

HEALTHCARE INTERNATIONAL PLUS

Note: If the client is seeing an insurance advisor, please complete Sections 1 and/or 2 before proceeding with the Application Form (found on page 3).

Confidential Fact Find for	By Your Insurance Advisor
Client's Name:	Advisor Name:

Section 1: "Know Your Client" Form
Important Notice to Clients
For Agents

Your insurance advisor is a representative with MSIG Insurance (Singapore) Pte. Ltd. and can advise you on the products of:

- 1) MSIG Insurance (Singapore) Pte. Ltd.
- 2) _____
- 3) _____

For Insurance Brokers/Financial Advisers

Your insurance advisor is a broker with

As an insurance broker, your advisor is able to source for and objectively recommend the products of various insurance companies to best meet your insurance needs. Your advisor is required to disclose to you the insurance companies from which he/she sources the products.

Standard Statement Applicable to all Advisors

Your advisor must have sufficient information before making a suitable recommendation. The information that you provide on your financial situation and your particular needs will be the basis on which advice will be given.

A policy purchased without the proper completion of a "Know Your Client Form" form may not be appropriate to your needs.

Application Type

Client's Choice is: (Please tick in the appropriate box)

1. I/We wish to disclose all information required for in this Form. (Please complete Sections 1 & 2 and sign both sections at the place indicated with an 'X')
2. I/We wish to receive product advice only. (Please complete Sections 1 & 2, except for Section 2, Part 1(a)&(b), and sign both sections at the place indicated with an 'X')
3. I/We do not wish to receive any advice from my/our advisor. (Please complete Section 1 and sign at the place indicated with an 'X')

I/We acknowledge that the insurance advisor has provided me/us with a copy of the completed "Know Your Client" Form.

Advisor's Declaration:

I declare that the information provided to me is strictly confidential and is only to be used for the purpose of fact-finding in the process of recommending suitable insurance products, and shall not be used for any other purposes.

X _____
 Signature of Applicant (on behalf of all persons to be insured)
 Date (dd/mm/yyyy):

 Signature of Advisor
 Date (dd/mm/yyyy):

Section 2: Our Advice and Reasons Why

Part 1(a) - Personal Priorities (Please tick in the appropriate box)

Your Health Insurance Concerns	Level of Concerns		
	Low	Medium	High
Cover for Hospitalisation Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover for Outpatient Medical Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover for Major Illness (eg. cancer, kidney dialysis, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover for Dental Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover for Old Age Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover for Loss of Income due to Illness or Sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 1(b) - Hospital/Surgical/Medical Expenses (Please tick in the appropriate box)

1. Which type of hospital do you or your family members prefer in the event of hospitalisation?	<input type="checkbox"/> Private	<input type="checkbox"/> Public
2. What type of hospital ward do you or your family members prefer in the event of hospitalisation?	<input type="checkbox"/> Single	<input type="checkbox"/> 2 Bedded
	<input type="checkbox"/> 4 Bedded	<input type="checkbox"/> 6 Bedded
3. Do you have an existing hospitalisation insurance plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you have an existing Hospital Cash income plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is your existing policy an Individual policy or Group Employee Benefits policy?	<input type="checkbox"/> Individual	<input type="checkbox"/> Group

Part 2 - Advisor Analysis and Recommendations

Total Health Insurance Budget : S\$ _____ per year

Advisor's Recommendations	Reasons for Recommendation	Remarks
Hospital/Surgical/Medical Expenses • Healthcare International Plus		Replacement <input type="checkbox"/> Yes <input type="checkbox"/> No

Note: If this product is intended to replace any existing health insurance policy, advisor should state the reasons for recommending a replacement.

Part 3 - Acknowledgement (Please tick in the appropriate box)

Client's Declaration:

I/We understand that the above recommendation(s) is/are based on the facts furnished in the "Know Your Client" Form; and

I/We **agree** with the proposed recommendation(s). I/We do **not agree** with the proposed recommendation(s).

