EQ Insurance







MEDICAL BENEFITS FOR LOCAL EMPLOYEES AND EMPLOYMENT PASS HOLDERS

A medical insurance plan that is simple and yet affordable

EQ HealthSAVER helps you cover your local employees and Employment Pass holder's hospitalisation expenses in the event of an illness or injury.

What's more important, it involves no major costs for your organization, but goes a long way in letting them know that you care for them and their family should anything unfortunate occur.

Coverage for Your Employees

| Benefits | | Per Illness / Accidental injury | |
|----------|--|------------------------------------|--|
| 1. | Room & Board (6 Bedded in Government/ Restructured Hospital) | | |
| 2. | Intensive Care Unit | | |
| 3. | Inpatient Treatment - Hospital Miscellaneous Expenses - Surgeon's Fee - In-Hospital Physician's Visit As charged up to \$\$15,000 per disability | | |
| 4. | Pre-Hospitalisation Treatment | | |
| 5. | Post-Hospitalisation Treatment | | |
| 6. | Emergency Accidental Outpatient Treatment (per year) | | |
| 7. | Accidental Miscarriage Benefit | S\$1,000 | |
| 8. | Outpatient Kidney Dialysis & Cancer Treatment (per year) S\$5,000 | | |
| 9. | Special Grant | S\$3,000 | |

Annual Premium Per Employee (Inclusive of GST)

| Local Employee | S\$107.00 |
|------------------------|-----------|
| Employment Pass Holder | S\$160.50 |

Subject to minimum group size of 3 employees.

Territorial Limit

24 hours, worldwide coverage.

Period of Insurance

Period of insurance is for 12 months and renewal is at EQ Insurance's discretion.

Decline Risks

Industrial workers using heavy machinery; woodworking related occupation; any occupation involving aviation activities; armed services personnel, police force personnel and fire fighters; construction or unskilled workers; ship crew or workers on board vessels, stevedores, shipbreakers; occupations involving diving, platforms, oil and gas rig and/or offshore work; occupation involving heights, underground, heat and handling of hazardous chemical or electricity; professional sports team; professional divers and jockeys; welders and the like.

Our Underwriting Guides

| | Under writing Guides | |
|----|--|--|
| A. | Eligibility All full-time, permanent and actively at work employees of the Policyholder, who is aged 60 years and below and are Singaporeans, Singapore PRs and Employment Pass holders. | |
| Β. | Key Policy Exclusions (please refer to policy contract for full lists and details of exclusions) All pre-existing conditions are excluded for the first 12 months of coverage, except for outpatient kidney dialysis and cancer treatment benefits, for which pre-existing conditions will be permanently excluded. Pregnancy, childbirth, or abortion Cosmetic or plastic surgery unless it is necessary for the repair of damage in view of an accident. Emotional, stress, psychiatric or psychological disorder. | |
| C. | Application Documents Application Form Insured Employee's Enrolment List Personal Health Declaration (if required by EQ Insurance) Detailed Claims Statistic (if required by EQ Insurance) | |
| D. | Policy Administration On Named Basis Addition/deletion of any employee must be advised in writing within 1 month and premium will be charged/refunded based on pro-rated basis: Note: No refund of premium will be granted if there is a claim submitted by the terminated employee. | |
| E. | Pro-Ration FactorIn the event the Insured Employee is admitted into aPrivate Hospital or a higher class of ward in the SingaporeGovt/ Restructure Hospital, the hospital medical expensespayable under the Policy will be paid as follows, subjectto the limit stated in the Schedule of Benefits:-Private Hospital- Pays 20% of Claimable AmountA1 Class- Pays 25% of Claimable AmountA2 Class- Pays 30% of Claimable AmountB1 Class- Pays 40% of Claimable Amount | |

Call us today:

Policy Owner's Protection Scheme This policy is protected under the Policy Owners' Protection 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 the Company or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Important Note: This brochure is for general information only and is not a contract of insurance. The precise terms, conditions and exclusions of this insurance product are specified in the policy contract.

