

PROPOSAL FORM FOREIGN WORKER MEDICAL INSURANCE

Intermediary Code :
Intermediary Name :

IMPORTANT

Statement pursuant to Section 25(5) of the Insurance Act, Cap 142, you are to disclose in this Proposal Form fully and faithfully all facts which you know or ought to know, otherwise you may receive nothing from the policy.

Completing the Proposal Form

- 'GEG' shall mean 'Great Eastern General Insurance Limited'
- Please answer all questions.
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.

1. PROPOSER'S PARTICULARS

Company Name:	<input type="text"/>		
Company Address:	<input type="text"/>		
Company Registration No.	<input type="text"/>	Year of Incorporation:	<input type="text"/>
Nature of Business:	<input type="text"/>		
Company Website:	<input type="text"/>		
Name of Contact Person:	<input type="text"/>		
Contact Number:	<input type="text"/>	Email:	<input type="text"/>

2. DETAILS OF INSURANCE

Period of Insurance: From: To: (both dates inclusive)

Plan Type (please tick): Plan 15 Plan 30

Total No. of Employees:

Annual Premium Per Employee: (before GST) S\$ Total Premium: (before GST) S\$

3. DETAILS OF INSURED EMPLOYEES

S/N	Name of Employee	Date of Birth	Gender	Passport No. / Work Permit No.	Occupation
1					
2					
3					
4					
5					

4. CLAIMS EXPERIENCE FOR THE PAST 3 YEARS

Period of Coverage (DD/MM/YYYY)		Paid Claims		Outstanding Claims	
From	To	No. of Claims	Amount (S\$)	No. of Claims	Amount (S\$)

The Insurer reserves the rights to request for more information.

5. PRIOR INSURANCE

- (a) Has the Applicant taken up a similar policy previously? Yes No
- (b) Has any Insurer in respect of such insurance
- i) Decline your proposal? Yes No
- ii) Cancelled or refused to renew your policy? Yes No
- iii) Required an increase premium on renewal? Yes No

If the answer is 'Yes' to any of the above questions, please provide details:

6. DECLARATION AND SIGNATURE

We declare that all the Insured Employees as declared above all in good health and free from any physical defects or infirmity.

The undersigned authorized officer(s) of the Applicant further declare that to the best of their knowledge and belief the statements set forth herein and all attachments are true and complete and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of any insurance. Although the signing of the Proposal Form does not bind the undersigned on behalf of the Applicant to effect insurance, the undersigned agree that this proposal form and all attachments herein shall be the basis of and will be incorporated in the Policy should one be issued.

Policy Application, Service and Administration

The Policyholder hereby confirms and represents to the Company, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents ("Representatives") that each Insured Person has agreed and consented to the disclosure of his personal data to the Companies and their Representatives, and further, that for the Companies and their Representatives' collection, use and/or disclosure of the personal data of the Insured Members, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonable required by the Companies to provide the insurance coverage under this Policy. In respect of the Insured Persons who are subsequently enrolled into this Policy, the Policyholder further undertakes that it shall ensure and procure that each of such Insured Persons has provided such agreement and consent in relation to his/her personal data for such purposes.

These purposes are set out in the Company's Privacy Statement, which is accessible at <https://www.greasternlife.com/sg/en/privacy-and-security-policy.html> and which the Policyholder hereby confirms that both the Policyholder and the Insured Persons have read and understood.

Signature _____ Company Stamp _____

Name / Title _____ Date _____

PRODUCT SUMMARY - FOREIGN WORKER MEDICAL INSURANCE

(Revised – For policies issued on/after 6-Nov-2017)

Coverage

We will reimburse the eligible expenses incurred by an Insured Person in connection with his/her hospital confinement or surgery which results directly from an Illness or Bodily Injury. Coverage is for 24 hours a day and confined to treatment in Singapore only.

