

APPLICANT IS ADVISED TO READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE WITHDRAWAL FORM FOR HEALTHCARE

1.0 COMPLETING & SUBMITTING THE FORM

- Please ensure the form is filled using a black ink pen with clear and legible handwriting in CAPITAL LETTERS.
- Use of liquid paper is not allowed on the PRS Withdrawal Form for Healthcare, medical report form and any other supporting documents (if required).
- The PRS Withdrawal Form for Healthcare (PPA003D), medical report form and other supporting documents (if required) is to be submitted to the PRS Provider the PRS Member (“Member”) has an account with.
- Members who wish to withdraw from multiple PRS Providers, are required to complete a PRS Withdrawal Form for Healthcare (PPA003D) for each PRS Provider that the Member is applying to.
- The Member is required to indicate method of withdrawal:
 - 1) Normal withdrawal application**
 - Must submit original Medical Report as attached from Government/Private Hospital;
 - Must submit actual medical bills or certified true copies of the medical bill issued by the medical institution or commissioner of oaths;
 - Must submit proof of relationship documents if withdrawal is made for family members.
 - 2) Fast-track withdrawal application**
 - Provide proof of withdrawal from Employee Provident Fund (EPF) as stated in section 3.0 of this Guide;
 - No requirement to submit original Medical Report from Government/Private Hospital;
No requirement to submit proof of relationship documents for withdrawal for family members.
- In the event the member is unable to sign the PRS Withdrawal Form for Healthcare due to their health condition; the following applies:

Execution of the Withdrawal Form	Details
Execution by member via application of thumbprint (as member is disabled and unable to sign the form).	For thumbprint to be accepted, in addition to verification by a PRS Consultant, the medical practitioner is to verify and endorse the member’s inability to sign and willingness to place thumbprint on the Withdrawal Form. Please note all payment is to be credited to member’s bank account or cheque to be issued under member’s name.
Where member is unable to sign the form due to inability to manage their personal or financial affairs and require assistance of a 3rd party to complete and sign the form on behalf of the member.	<p>The following persons may complete and sign the Withdrawal Form on behalf of members:</p> <p>(a) persons appointed by a court of Malaysia to manage affairs of the member; or</p> <p>(b) persons appointed by member through power of attorney.</p> <p>Please note that payment is to be credited to member’s bank account or cheque to be issued under member’s name.</p> <p>Court order authorising payment to be made to third parties would be decided on a case by case basis (upon consultation with the relevant Providers and PPA).</p>

2.0 TYPES OF WITHDRAWAL

2.1 Normal Withdrawal Application

List of required documents:

PRS Withdrawal for	Required Documents
Healthcare withdrawal (Claim for own self)	<ol style="list-style-type: none"> 1) PRS Withdrawal Form for Healthcare (PPA003D); and 2) Original Medical Report from Government/Private Hospital* <ul style="list-style-type: none"> ○ in the attached format; ○ Signed by the medical practitioner treating the Member for the medical condition; and ○ Dated not more than 1 year from the date the PRS Withdrawal Form for Healthcare is received by a PRS Provider; and 3) Original medical bills issued by the medical institution or certified as true copy by medical institution or commissioner of oaths; and 4) A copy of member's bank passbook/savings account statement/current account statement/verification letter of account holder's details from Bank/Account holder's details (not the front cover).
Healthcare withdrawal (Claim for family members)	<ol style="list-style-type: none"> 1) PRS Withdrawal Form for Healthcare (PPA003D); and 2) Copy of Member's Identification Card (MyKad/Police Identification Card/Military Identification Card/ Permanent Resident Identification Card (MyPR)/ Passport); and 3) Copy of Patients (Family Member's) Identification Card (MyKad/Police Identification Card/Military Identification Card/ Permanent Resident Identification Card (MyPR)/ Passport / Birth Certificate for children under 12 years of age; and 4) Copy of Proof of relationship document (<i>Refer to Table 5.8.4</i>); and 5) Original Medical Report from Government/Private Hospital* <ul style="list-style-type: none"> ○ in the format as attached; ○ To be prepared by a medical practitioner the Member has attended for his/her medical condition; and ○ Does not exceed 1 year from the date the PRS Withdrawal Form is received by a PRS Provider; and (where applicable); and 6) Actual medical bills issued by the medical institution or certified as true copies by the medical institution or commissioner of oaths; and 7) A copy of member's bank passbook/savings account statement/current account statement/verification letter of account holder's details from Bank/Account holder's details (not the front cover).