Comments (necessary if in **disagreement** with recommendation): _____

If I/we should decide to switch from one health insurance product to another health insurance product, I/we understand that:

1. I/We may not be insurable at standard terms
2. I/We may have to pay a different premium
3. Terms and conditions may defer

Statement by Advisor:

The recommendations in this document are based on your personal information collected in the "Know Your Client" Form, the prevailing healthcare financing system and information on healthcare costs obtained from sources believed to be reliable and accurate to the best of my knowledge. If there has been any change in your circumstances since completing that form, please notify your advisor as it may affect the needs analysis process. The recommendations may not be appropriate in the event of a partial or inaccurate completion of the "Know Your Client Form".

X

Signature of Applicant (on behalf of all persons to be insured)
Date (dd/mm/yyyy):

Signature of Advisor
Date (dd/mm/yyyy):

For Office Use Only - Internal

To be completed by a qualified staff of the Insurer or Principal Firm of the Advisor

I understand that the above recommendation(s) is/are based on the facts furnished in the "Know your Client" Form; and

I/We **agree** with the proposed recommendation(s). I/We do **not agree** with the proposed recommendation(s).

Comments (necessary if in disagreement with recommendation)

Remedial Action

Signature	Name	Position	Date (dd/mm/yyyy)
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Healthcare International Plus Application Form

The Insurance Act: In this Application Form, you are required to disclose fully and faithfully all the facts you know or ought to know in respect to the risk that is being proposed, otherwise, the policy issued hereunder may be void.

Please tick where appropriate.

(A) Particulars of Applicant

Name Mr/Mrs/Ms/Mdm/Dr* _____ (please underline surname) _____ (*delete if not applicable)

Residential address _____
 _____ Postal code _____

NRIC/Passport No _____ Date of Birth _____ Nationality _____
 (dd/mm/yyyy)

Marital Status Single Married Occupation _____

Gender Male Female Race Chinese Malay Indian Others, please specify _____

Tel _____ (Office) _____ (Home) _____ (Hp)

Email _____

Name of Employer _____ Company / Business Registration No _____

Employer's Address _____

(B) Period of Insurance

From _____ to _____

(C) Person(s) to be insured

Names	Sex (M/F)	Date of Birth	NRIC/Passport No.	Nationality	Usual Country of Residence	Ht (cm)	Wt (kg)	Occupation	Premium S\$
The Applicant	as stated above								
Spouse									
Child									
Child									
Child									

(D) Plan to be Insured

Choice of Plan Primary Plan Standard Plan with Maternity Executive Plan with Maternity
 Standard Plan without Maternity Executive Plan without Maternity

Optionals

Option 1: Daily Hospitalisation Income S\$50 & ICU Income S\$100
 Option 2: Daily Hospitalisation Income S\$100 & ICU Income S\$200

Annual Aggregate Deductible Per Person Per Year (applicable only for Standard & Executive Plan without maternity and is for in-hospital expenses only – all other benefits remain unchanged)

Standard Plan Deductible: S\$ 2,500 (10%)* S\$5,000 (20%)* S\$7,500 (30%)*
 Executive Plan Deductible: S\$ 2,500 (7.5%)* S\$5,000 (15%)* S\$7,500 (25%)*

* Premium Discount if opt for Deductible

Is your employer paying for this coverage? Yes No
 Is the Policy to be issued in the name of your employer? Yes No

(E) General Information (All questions must be answered in reference to all Persons to be Insured)

- Does any of the person to be insured is now receiving or considering to receive medical treatment from a doctor or intending to consult a doctor for any reason? If Yes, please state the nature and treatment and provide name & address of doctor..... No Yes
- Has any person to be insured consulted a doctor or had any medical/diagnostic tests in the past 12 months?
 If Yes, please give details and provide all copies of such reports and results..... No Yes
- Has any person to be insured been hospitalised or had any surgical operation or consulted a specialist in the past 5 years?
 If Yes, please provide details..... No Yes
- Does any person to be insured had or been told to have or been treated for any health condition relating to: Heart, Lungs, Kidney, Liver, Hepatitis, Thyroid, Nervous System, Breast, Reproductive System, Hereditary or Congenital Conditions, Cancer or Tumour, Stroke, Diabetes, High Blood Pressure, SLE (Systemic Lupus Erythematosus), HIV, Sexually Transmitted Diseases or has any illness or disorder or operation or accident or injury or physical disability or defects? No Yes
 If Yes, please provide details.

