



Insurance Made Easy

**EQ HealthSAVER**

MEDICAL BENEFITS FOR LOCAL EMPLOYEES

**ENHANCED  
COVERAGE**



# EQ HealthSAVER

## MEDICAL BENEFITS FOR LOCAL EMPLOYEES

Protect your local employees with a simple and absolutely affordable medical plan.

**EQ HealthSAVER** covers your local employees' hospitalisation costs in the event of an illness or injury so that they will know you care and that their family will be taken care of should anything unfortunate occur. And this will cost you only S\$100 per employee for a whole year!

Your employees will be covered for:

| Benefits |  | Limits   |
|----------|--|--|
| 1.       | Room & Board<br>(6 Bedded in Government /<br>Restructured Hospital)  | As Charged<br>Up to<br>S\$15,000<br>per disability |
| 2.       | Intensive Care Unit  |  |
| 3.       | Inpatient Treatment<br>– Hospital Miscellaneous Expenses<br>– Surgeon's Fee<br>– In-Hospital Physician's Visit |  |
| 4.       | Pre-Hospitalisation Treatment  |  |
| 5.       | Post-Hospitalisation Treatment   |  |
| 6.       | Funeral Expenses (due to illness)  | Up to S\$3,000                                     |

### Annual Premium per Employee

- \* **S\$100 (before GST)**  
Subject to a 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.

Enjoy a **10% discount for EQ HealthSAVER** if you sign up for our Group Personal Accident Insurance for a principal sum of S\$20,000 per employee at only S\$20 (before GST).

### Group Personal Accident Insurance

24 hours Worldwide Cover for Accidental Death &/or Permanent Disablement (Scale II).

Our Underwriting Guides:

| <b>A Eligibility</b>   | All full-time, permanent and actively at work employees of the policyholder, who is aged 60 years and below and is a Singaporean.   |                    |                              |                    |                         |                    |                         |                    |                         |                      |                          |
|--|---|--------------------|------------------------------|--------------------|-------------------------|--------------------|-------------------------|--------------------|-------------------------|----------------------|--------------------------|
| <b>B Key Policy Exclusions</b><br><i>(please refer to policy contract for full list and details of exclusions)</i> | <ul style="list-style-type: none"><li>* All pre-existing conditions are excluded for the first 12 months of coverage.</li><li>* Pregnancy, childbirth, or abortion.</li><li>* Cosmetic or plastic surgery unless it is necessary for the repair of damage in view of an accident.</li><li>* Emotional, stress, psychiatric or psychological disorder.</li></ul>   |                    |                              |                    |                         |                    |                         |                    |                         |                      |                          |
| <b>C Application Documents</b>   | <ul style="list-style-type: none"><li>* Application Form</li><li>* Insured Employees' Enrolment List</li><li>* Personal Health Declaration (if required by EQ Insurance)</li><li>* Detailed Claims Statistic (if required by EQ Insurance)</li></ul>  |                    |                              |                    |                         |                    |                         |                    |                         |                      |                          |
| <b>D Policy Administration On Named Basis</b>  | <p>Addition/deletion of any employee must be advised in writing within 1 month and premium will be charged/refunded as follows:</p> <table><thead><tr><th>Period of Cover</th><th>Short-Period Premium Charged</th></tr></thead><tbody><tr><td>* 3 months &amp; below</td><td>- 40% of Annual Premium</td></tr><tr><td>* 6 months &amp; below</td><td>- 60% of Annual Premium</td></tr><tr><td>* 9 months &amp; below</td><td>- 80% of Annual Premium</td></tr><tr><td>* More than 9 months</td><td>- 100% of Annual Premium</td></tr></tbody></table> <p><i>Note: No refund of premium if there is a claim submitted by the terminated employee.</i></p> | Period of Cover    | Short-Period Premium Charged | * 3 months & below | - 40% of Annual Premium | * 6 months & below | - 60% of Annual Premium | * 9 months & below | - 80% of Annual Premium | * More than 9 months | - 100% of Annual Premium |
| Period of Cover  | Short-Period Premium Charged  |                    |                              |                    |                         |                    |                         |                    |                         |                      |                          |
| * 3 months & below   | - 40% of Annual Premium   |                    |                              |                    |                         |                    |                         |                    |                         |                      |                          |
| * 6 months & below   | - 60% of Annual Premium   |                    |                              |                    |                         |                    |                         |                    |                         |                      |                          |
| * 9 months & below   | - 80% of Annual Premium   |                    |                              |                    |                         |                    |                         |                    |                         |                      |                          |
| * More than 9 months   | - 100% of Annual Premium  |                    |                              |                    |                         |                    |                         |                    |                         |                      |                          |
| <b>E Pro-Ration Factor</b>   | <p>In the event the Insured Employee is admitted into a Private Hospital or a higher class of ward in the Singapore Govt /Restructured Hospital, the hospital medical expenses payable under the Policy will be reduced as follows, subject to the limit stated in the Schedule of Benefits:</p> <table><tbody><tr><td>* Private Hospital</td><td>- 20%</td></tr><tr><td>* A1 Class</td><td>- 25%</td></tr><tr><td>* A2 Class</td><td>- 30%</td></tr><tr><td>* B1 Class</td><td>- 40%</td></tr></tbody></table>   | * Private Hospital | - 20%                        | * A1 Class         | - 25%                   | * A2 Class         | - 30%                   | * B1 Class         | - 40%                   |                      |                          |
| * Private Hospital   | - 20%   |                    |                              |                    |                         |                    |                         |                    |                         |                      |                          |
| * A1 Class   | - 25%   |                    |                              |                    |                         |                    |                         |                    |                         |                      |                          |
| * A2 Class   | - 30%   |                    |                              |                    |                         |                    |                         |                    |                         |                      |                          |
| * B1 Class   | - 40%   |                    |                              |                    |                         |                    |                         |                    |                         |                      |                          |