Schedule of Benefits		Plan 15	Plan 30
1	Daily Hospital Room and Board (Class B1 ward in Singapore Government Hospital or Re-Structured Hospital)	Up to S\$15,000 Any One Disability*	Up to S\$30,000 Any One Disability*
2	Intensive Care Unit		
3	Hospital Miscellaneous Services		
4	Surgery		
5	In-Hospital Doctor's Visits		
6	Pre-Hospitalisation Diagnostic X-Ray & Lab Test (90 days prior to hospitalisation)		
7	Pre-Hospitalisation Diagnostic Specialist Consultation (90 days prior to hospitalisation)		
8	Post-Hospitalisation / Surgery Treatment (within 90 days following discharge from Hospital)		
9	Funeral Benefits	S\$3,000	S\$3,000
10	Personal Accident (death due to non-work related only)	S\$10,000	S\$10,000

* "Any One Disability" shall mean all disabilities resulting from an Illness or Bodily Injury arising from the same cause including any and all complications therefrom. Subsequent recurrence or relapse from the same cause shall be treated as a new disability if it is separated by thirty (30) calendar days following the latest discharge from the Hospital of the Insured Person

Description of Benefits

Daily Hospital Room and Board

Hospital charges for Hospital room and board, meals and general nursing care when the Insured Person is confined as an inpatient in a Hospital if certified as essential by a Registered Medical Practitioner.

Intensive Care Unit

Room and board charges incurred when the Insured Person is confined as an inpatient in the intensive care unit of a hospital if certified as essential by a Registered Medical Practitioner.

Hospital Miscellaneous Services

Hospital charges incurred while the Insured Person is confined in the Hospital which includes supplies and services customarily supplied, drugs or medicines prescribed, dressings, ordinary splints and plaster casts, X-ray examinations, electrocardiograms, basal metabolism tests, laboratory tests, intravenous infusions, blood transfusions, gastroscopy, head/brain scan and ultrasound deemed medically necessary, anaesthesia and oxygen administration, use of operating theatre necessary for surgery and ambulance charges.

Surgery

Surgical fees for any surgical operation performed on the Insured Person in a Hospital or legally licensed clinic.

In-Hospital Doctor's visits

Charges incurred for consultation by the attending Registered Medical Practitioner during the Insured Person's confinement in the Hospital, limited to one visit per day.

Pre-Hospitalisation Diagnostic X-ray and Laboratory Tests

Charges for diagnostic X-rays and laboratory examinations or tests recommended by a Registered Medical Practitioner for a disability resulting from an Illness or Bodily Injury of the Insured Person within ninety (90) days prior to the Insured Person's confinement in the Hospital. No benefit is payable if the diagnostic X-ray and laboratory examinations or tests do not lead to hospitalisation or surgical treatment within the Policy Period.

Pre-Hospitalisation Specialist Consultation

Charges by a Specialist (recommended by a Registered Medical Practitioner) for his opinion and advice for a disability resulting from an Illness or Bodily Injury of the Insured Person within ninety (90) days prior to the Insured Person's confinement in the Hospital. No benefit is payable if the Specialist's consultation does not lead to a hospitalisation or surgical treatment within the Policy Period.

Post Hospitalisation / Surgery Treatment

Charges incurred for follow-up treatment after the discharge from the Hospital or after day-surgery done in a Hospital or legally licensed clinic including charges for Specialist consultation, diagnostic X-ray and laboratory tests (provided such treatments are recommended by the attending Registered Medical Practitioner) up to ninety (90) days immediately following the discharge from Hospital or legally licensed clinic.

Funeral Benefit

Pay funeral expenses to the Insured Person's legal representative upon the death of the Insured Person.

Personal Accident (death due to non-work related only)

Pay the Insured Person's legal representative if the Insured Person sustains Bodily Injury as a result of an Accident not related to work during the Policy Period and within 3 calendar months of the Accident results in death.

