

EQ Insurance

Employee Benefits Plan

A plan that protects the well-being of your employees

Insurance Made Easy



Group Hospital and Surgical with Major Medical Benefits

With the rising medical costs, this plan helps you to pay for your employees' cost of hospital confinement and surgery when an illness or injury strikes, relieving you of the financial burden:

Benefits Schedule (Maximum Limit Per Disability)		Plan 1 S\$	Plan 2 S\$	Plan 3 S\$	Plan 4 S\$	Plan 5 S\$
1.	Room & Board <i>(Daily, up to 120 days inclusive of ICU)</i>	1-Bedded	2-Bedded	4-Bedded	6-Bedded	6-Bedded GRH only*
2.	Intensive Care Unit (ICU)	10,000	10,000	10,000	10,000	10,000
3.	Hospital Miscellaneous Services					
4.	Surgeon's Fee <i>(Subject to Schedule of Surgical except for Singapore Government Restructured Hospitals)</i>					
5.	In-Hospital Physician's Visit <i>(Daily, up to 120 days)</i>	20,000	15,000	10,000	7,500	5,000
6.	Pre-Hospitalisation Specialist Consultation <i>(Leads to hospitalisation within 90 days)</i>					
7.	Pre-Hospitalisation Diagnostic Services <i>(Leads to hospitalisation within 90 days)</i>					
8.	Post Hospitalisation Treatment <i>(Within 90 days immediately after discharge)</i>					
9.	Emergency Accidental Outpatient Treatment	2,000	1,500	1,250	1,000	750
10.	Miscarriage Benefits	1,000	1,000	1,000	1,000	1,000
11.	Outpatient Kidney Dialysis & Cancer Treatment <i>(Per policy year)</i>	24,000	18,000	12,000	10,000	5,000
12.	Daily Hospital Cash Income <i>(Daily, up to 30 days if admitted to Singapore Government Restructured Hospitals)</i>	150	100	50	50	NA
13.	Special Grant	5,000	5,000	5,000	5,000	3,000
14.	Major Medical #					
	a) Surgical Implants	5,000	4,000	3,000	2,000	1,000
	b) Overall maximum limit per policy year	50,000	40,000	30,000	20,000	10,000
	c) Co-insurance by insured member	20%	20%	20%	20%	20%

* GRH refers to Singapore Government Restructured Hospitals. Only a full-time, permanent and actively at work employee who is a Singaporean can opt for this plan.

Payable only if hospital confinement exceeds the limits in the Group Hospital & Surgical plan and (a) hospitalisation is more than 20 days or (b) surgical percentage is 75% or more per incision.

Plan Type	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Age Band (Age Next Birthday)	Annual Premium per Eligible Member (S\$)				
30 and below	358.00	238.00	188.00	156.00	95.00
31 – 35	376.00	268.00	215.00	179.00	111.00
36 – 40	394.00	295.00	242.00	202.00	124.00
41 – 45	425.00	330.00	258.00	218.00	133.00
46 – 50	578.00	440.00	360.00	312.00	198.00
51 – 55	730.00	568.00	476.00	421.00	275.00
56 – 60	900.00	780.00	608.00	516.00	340.00
61 – 65	1,290.00	978.00	850.00	760.00	480.00

Annual Premium subject to prevailing GST

Protect Your Employee's Welfare by providing coverage that has been made easy through our Employee Benefits Plan. By doing so, your employees will know that you care and their family will be taken care of should an unfortunate or unexpected event befall.



Employee Benefits Plan is a simple and affordable group insurance plan that is specially tailor-made for small and medium-sized enterprises (SME). It mainly covers your employees' hospitalisation cost in the event of an illness or injury, whether they are at work or leisure.

Your employees will be covered for:

- (a) Group Personal Accident
- (b) Group Hospital & Surgical with Major Medical Benefits

Why our Employee Benefits Plan?

- ❖ You need only 2 employees to incept this group plan
- ❖ Eligible employees will be covered immediately upon enrolment as no medical examination is needed
- ❖ Renewal premium rates are not based on individual company's claim experience but are based on the entire portfolio within this plan
- ❖ Flexible and affordable

Group Personal Accident

With life full of uncertainties, this plan provides financial protection when an accident occurs unexpectedly:

Plan Type	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Sum Insured (S\$)	500,000	300,000	200,000	100,000	50,000
Classification of Occupation	Annual Premium per Eligible Member (S\$)				
Class I	225.00	135.00	90.00	45.00	22.50
Class II	300.00	180.00	120.00	60.00	30.00
Class III	375.00	225.00	150.00	75.00	37.50

Annual Premium subject to prevailing GST

Underwriting Guidelines

1) Eligibility

Insured Member: All full-time, permanent and actively at work employees of the Policyholder, who is aged between 16 to 65 years and a Singaporean, Permanent Resident (PR) or with a valid employment pass

- Dependants:
- Legal spouse up to age 65 who is not divorced or legally separated from the insured member at the policy commencement date or at any renewal date
 - Unmarried and unemployed child(ren) aged between 15 days old (not being in hospital) and 24 years old at the policy commencement date or at any renewal date

Dependant's plan must be the same as that of the insured member's and must apply to all eligible employees within the same basis of coverage.