**Call us today:**

## APPLICATION FORM - EQ HealthSAVER (For Local Employees)

**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<br>From: _____ To: _____ |                    |              |
|--|----------|--|--------------------|--------------|
| <b>PARTICULARS OF PROPOSER</b>   |          |  |                    |              |
| Company Name:  |          |  | Company Regn. No.: |              |
| Address:   |          |  |                    | Postal Code: |
| Contact No:<br>(Office)  |          | E-mail:                                      |                    | (Fax)        |
| Nature of Business:  |          |  |                    |              |
| <b>EMPLOYEES' DETAILS</b>  |          |  |                    |              |
| Full Name (as in NRIC)   | NRIC No. | Gender                                       | Date of Birth      | Occupation   |
|  |          |  |                    |              |
|  |          |  |                    |              |
|  |          |  |                    |              |
|  |          |  |                    |              |
|  |          |  |                    |              |
|  |          |  |                    |              |
|  |          |  |                    |              |
| <b>PREMIUM PAYMENT</b>   |          |  |                    |              |
| I would like to pay my premium by:   |          |  |                    |              |
| <input type="checkbox"/> Cash  |          |  |                    |              |
| <input type="checkbox"/> Cheque payable to "EQ Insurance Company Limited" Bank & Cheque No.: _____   |          |  |                    |              |
| <b>PROPOSER'S DECLARATION</b>  |          |  |                    |              |
| 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 has been explained to us to our satisfaction.   |          |  |                    |              |
| Name: _____  |          |  | Designation: _____ |              |
| NRIC: _____  |          |  | Date: _____        |              |
| Signature of Authorised Officer & Company Stamp  |          |  | Date: _____        |              |
| <b>For Official Use</b>  |          |  |                    |              |
| Accepted By:   |          |  | Date:              |              |

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# EQ Insurance



A Member of the Citystate Group of Companies

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For posting in  
Singapore only

**BUSINESS REPLY SERVICE  
PERMIT NO. 08468**



EQ Insurance Company Limited  
22 Gemmill Lane  
Singapore 069257