

GUIDE TO COMPLETING PRS WITHDRAWAL FORM FOR PERMANENT TOTAL DISABLEMENT (PTD)/ SERIOUS DISEASE (SD)/MENTAL DISABILITY (MD)



APPLICANT IS ADVISED TO READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE PTD/SD/MD WITHDRAWAL FORM

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 Withdrawal Form, medical report form and any other supporting documents (if required).
- The Withdrawal Form, medical report form and other supporting documents (if required) is to be submitted to any one (1) PRS Provider the PRS Member (“member”) has an account with.
- Member/applicant is required to indicate method of withdrawal:
 - 1) Normal withdrawal application**
 - Must submit original Medical Report for PTD/SD/MD as attached from Government/Private Hospital.
 - 2) Fast-track withdrawal application**
 - Have proof of withdrawal from Employee Provident Fund (EPF) or Social Security Organisation (SOCSO) as stated in section 3.0 of this Guide;
 - No requirement to submit original Medical Report as attached from Government/Private Hospital; and
 - A member is only allowed to make one (1) fast-track withdrawal using their EPF/SOCSO supporting documents during their lifetime. Subsequent withdrawal applications cannot be based on the previous PTD claim.
- In the event the member is unable to sign the Withdrawal Form due to their health condition, the following applies:

| Execution of the Withdrawal Form | Details |
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| For PTD withdrawal only: 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 Consultants, the treating doctor 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. |
| For PTD/SD/MD withdrawal: Applicable where a member is unable to sign the form due to inability to manage their personal or financial affairs and requires 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) <u>For withdrawal due to PTD/SD/MD</u>: persons appointed by court of competent jurisdiction to manage affairs of the member; or</p> <p>(b) <u>For withdrawal due to PTD/SD/MD</u>: 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:

| No. | Documents |
|------------|---|
| 1 | PRS Withdrawal Form for PTD/SD/MD. |
| 2 | Original Medical Report from Government/Private Hospital* <ul style="list-style-type: none"> ○ With accordance to the format as attached; ○ To be prepared by a treating doctor the member has attended for their medical condition; and ○ Does not exceed 1 year from the date the Withdrawal Form is received by a PRS Provider. |

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| 3 | <p>a. <u>Where persons are appointed by a court in Malaysia</u>, a certified true copy of the relevant court order is required to be attached evidencing proof that such persons are responsible for managing the personal and financial affairs of the member and that PRS is part of the scope of assets covered.</p> <p>b. <u>Where persons are appointed via power of attorney</u>, a certified true copy of the power of attorney duly registered and endorsed by the High Court of Malaya is required to be attached evidencing proof of appointment of such persons and that the scope of powers given to the person includes PRS as part of the scope of assets covered.</p> |
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* 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).

2.2 Fast-Track Withdrawal Application

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

| PRS Withdrawal for | Additional documents required for fast-track withdrawal |
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| PTD | <p>Certified true copy of result from SOCSO's 'Jemaah Doktor' confirming member has PTD (Hilang Upaya Kekal) ; OR</p> <p>(i) Certified true copy of submission to EPF for EPF's Incapacitation Withdrawal consisting of:</p> <ul style="list-style-type: none"> ○ Certified true copy of EPF 9L (AHL) Withdrawal Form ○ Certified true copy of EPF's medical report (with doctor stating that member is physically incapacitated) <p>(ii) Certified true copy of EPF Account Statement (reflecting successful Incapacitation Withdrawal from member's EPF Account); OR</p> <p>Certified true copy of Insurance Claims Approval letter from a local Insurance company (reflecting successful PTD claim)</p> |
| SD | <p>(i) Certified true copy of submission to EPF for EPF's Health Withdrawal consisting of:</p> <ul style="list-style-type: none"> ○ Certified true copy of EPF 9D (AHL) Withdrawal Form; and ○ Certified true copy of EPF's medical report (must be under member's name. Please refer to Section 4.0 for list of Critical Illness under EPF's Health Withdrawal which applies for this type of fast-track withdrawal) <p>(ii) Certified true Copy of EPF Account Statement (reflecting successful Health Withdrawal from member's EPF Account).</p> |
| MD | <p>(i) Certified true copy of submission to EPF for EPF's Health Withdrawal consisting of:</p> <ul style="list-style-type: none"> ○ Certified true copy of EPF 9D (AHL) Withdrawal Form; and ○ Certified true copy of EPF's medical report (must be under member's name. Please refer to Section 4.0 for list of Critical Illness under EPF's Health Withdrawal which applies for this type of fast-track withdrawal). <p>(ii) Certified true Copy of EPF Account Statement (reflecting successful Health Withdrawal from member's EPF Account) (type of critical illness confirmed by the doctor must be under EPF's 'Mental Illness' category).</p> |