* Private Hospital is defined as any premises other than a Government hospital or institution in which two or more patients are maintained at the same time (Private Hospital Act 1971).

Documents required if the applicant is not the patient.

FAMILY MEMBERS:-	DOCUMENTS REQUIRED FOR PROOF OF RELATIONSHIP:-
1. Your spouse	<ul style="list-style-type: none"> ○ Marriage certificate; OR ○ Child Birth certificate; OR ○ Adoption papers from National Registration Department; OR ○ Other relevant documents
2. Your Children (biological, adopted, step)	
3. Your parents (biological, adopted, step, in-laws)	
4. Your siblings (biological)	

Table 5.8.4.1: Documents required for proof of relationship

2.2 Fast-Track Withdrawal Application

- Members who have the following proof of withdrawal from Employee Provident Fund (EPF) are eligible for fast-track withdrawal (**no requirement to submit medical report form**):

PRS Withdrawal for	Required Documents
Healthcare withdrawal (Claim for own self)	<ol style="list-style-type: none"> 1) Withdrawal Form for Healthcare PPA003D; and 2) Certified true copy of EPF's Account Statement (reflecting successful Health Withdrawal from member's EPF Account); and 3) Certified true copy of submission to EPF for EPF's Health Withdrawal consisting of : <ul style="list-style-type: none"> • EPF 9D (AHL) Withdrawal Form; • EPF's medical report (must be under member's name); and 4) A copy of member's bank passbook/savings account statement/current account statement/verification letter of account holder's details from Bank/Account holder's details.
Healthcare withdrawal (Claim for family members)	<ol style="list-style-type: none"> 1) Withdrawal Form for Healthcare (PPA003D); and 2) Copy of Member's Identification Card (MyKad/Police Identification Card/Military Identification Card/ Permanent Resident Identification Card (MyPR)/ Passport);and 3) Copy of Patient's (Family Member's) Identification Card (MyKad/Police Identification Card/Military Identification Card/ Permanent Resident Identification Card (MyPR)/ Passport); and 4) Certified true copy of EPF Account Statement (reflecting successful Health Withdrawal from member's EPF Account); and 5) Certified true copy of submission to EPF for EPF's Health Withdrawal consisting of : <ul style="list-style-type: none"> - Certified true copy of EPF 9D (AHL) Withdrawal Form; - Certified true copy of EPF's medical report (must be under patient's name); and 6) A copy of member's bank passbook/savings account statement/current account statement/verification letter of account holder's details from Bank/Account holder's details

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- Please ensure all supporting documents submitted are certified true copies and verified by medical institution or a Commissioner of Oaths, complete with the name, address and official stamp of the Commissioner of Oaths.

3.0 FURTHER EXPLANATION

- The following are the list of Illness from EPF's Health Withdrawal which applies for PRS fast-track withdrawal for Health Care (the following list may differ subject to EPF's list as set out in their health withdrawal form):