5. Does any person to be insured engage in any risk, special dangers or conditions which may be considered hazardous connected with any person to be insured's job, hobbies or past-time activities?..... No Yes
If Yes, please provide details _____
6. Does any person to be insured live or intend to live in any other country?..... No Yes
If Yes, please state: who _____, which country _____
and when _____
7. Has any person to be insured ever smoked in the last 12 months?..... No Yes
If Yes, please state the name of the person to be insured who smoked and the average number of sticks smoked per day and whether he/she is still smoking.
Name of person to be insured: _____ Average Number of Sticks Smoked per day: _____
 Still Smoking Stopped Smoking, when? _____ Number of Years Smoked: _____
8. Has any person to be insured had any application for life or disability or health insurance been declined, or had special terms imposed, or postponed, or had insurer refused to renew any insurance?..... No Yes
If Yes, please provide details.
Name of person to be insured: _____ Insurance Company: _____
Type of Insurance: _____ Reasons: _____

9. Please provide the name(s) and address(es) of your doctor(s) consulted:
(i) your usual doctor and/or specialist(s)

(ii) any other doctor/specialist(s)

If the answer to Questions (1) to (4) in Part E is 'Yes', please provide with full details here. Please indicate on a separate sheet of paper if there is insufficient space here.

Question Number	Name of Person Concerned	Details of Diagnostic Test with Reason & Result, Doctor's Diagnosis/Injury/Treatment	Duration of Illness		Name of Doctor Consulted & Address of Clinic
			From	To	

(F) Mode of Premium Payment

- I enclose my cheque no. _____ for S\$ _____ payable to MSIG Insurance (Singapore) Pte. Ltd.
- Please charge S\$ _____ to my Credit Card no _____ Expiry date _____
Type of card: Visa MasterCard

(G) Declaration

- I/We hereby declare that to the best of my/our knowledge and belief the statements and answers given in this Application Form are true, complete and that I/we have not withheld any material facts, that is, facts likely to influence the assessment and acceptance of this Application by MSIG Insurance (Singapore) Pte. Ltd. I/We understand that any misstatement of fact, whether by commission or omission may be grounds for MSIG Insurance (Singapore) Pte. Ltd. in its absolute and sole discretion to decline to pay any benefit for myself and/or Insured Person(s) which may otherwise have been payable. I/We agree that this Application, together with any additional statements signed by me/us which shall be deemed to be part of this declaration, shall be the basis of the contract of the insurance.
- I/We also declare that all persons proposed for insurance are in good health and free from physical defect or infirmity. I/We am/are unaware of the existence of any medical condition or circumstance foreseeable requiring my/our hospitalisation in the future, and understand that the Policy benefits will not apply to treatment or expense arising from medical conditions which originated or were known to exist or for which treatment, medication, advice or diagnosis was sought or received prior to my/our enrolment in the Policy. In the event of claims, I/we authorise any Doctor who has attended to me/us to release any information to MSIG Insurance (Singapore) Pte. Ltd. which may require, and I/we will cooperate fully with MSIG Insurance (Singapore) Pte. Ltd. and furnish such additional medical evidence as required in support of my/our claim. I/We agree to accept the insurance as specified in my/our Policy.
- I/We understand this Application will be subject to the approval and acceptance by MSIG Insurance (Singapore) Pte. Ltd. and the premium fully paid and received by the Company before cover can be effected, and additional premium may be charged or special terms and conditions imposed depending on MSIG Insurance (Singapore) Pte. Ltd.'s underwriting assessment of my/our Application.
- I/We am/are aware that I/we can seek advice from a qualified advisor before I/we sign this Application Form. Should I/we choose not to, I/we take the sole responsibility to ensure that this product is appropriate to my/our financial needs and insurance objectives.
- I/We understand that certain personal accident benefits of this insurance will only be payable upon an accident occurring.
- I/We confirm that I/we have received a copy of Your Guide to Health Insurance and Product Summary which were explained to my/our satisfaction. (Not applicable to Direct Marketing)