EQ Insurance

APPLICATION FORM - EQ HealthSAVER (for local employees and employment pass holders)

IMPORTANT NOTICE TO THE PROPOSER - Under Section 25(5) of the Insurance Act (Cap. 142), or any subsequent amendments thereof, you must disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know in respect of the risk proposed; otherwise the policy issued hereunder may be void.

| Agent / Broker | Code | Period of Insurance | | | | |
|-------------------------|---------|---------------------|---------------|---|--|--|
| | | From | То | | | |
| PARTICULARS OF PROPOSER | | | | | | |
| Company Name | | Company Reg. No. | | | | |
| | | | | | | |
| Address | Address | | | | | |
| | | | Postal Code (|) | | |
| Contact No. | | | Email | | | |
| (Office) | (Fax) | | | | | |
| Nature of Business | | | | | | |
| | | | | | | |

EMPLOYEE'S DETAILS Full Name (as in NRIC) NRIC No. Gender Date of Birth Occupation Image: Image

PREMIUM PAYMENT

I would like to pay my premium by:

□ Cash □ Cheque payable to "EQ Insurance Company Limited" (Bank & Cheque No.:_

PERSONAL DATA COLLECTION STATEMENT

To evaluate, process and administer this application or transaction, it is necessarily for us to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes information collected in this form, or in any document provided, or to be provided to us by you or from other sources.

A. Purpose of Collection

The personal data belonging to you and your insured/s may be collected, used and disclosed for the purposes of:

- a. carrying out identity checks
- b. carrying out No-claim discount (NCD) and claims verification from third-parties;
- c. communicating on purposes relating to an application or policy;
- d. deciding whether to insure or continue to insure you and your insured persons;
- e. providing advice for product recommendation based on your profile;
- f. providing ongoing services and respond to your inquiries or instructions;
- g. making or to settle payments;
- h. investigating and to settle claims efficiently;
- i. recovering any debt owed to us;
- j. detecting and preventing fraud, unlawful or improper activities;
- k. conducting market research and statistical analysis;
- I. coaching employees for customer service quality assurance;
- m. reinsuring risks for reinsurance administration; and
- n. complying with all applicable laws, including reporting to regulatory and industry entities.

EQ Insurance

B. Disclosure of Data

The personal data belonging to you and your insured/s may be disclosed for the purposes set out in Section A above to the parties below:

a. Third party service vendors, suppliers, agents, reinsurers, or intermediaries;

- b. Medical Professionals and Institutions;
- c. Local or overseas service third party vendors that provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- d. Debt collection agencies;
- e. Dispute resolution parties;
- f. Parties that assist us to investigate, administer and adjudicate claims;
- g. Financial institutions;
- h. Credit reference agencies;
- i. Industry associations; and
- j. To any regulatory, government and statutory body to comply with applicable, laws or regulation or upon their valid request.

C. Personal Data Access and Amendments

You can request access to your personal data collected by us, and to make any corrections to your personal data so as to keep it updated. We may charge you a reasonable fee for providing you with the service.

D. Marketing Option

Please indicate if you wish to receive marketing or promotional materials on our products or services via the following modes of communication. ;

□ Telephone call

🗌 Mail

I 🗌 Email

If you do not indicate your option here, we will follow any existing option you may have indicated previously.

E. Withdrawal Option of the collection and use of your personal data

Text Message

You may make your request to withdraw your consent, access or correct your personal data by writing to: The Data Protection Officer, EQ Insurance, 5 Maxwell Road, #17-00 Tower Block, MND Complex, Singapore 069110. Alternatively, you can email to dpo@eqinsurance.com.sg.

Neither EQ Insurance nor any of its employees shall be liable for any loss or damage suffered by you or any user as a result of any disclosure of any personal data which you have consented to us and/or any of its employees disclosing.

Altering on this "Personal data collection statement" is strictly prohibited. Any attempt to do so will be of no effect.

PROPOSER'S DECLARATION

- 1. We have declared to the best of our knowledge and belief that all the answers given in this Proposal are true and correct and we have not withheld any information likely to affect acceptance of this Proposal.
- 2. We agree that this Proposal shall be the basis of the Contract between us and the Company and we further agree to accept the Company's policy subject to the terms exclusions and conditions expressed therein, endorsed thereon or attached thereto.
- 3. We agree that if a material fact, likely to influence the assessment and acceptance of this application, is not disclosed, the Policy, if issued, may be null and void and no benefit may be paid.
- 4. We have been given a copy of the Product Information, the contents of which have been explained to us to our satisfaction.

| | Name: | | | |
|---|--------------|--|--|--|
| | Designation: | | | |
| | NRIC No.: | | | |
| Signature of Authorised Officer & Company Stamp | Date: | | | |
| FOR OFFICIAL USE | | | | |
| Accepted by | Date | | | |
| | | | | |

EQ Insurance Company Limited, 5 Maxwell Road, #17-00 Tower Block, MND Complex, Singapore 069110 • Tel: 6223 9433 • Fax: 6224 3903 • Email: marketing@eqinsurance.com.sg • Website: www.eqinsurance.com.sg (Co. Reg. 1978-00490-N)