2) Territorial Limit

24 hours, worldwide coverage

3) Period of Insurance

Period of insurance is for 12 months and renewable annually

4) Participation Requirement

Both Group Hospital & Surgical with Major Medical Benefits and Group Personal Accident must be purchased together as a package

5) Plan 5 Restriction

Only a full-time, permanent and actively at work employee who is a Singaporean can be covered in this plan

6) Premium

- ❖ Premium rate is based on individual's age next birthday
- ❖ Mode of payment is annual
- ❖ Prevailing GST is applicable to all plans

7) Declined 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

8) Classification of Occupation

All benefits are available only to Occupation Class 1 to 3

- Class I - Persons engaged indoor and non-manual work in non-hazardous place, e.g. Lawyers & Accountants
- Class II - Persons engaged in work of an outdoor or supervisory nature or involves manual work whose duties do not involve the use of tools or machinery or exposed to any special hazards, e.g. Outdoor Sales Person
- Class III - Persons engaged in manual work not of particularly hazardous nature but occasionally involving the use of tools and machinery, e.g. Builders and Contractors

9) Key Policy Exclusions (please refer to policy contract for the full lists and details of exclusions)

Group Hospital & Surgical with Major Medical Benefits

- 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
- Major Medical - All pre-existing conditions are 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

Group Personal Accident

- Suicide or self-inflicted injuries
- Participating in any kind of speed contest or racing (other than on foot)
- Participating in any professional sport

10) Application Documents

- Application Form
- Insured Member's Enrolment List
- Personal Health Declaration (if required by EQ Insurance)
- Accounting and Corporate Regulatory Authority (ACRA)
- List of authorised personnel to sign on Insurance Acceptance (names, designation, NRIC No.)

11) Minimum Group Size

Only 2 employees to incept this policy

Important Note : This is only a brochure, meant for general information and is not an insurance contract. You are advised to read the policy contract for full details of the benefits, exclusions and other terms and conditions.

EMPLOYEE BENEFITS PLAN APPLICATION FORM

IMPORTANT NOTICE

Pursuant to Section 25(5) of the Insurance Act (Chap. 142) and any replacement thereof, you are to disclose in this Proposal Form all the facts, which you know or ought to know; otherwise the Policy issued hereunder may be void.

Name of Company (herein the Policyholder): _____

Address: _____

Nature of Business: _____

Company Registration No. : _____

Contact: _____ (Telephone) _____ (Fax) _____ (Email)

Period of Insurance: _____

TABLE OF BENEFITS AND PLANS FOR ELIGIBLE MEMBERS (COMPULSORY BASIS)

Plan Type	1	2	3	4	5
Group Hospital & Surgical with Major Medical Benefits (GHS)	1-Bedded S\$50,000	2-Bedded S\$40,000	4-Bedded S\$30,000	6-Bedded S\$20,000	6-Bedded (GRH) S\$10,000
Group Personal Accident (GPA)	S\$500,000	S\$300,000	S\$200,000	100,000	50,000

Plan 5 is strictly meant for employees who are Singaporean

BASIS OF COVERAGE / ELIGIBILITY FOR EMPLOYEES

Category of Employee (Manager/Executive/Clerical etc)	Plan chosen (1, 2, 3, 4 or 5)		Dependant's Cover (Refer to Dependant Code)	Date of Eligibility (Date of employment or Upon Confirmation with probationary period of _____ months)
	GHS	GPA		

Dependant Code for GHS : EO (Employee Only), ES (Employee & Spouse), EC (Employee & Children) and EF (Employee & Family)

AUTHORISED SIGNATORIES OF COMPANY (POLICYHOLDER)

Name	Designation	NRIC No.

PROPOSER'S DECLARATION

We hereby declare and warrant the answers given herein every respect are true and correct and we have not withheld any information likely to affect acceptance of this proposal, and agree that this proposal declaration shall be the basis of the contract between EQ Insurance and the Proposer, and we further agree to accept the EQ Insurance Policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto.

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.

We have been given a copy of the Product Information, the contents of which have been explained to us to our satisfaction.

<p>_____ Signature of Authorised Officer</p> <p>Name : _____</p> <p>Designation : _____</p> <p>NRIC No. : _____</p>	<p>Intermediary's Detail</p> <p>Name : _____</p> <p>Contact : _____</p> <p>Broking House / Agency Code (if any) : _____</p> <p>_____ Signature of Intermediary</p>
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