Signature of Applicant (for and on behalf of all persons to be insured)

Date (dd/mm/yyyy)

Insurance Intermediary Information (Not applicable to Direct Marketing)

Name of Advisor: _____ Account Number (if applicable) _____
Email Address: _____
Contact Number: _____ (Hp) _____ (O) _____ (Fax)

PRODUCT SUMMARY for HEALTHCARE INTERNATIONAL PLUS

Underwritten by MSIG Insurance (Singapore) Pte. Ltd.

 Presented to: _____ Signature of Applicant: _____
 (Name of Applicant)

Name & Signature of Insurance Advisor: _____ Date: _____

(Note: The above section is not applicable to Direct Marketing)

Section 1: Product Information

This plan is a yearly renewable medical expense insurance plan that covers eligible in-patient and out-patient expenses including emergency medical evacuation and repatriation as a result of an illness or accident and other benefits subject to the limits set out in the Benefit Schedule shown below.

This plan is open to any person who is at least 15 days and 60 years old at the time of enrolment. You have a range of 3 plans to choose from to suit your specific needs and budget.

Benefit Schedule (in S\$)

Benefits	Primary Plan	Standard Plan	Executive Plan
Overall Maximum Limit any one policy period and in total any one claim or event	\$170,000	\$750,000	\$2,000,000
(1) HOSPITAL & RELATED SERVICES			
In-Hospital treatment, facilities & services including accommodation up to the cost of a standard single-bed air-conditioned room	\$85,000 per person per year	\$200,000 per person per year	\$250,000 per person per year
Cancer treatment (in-patient and out patient)			
Kidney dialysis (in-patient and out-patient)			
Day Care surgery			
Home Nursing Care (up to max 26 weeks following discharge from hospital)			
Cost of family member sharing child's hospital room (where necessary)			
Casualty ward accident and emergency services			
Accident Dental Cover (within 14 days of accident)			
Local ambulance services to hospital			
Pre-Hospital Diagnostic Services	within 30 days of hospital admission	within 30 days of hospital admission	within 60 days of hospital admission
Post-Hospital follow-up treatment	Up to 60 days after discharge	Up to 60 days after discharge	Up to 90 days after discharge
Outpatient Alternative Treatment	Up to \$500 per injury for treatment by a registered chiropractor, chinese physician and acupuncturist. Up to \$1000 if suffered out of usual country of residence and home country		
(2) INCREASED INTERNATIONAL COVER			
Hospital Treatment & Services cover increases automatically from \$250,000 to \$1,000,000 per person per year when travelling outside his Home Country	Not Applicable	Not Applicable	Covered
(3) ORGAN TRANSPLANTATION			
Operation costs for kidney, heart, liver, lung and bone marrow transplants (excluding costs of obtaining donor organs)	\$85,000 per person per year	\$200,000 per person per year	\$250,000 per person per year
(4) OUTPATIENT SERVICES			
a) General Practitioner and Specialist consultations with prescribed treatment	Not Applicable	Not Applicable	\$25,000 per person per year subject to a deductible of \$100 per claim or course of treatment
b) Diagnostic services and prescription drugs			
(5) COMPASSIONATE BENEFIT	\$3,000	\$3,000	\$3,000
(6) EMERGENCY MEDICAL ADVICE & ASSISTANCE	Provided	Provided	Provided
(7) EMERGENCY MEDICAL EVACUATION & REPATRIATION	Not Applicable	\$350,000 per person per year	\$650,000 per person per year
(8) INTERNATIONAL TRAVEL ASSISTANCE SERVICES	Provided	Provided	Provided
(9) TRAVEL PERSONAL ACCIDENT BENEFIT			
Death or disablement resulting from an accident on a scheduled aircraft or public conveyance	Not Applicable	Not Applicable	\$100,000 per person per year
(OPTIONAL)			
MATERNITY BENEFIT (subject to 12 months waiting period from commencement date of coverage under this benefit)			
Ante-natal, childbirth and post-natal treatment for the mother			
Normal Delivery	Not Applicable	\$ 4,750	\$ 4,750
Complicated Delivery as defined in the policy	Not Applicable	\$12,000	\$12,000
(OPTIONAL)	Option 1		
DAILY HOSPITALISATION INCOME BENEFIT	\$50 per day, \$100 per day for ICU		
Daily benefit doubled for Intensive Care Unit (ICU)	Option 2		
Up to 365 days for one illness or injury	\$100 per day, \$200 per day for ICU		