<p>CANCER</p> <ul style="list-style-type: none"> Cancer <p>CARDIOVASCULAR SYSTEM</p> <ul style="list-style-type: none"> Arrhythmia Requiring Device Insertion (Pacemaker/Defibrillator) Cardiomyopathy/ Heart Failure Congenital Heart Disease Constictive Pericarditis Coronary Artery Disease/ Ischaemic Heart Disease Heart Attack/ Myocardial Infraction Heart Block Requiring Surgical Intervention/ Pacemaker/Battery Implant Heart Valve Replacement/ Valvular Heart Disease Requiring Replacement Peripheral Vascular Disease Surgery to Aoarta/ Disease of the Aorta Requiring Surgery 	<p>NERVOUS SYSTEM</p> <ul style="list-style-type: none"> Alzheimer's Disease Appalic Syndrome Benign Tumor Of Brain Cerebral Palsy Coma Encephalitis Loss Of Speech Major Head Trauma Meningitis Motor Neurone Disease Multiple Sclerosis Muscular Dystrophy Paralysis Parkinson's Disease Poliomyelitis Stroke Total Permanent Disability
<p>ENDOCRINE/ MEDICAL</p> <ul style="list-style-type: none"> Epilepsy & Movement Disorders Requiring Deep Brain Stimulation Or Surgery Guillain Barre Syndrome Requiring Immunoglobulin Treatment Morbid Obesity Or Obesity With Multiple Medical Complications And Life Threatening Requiring Bariatric Surgery Pituitary Tumours Sepsis With One Or More Major Organ Failure Type 1 Diabetes With Criteria For Insulin Pump Therapy <p>GASTROENTEROLOGY/ HEPATOLOGY</p> <ul style="list-style-type: none"> Chronic Inflammatory Bowel Disease Chronic Liver Disease Fulminant Viral Hepatitis Pulmonary Hypertension <p>GENITOURINARY SYSTEM</p> <ul style="list-style-type: none"> Congenital Urinary Abnormalities Requiring Urgent And Major Surgical Intervention Chronic Kidney Disease/ Failure Medullary Cystic Disease Renal Calculi Requiring Surgical Intervention <p>HEMATOLOGY</p> <ul style="list-style-type: none"> Aplastic Anaemia Haemophilia (Moderate To Severe – Factor Activity <5%) Hematological Malignancies- Leukemia, Multiple Myeloma (acute Or Chronic Leukemia Diagnosed By Physician Hematopoetic Stem Cell Transplantation 	<p>OPHTHALMOLOGY</p> <ul style="list-style-type: none"> Advanced Diabetic Eye Disease- Diagnose By Specialist Age Related Macular Degeneration (Armd)/ Polypoidal Choroidal Vasculopathy (PCV) Blindness Cataract Requiring Surgery (Intraocular Lens-IOL) Corneal Disorders Requiring Corneal Surgery (Corneal Transplant)- Diagnose By Specialist Enophthalmic Socket- Diagnose By Specialist Glaucoma Requiring Surgery With Glaucoma Implant Retinal Vascular Disease- Diagnose By Specialist <p>ORTHOPEDIC</p> <ul style="list-style-type: none"> Gangrene/ Necrotizing Fasciitis Requiring Amputation Knee Injury Requiring Surgery/ Implant/ Graft Osteoarthritis Requiring Surgery/ Implant Prolapse Intervertebral Disc With Significant Neurological Deficit Requiring Surgery Shoulder Injury With Instability/ Function Compromised Requiring Surgery/ Implant/ Graft Spinal Stenosis With Significant Neurological Symptoms/ Deficit Requiring Surgery Unstable Spine Fractures/ Trauma Requiring Surgery and Implant/ Rehab Equipment <p>RESPIRATORY SYSTEM</p> <ul style="list-style-type: none"> Bronchiectasis Chronic Lung Disease Lung Fibrosis Obstructive Sleep Apnoea Secondary Pulmonary Hypertension Severe Chronic Obstructive Pulmonary Disease (COPD)/ Emphysema

<ul style="list-style-type: none"> • Idiopathic Thrombocytopenic Purpura (ITP) – Thrombocytopenia Refractory To Convention Steroid Treatment (1st Line Treatment) • Lymphoma • Myeloproliferative Disorders Requiring Blood Transfusion And/ Or Chelating Agents • Thalassaemia Major Requiring Chelating Agent <p>ILLNESS OF CHILD UNDER 16 YEARS OLD</p> <ul style="list-style-type: none"> • Congenital Disease Requiring Medical Or Surgical Intervention • Intellectual Impairment Due To Accident Or Sickness • Leukaemia • Severe Asthma <p>MENTAL ILLNESS</p> <ul style="list-style-type: none"> • Bipolar Mood • Major Depression • Schizophrenia <p>MUSCULOSKELETAL SYSTEM</p> <ul style="list-style-type: none"> • Systemic Lupus Erythematosus (SLE) With Major Organ Involvement • Systemic Sclerosis/ Scleroderma With Functional Impairment And/ Or Major Organ Involvement 	<p>RHEUMATOLOGY</p> <ul style="list-style-type: none"> • Ankylosing Spondyloarthritis Active Disease With Functional Impairment And/ Or Disability • Chronic Tophaceous Gout With Functional Impairment And/ Or Disability • Psoriatic Arthritis Active Disease With Functional Impairment And/ Or Disability • Rheumatoid Arthritis/ Arthritis Of Any Joint With Deformities Requiring Surgery/ Orthosis <p>OTHER DISEASES</p> <ul style="list-style-type: none"> • AIDS (Accompanied with AIDS defining disease)/ HIV (Second Line Treatment) • Deafness • Loss Of Independent Existence • Major Burns • Major Organ Transplant • Terminal Illness
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