Key Product Provisions

The following are brief summary of some of the key provisions in the policy contract of this insurance. You are advised to refer to the actual terms and conditions in the policy contract. Please consult your insurance advisor should you require further explanation.

- 1. Eligibility & Age Limit**
Any Foreign Workers on Work Permit or S Pass Holders below the age of 65 years old. Renewable up to 70 years old.
- 2. Duration of Cover**
One Year
- 3. Policy Renewal**
This Policy is renewable at our option and at the premium rates determined at that time by us.
- 4. Policy Administration**
If the group size is 5 and below:
 - a) The Policy shall be administered on a "named" basis. New employees will be covered only upon written declaration and acceptance by the Company
 - b) Written notice must be given to the company for any deletion of Insured Person(s). A pro-rata premium will be charged for the Period the Policy was in force, subject to a minimum premium of S\$25
 - c) No refund will be payable in an event of claim by the terminated employee
 If the group size is more than 5:
 - a) This Policy shall be administered on a "headcount (unnamed)" basis
 - b) The Insured shall furnish the Company with a list of all Insured Persons at inception and expiry
 - c) New employees will be automatically included from date of employment
 - d) Headcount adjustment will be based on average, calculated at the end of each Policy Period and refund premium shall not exceed 25% of the provisional premium
- 5. Limitation**
 - a) When an Insured Person is entitled to benefits payable under the Work Injury Compensation Act or similar legislation, other group or individual insurance, the benefits payable under this Policy shall be limited to the balance of charges not covered by benefits payable under the Act or similar legislation, and other insurances or that calculated from the Schedule of Benefits, whichever is lesser.
 - b) Each hospital confinement must be for a minimum of 6 consecutive hours before any benefits are payable. No minimum period of hospital confinement is required if the confinement is due to a surgical operation or if the Hospital makes a charge for Room & Board.
- 6. Termination of Cover**
The policy may be terminated by either the Company or the Insured by giving 30 days' notice in writing.
- 7. Major Exclusions**
The following is a list of some of the exclusions for this Policy:
 - a) Psychiatric or nervous or mental disorder
 - b) Sexually-transmitted diseases, AIDS or venereal disease or other communicable disease requiring isolation or quarantine by law
 - c) Alcoholism or drug addiction
 - d) Hazardous sports including underwater activity, aerial activity or motor sports
 - e) Suicide, self-inflicted injuries or any attempted thereat while sane or insane
 - f) Injuries or sickness from war, strikes, riots, civil commotions or terrorism
 - g) Routine medical examination, pregnancy, abortion, congenital anomalies and cosmetic surgeries
 - h) Services and supplies not legally recommended or performed by a qualified Physician
- 8. Pro-Ration Factor Table**
If the Insured Person is admitted into a Private Hospital or a ward better than class B1 in a Singapore Government or Re-structured Hospital, the Hospital and Surgical Expenses payable under the Policy will be paid as follows, up to the limit stated in the Schedule of Benefits:

Ward Type	Amount Claimable
Private Hospital	50% of total expenses
Class A ward in Singapore Government or Re-structured Hospital	80% of total expenses

Premium Rates

The premium rates are subject to various underwriting factors including nature of business, no. of insured persons, claims experience, etc. Please refer to the Company for quotation.

	Plan 15	Plan 30
Annual Premium Per Person (before GST)	As arranged	As arranged

Important Notes

1. This is a product summary which provides a brief description of the policy and is not a contract of insurance. Please refer to the policy document for the precise terms and conditions of the insurance plan.
2. Switching of medical policies may result in having to pay a different premium amount and different policy terms and conditions.
3. Free-Look Period is not applicable.
4. You are advised to read "Your Guide to Health Insurance" at http://www.gia.org.sg/pdfs/Health/GuideToHealth_English.pdf
5. This plan is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the General Insurance Association (GIA) or SDIC websites (www.gia.org.sg or www.sdic.org.sg).