified by the authorised officer by EPF, complete with signature, name, designation and official stamp.

SUBMISSION BY MAIL

Please ensure that **ALL** documents have been verified by an officer authorised by EPF, complete with signature, name, designation and an official stamp.

All applications by mail must be addressed to:

THE EMPLOYEES PROVIDENT FUND

Locked Bag No. 220

Jalan Sultan

46720 Petaling Jaya

SELANGOR

ENQUIRY

Should you have any enquiry or require additional information regarding this withdrawal, kindly contact:

Any EPF Office nearest to you;

The EPF Call Management Centre (CMC) at: **03-8922 6000**

Customer Feedback: <http://enquiry.kwsp.gov.my>

Please quote your EPF number or your Identification Card number and the type of withdrawal that you have applied for when you contact the EPF.

You Are Our Priority

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