Section 2: Premium Rates

Healthcare International Plus Premium Rates

1. The premium payable is based on the age last birthday of each Insured Person at the date of underwriting approval and will increase when the Insured Person enters the next Age Band.
2. The premium rates are applicable if your Usual Country of Residence is Singapore. Additional residential loading will apply for residence in other countries and subject to our confirmation of acceptance.
3. Child rates will apply provided the child is under 18, unmarried and dependent upon the Applicant for support, or up to 21 if still undergoing full time education. Child must be insured together with at least 1 parent.
4. All persons of a family must be insured under the same plan.
5. Optional Maternity Benefit can be effected provided both husband and wife are insured under the same plan. The Annual Aggregate Deductible option is not available if you are applying for Maternity Benefit.
6. Cover may be renewed beyond age 60 provided the Insured Person is enrolled in the plan before that age and has remained continuously covered since then. The coverage of an Insured Person will terminate immediately on the policy anniversary following his 72nd birthday.
7. Coverage will automatically cease when you or any Insured Person becomes a resident in the USA or Canada.
8. Policies are arranged on an annually renewable basis and premiums will be adjusted periodically to reflect both individual and portfolio experience as well as inflation in underlying medical costs.

Annual Premium Rates Table (in Singapore dollars and inclusive of 7% Goods & Services Taxes)

Age Last Birthday	Primary		Standard		Executive	
	Male	Female	Male	Female	Male	Female
15 days to 17 years	424.35		532.97		856.13	
18-29	533.18	586.50	738.14	811.96	1118.15	1229.97
30-34	561.43	617.58	775.22	852.74	1175.82	1293.41
35-39	574.38	660.53	795.44	914.75	1260.03	1449.03
40-44	730.92	802.31	1034.74	1086.48	1573.81	1652.50
45-49	840.38	922.51	1061.71	1114.79	1611.96	1692.56
50-54	1203.43	1228.04	1357.19	1384.15	2145.99	2093.88
55-59	1324.02	1324.02	1565.41	1565.41	2358.87	2256.31
60	2109.08	1808.84	2465.82	2106.83	3661.97	2962.51
For Renewals Only						
61-64	2109.08	1808.84	2465.82	2106.83	3661.97	2962.51
65-69	2780.93	2502.84	3287.36	2958.98	4953.49	4264.27
70-71	3615.21	3253.44	4272.51	3845.26	6440.19	5543.67
OPTIONAL : Maternity Benefit – Additional Premium						
All Ages	Not Applicable		1575.04		1575.04	

OPTIONAL:

Daily Hospitalisation Income Benefit – Additional Annual Premium Rates Table (in Singapore dollars and inclusive of 7% Goods & Services Taxes)

Age Last Birthday	Option 1		Option 2	
	Male	Female	Male	Female
15 days to 17 years	46.74		91.67	
18-29	55.64	66.77	109.14	130.97
30-39	64.20	77.04	129.47	155.36
40-49	86.67	104.00	171.20	205.44
50-55	109.14	120.05	216.14	237.75
56-59	142.31	156.55	284.62	313.08
60	184.04	165.64	369.15	332.24
For Renewals Only				
61-64	184.04	165.64	369.15	332.24
65-69	251.21	226.09	503.88	453.50
70-71	316.53	284.88	634.90	571.41

OPTIONAL:

Annual Aggregate Deductible

This means that your Healthcare International Plus Policy will reimburse in-hospital expenses up to the full policy limit in excess of the amount of the Annual Aggregate Deductible you select here below. In return for an Annual Aggregate Deductible, you will enjoy a percentage discount from the above premium rates.