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

3.0 FURTHER EXPLANATION

- Definition of PTD/SD/MD can be referred to <PRS Guidelines>
 “permanent total disablement” has the same meaning assigned to it in the Employees’ Social Security Act 1969 [Act 4] which means such disablement of a permanent nature, as disables an employee for all work which he was capable of performing at the time of the accident resulting in such disablement: Provided that permanent total disablement shall be deemed to result from every injury specified in Part I of the Second Schedule or from any combination of injuries specified in Part II of it where the aggregate percentage of the loss of earning capacity, as specified in the said Part II against those injuries, amounts to one hundred percent or more;
 “serious disease” has the same meaning assigned to it in the Income Tax Act 1967 which means acquired immunity deficiency syndrome, Parkinson’s disease, cancer, renal failure, leukaemia or other similar diseases; and
 “mental disability” means Bipolar disorder, Major Depression and Schizophrenia.
- Explanations on the list of Serious Disease from Inland Revenue Board of Malaysia’s “Garis panduan Berkenaan Dengan Jenis Penyakit Serius Bagi Maksud Perenggan 46(1)(g) Akta Cukai Pendapatan 1967 (ACP 1967)” are as follows:

| Type of Serious Disease | Explanation |
|--------------------------------|---|
| Cancer | Illness caused by growth and spreading of cells which are very dangerous and attack of tissues proved with clear histology. This illness includes leukaemia, lymphoma and Hodgkin disease but does not include growth which are not dangerous and all type of skin cancer except malignant melanoma. |
| Heart attack | A situation which arises due to death of some part of the heart’s muscle caused by lack of blood supply to the heart which is relevant to signs such as chest pain, change in ECG and elevated level of heart enzyme. Heart attack can also cause the following: <ul style="list-style-type: none"> Replacement or Repair of Heart Valve Procedure where open heart surgery is done to replace or repair heart valve that has been damaged. Heart Artery Surgery /Coronary Angioplasty Procedure involving coronary artery bypass surgery made to correct the heart’s artery which has been clogged including angioplasty. Aorta Surgery Procedure involving part of aorta which is injured to be operated and replaced with graft. Involved aorta would be thoracic and abdominal aorta. |
| Pulmonary Hypertension | - |
| Chronic Kidney Disease | Illness in which both kidney fails to recover and unable to function and requires renal dialysis and renal transfer. |
| Chronic Liver Disease | Signs of illness are attacked by jaundice, ascites and/or hepatic encephalopathy. |
| Fulminant Viral Hepatitis | Full or part heart necrosis caused by hepatitis virus resulting in heart failure after heart function test is done which also shows massive parenchymal liver disease as well as signs of portosystemic encephalopathy. |
| Head Injury caused by accident | Head Injury caused by accident (including caused by attack) resulting in severe Head trauma with neurological deficit which could also cause death when first admitted in the emergency ward, or although safe, patient experience head injury which is permanent or paralysed. Confirmation by nerve specialist or specialist nerve surgeon must be obtained. |

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| Tumour And Brain Blood Vessels Defect | Confirmation by nerve specialist or specialist nerve surgeon must be obtained. |
| Blister and Burn due to Fire | Third degree burns which covers 40% of body part which can cause death when first time admitted into hospital or cause functionality defect or cosmetic defect which requires rehabilitative surgery. |
| Major Organ Transplant | Organ transplant such as kidney, heart, lungs, pancreas and bone marrow. |
| Parkinson Disease | - |
| HIV and Aids | - |
| Leg and/or hand transplant | This is not disease in real terms. However, injury and imperfection caused by disease or accident can cause any one of the upper hand part including legs and hip joint to be amputated. Minor amputation of toes or hands is not qualified for PRS withdrawal under this category/ PRS withdrawal for Serious Disease. |
| Chronic Skin Disease | Psoriasis, Phempigus, Steven-Johnson Syndrome. |
| Endocrine Disease | Diabetes Mellitus With Complications. |
| Rheumatology | Rheumathoid Arthritis, Systemic Lupus Erythemathousus (SLE), Scleroderm Mixed Connective Tissue Disorder, Ankylosing Spondylitis, Chronic Topacus Gout. |
| Major Tallasemia | - |

- The following are the list of Critical Illness (CI) from EPF's Health Withdrawal which applies for PRS fast-track withdrawal for Serious Disease (the following list may differ subject to EPF's list of CI published on their website):

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| 1) Cancer | 11) Leukaemia |
| 2) Coronary Artery Disease | 12) Systemic Lupus Erythematosus (SLE) With Lupus Nephritis |
| 3) Heart Attack / Myocardial Infarction | 13) Systemic Sclerosis With Pulmonary Hypertension |
| 4) Heart Valve Replacement / Valvular Heart Disease Requiring Replacement | 14) Secondary Pulmonary Hypertension |
| 5) Chronic Liver Disease | 15) Benign Tumor Of Brain |
| 6) Fulminant Viral Hepatitis | 16) Major Head Trauma |
| 7) Primary Pulmonary | 17) Paralysis |
| 8) Kidney Failure | 18) Parkinson's Disease |
| 9) Lymphoma | 19) Major Burns |
| 10) Thalassemia Major Requiring Chelating Agent | 20) Major Organ Transplant |
| | 21) AIDS (Accompanied with AIDS defining disease) / HIV (Second Line Treatment) |