Amount of Annual Aggregate Deductible	Percentage Discount from the Premium Rates	
	Standard Plan	Executive Plan
Applicable to in-hospital expenses only – all other benefits remain unchanged		
S\$2,500 per person per year	10%	7.5%
S\$5,000 per person per year	20%	15%
S\$7,500 per person per year	30%	25%

KEY PRODUCT PROVISIONS

The following are some key provisions found in the policy contract of this plan. This is only a brief summary and **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.

a) Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exceptions in the policy contract. The following is a list of some of the exclusions for this plan. You are advised to read the policy contract for the full list of exclusions.

• Pre-existing condition

- any condition for which treatment or medication or advice or diagnosis has been sought or received or was foreseeable prior to the commencement date of the insurance cover, or
- which originated or was known to you or any Insured Person prior to the commencement date of the insurance cover whether or not treatment or medication or advice or diagnosis was sought or received.

• Birth defects, congenital illnesses, hereditary conditions.

• Pregnancy or childbirth unless this benefit is stated on the Schedule as being covered by the policy.

• Self-inflicted injury, suicide, abuse of alcohol, drug addiction or abuse, sexually transmitted diseases, AIDS or any AIDS related condition or diseases.

• Hazardous sports or activities.

• War and terrorism.

b) Accuracy of Information

You must provide us with complete and accurate information when applying for this plan or when making any claims, otherwise your rights under the plan may be reduced or lost.

c) Non-Guaranteed Premium

Premium rates payable for this policy are not guaranteed and may be increased at policy renewal date at MSIG Insurance (Singapore) Pte. Ltd.'s full discretion. Premium will increase upon the Insured Person entering a higher premium rating age band.

d) Terms of Renewal

The initial period of insurance is 12 months. Subsequently, the policy can be renewed as long as both of us agree to renew it and you pay the required premium.

e) Local Treatment Clause

Insured Persons shall wherever possible, obtain covered treatment in the Usual Country of Residence (that is Singapore) and/or the surrounding countries of South East Asia except for emergency treatment in respect of accident or acute illness occurring during short business or holiday travel (not more than 90 days per trip) and which require immediate medical attention.

f) Waiting Period

No benefit will be payable for any treatment or services relating to childbirth that occur during 12 months from the commencement date of coverage for Maternity Benefit, if such benefit is covered.

g) Material Change

You must advise MSIG Insurance (Singapore) Pte. Ltd. in writing as soon as you are aware of any change in the occupation or country of residence of any Insured Person, or any other change, which may increase the possibility of a claim under this policy. You may have to pay additional premium as a result of such change. Coverage will automatically cease when you or any Insured Person becomes a resident in the USA or Canada.

h) MSIG Insurance (Singapore) Pte. Ltd.'s Promise of Service

The policy issued to you will contain our promise of service. You can contact MSIG Insurance (Singapore) Pte. Ltd. if you have concerns about the terms of your policy or any claim you make. Information on the distribution costs will be made available upon your request.

IMPORTANT NOTE

This is only product information provided by us. This product summary is not a contract of insurance. Full details of the terms, conditions and exceptions of this insurance are provided in the policy and will be sent to you upon acceptance of your application by MSIG Insurance (Singapore) Pte. Ltd. You should seek advice from a qualified advisor if in doubt. Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. The personal accident benefit payable is subject to an occurrence of an Accident. You have a "Free Look" period of 14 working days from the date you receive the policy. Please inform MSIG Insurance (Singapore) Pte. Ltd. within 14 working days if you do not want the policy. It will be cancelled from its commencement date and any premium that you may have paid will be refunded in full, so long as no claim has risen.