

Affordable medical coverage to fulfil your child's dream



EQ Student HealthPLUS

Protect your CHILD by providing coverage that has been made easy through our EQ Student HealthPLUS. A simple and affordable plan that is specially tailored for all full-time students in Singapore who are Singaporean or a Singapore Permanent Resident.

BENEFITS & PREMIUM TABLE

We will pay for the following if any illness or injury necessitates your CHILD to be confined in a Singapore Government Restructured Hospital as an inpatient or for day surgery while he/she is covered under this plan.

COVERAGE FOR YOUR CHILD			
Benefits Schedule (Maximum Limit Per Year)	Plan A	Plan B	Plan C
Room & Board	1-Bedded A-Ward in GRH*	4-Bedded B1-Ward in GRH*	6-Bedded B2-Ward in GRH*
Intensive Care Unit			
Inpatient Treatment - Hospital Miscellaneous Services - Surgeon's Fee - In-Hospital Physician's Visit			
Pre-Hospitalisation Treatment			
Post Hospitalisation Treatment			
Emergency Accidental Outpatient Treatment			
Ambulance Fee			
Medical Report			
Outpatient Kidney Dialysis and Cancer Treatment			
Special Grant			
Annual Premium (inclusive of GST)	S\$3,000	S\$3,000	S\$3,000
	Plan A	Plan B	Plan C
Each Student	S\$188.00	S\$100.00	S\$55.00

* GRH refers to Singapore Government Restructured Hospitals

■ Key Product Provisions

1.	<p>Eligibility Any full-time student studying in Singapore who is a Singaporean or a Singapore Permanent Resident and whose age next birthday is between 6 to 25 years old.</p>
2.	<p>Operative Time and Territorial Limit Coverage is for 24 hours a day and within Singapore only.</p>
3.	<p>14 Days Free Look Period In the event that the Policyholder is not satisfied with the Policy for any reason and there is no claim made on the Policy, it may be returned to Us for cancellation with effect from inception, within fourteen (14) days after the receipt of the Policy and the full premium, if billed, will be refunded without interest.</p>
4.	<p>Policy Renewal This Policy is renewable at our option and at the premium rates determined at that time by us.</p>
5.	<p>Change of Terms and Conditions We reserve the right to amend the terms and provisions of this Policy on any Policy Anniversary date by giving the Policyholder 30 days' written notice of such change.</p>
6.	<p>Automatic Termination Insurance under this Policy shall automatically terminate on the earliest happening of the following events:</p> <ol style="list-style-type: none"> on the date this Policy is terminated; or the Insured Student no longer meets the eligibility requirements; or once the annual limit of S\$20,000 is exhausted; or upon the death of such Insured Student.
7.	<p>Cancellation of Cover This insurance may be cancelled at any time by the Policyholder. However, no premium will be refunded unless the cancellation is made within the 14 days free look period. We also have the right to cancel this Policy by giving the insured 30 days' written notice and upon cancellation, the Policyholder will be granted a pro-rated refund of the total premium paid corresponding to the unexpired period of insurance.</p>
8.	<p>Limitation</p> <ol style="list-style-type: none"> Each hospital confinement must be for a minimum of six (6) consecutive hours before any benefits are payable. However, no minimum period of hospital confinement is required if the confinement is due to a surgical operation. When an Insured Student is entitled to benefits payable under any other group or individual insurance, the benefits payable under this policy is limited to the balance of charges not insured by the benefits under the other insurance or that calculated from the Benefits Schedule, whichever is less.
9.	<p>Pro-Ration Factor In the event the Insured Person is admitted into a Private Hospital or a higher class of ward in the Singapore Government/ Government Restructure 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> <ul style="list-style-type: none"> • From A Ward Private Hospital - Pays 35% of Claimable Amount • From B1 Ward Private Hospital - Pays 30% of Claimable Amount A Class - Pays 35% of Claimable Amount • From B2 Ward Private Hospital - Pays 20% of Claimable Amount A Class - Pays 25% of Claimable Amount B1 Class - Pays 40% of Claimable Amount
10.	<p>Key Policy Exclusions (Please refer to policy contract for full list and details of exclusions.)</p> <ul style="list-style-type: none"> • Pre-existing medical or physical conditions before the effective dates whether known or unknown to the Insured Student / Policyholder. • Any illness or sickness that commences within the first 30 days from the effective date of the policy. • Self-inflicted injuries or any attempt thereof while sane or insane. • Hospitalisation for primary purpose of diagnosis, x-ray examinations, medical check-up or health screening. • Alcoholism or drug addiction. • Pregnancy, childbirth, investigation and treatment relating to birth control, congenital conditions or birth defects. • Emotional, stress-related, psychiatric or psychological disorders.

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.

APPLICATION FORM - EQ Student HealthPLUS

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.

Name of School:	Period of Insurance From _____ To _____
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PARTICULARS OF STUDENT TO BE INSURED

Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address	Postal Code (_____)	
Contact No. (Home) _____ (Mobile) _____	Email:	
NRIC / BC No.:	Date of Birth: (dd/mm/yyyy)	Nationality: <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore Permanent Resident

PARTICULARS OF PARENT / GUARDIAN (If above student intending to be insured is below 18 years of age)

Name:	Relationship:	
Address (if different from address indicated above)	Postal Code (_____)	
NRIC No.:	Date of Birth: (dd/mm/yyyy)	Nationality: <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore Permanent Resident <input type="checkbox"/> Others: _____
Contact No. (Home) _____ (Office) _____ (Mobile) _____	Email:	

CHOICE OF BENEFIT (Please Tick)

Plan A (1 Bedded) <input type="checkbox"/>	Plan B (4 Bedded) <input type="checkbox"/>	Plan C (6 Bedded) <input type="checkbox"/>
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PERSONAL DATA COLLECTION STATEMENT

To evaluate, process and administer this application or transaction, it is necessary 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 processed by us, 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:

- carrying out identity checks;
- deciding whether to insure or continue to insure you and your insured persons;
- providing advice for product recommendation based on your profile;
- processing any claims under your policy, including the settlement of claims and any necessary investigations relating to the claims;
- communicating on any matters relating to the services and/or products which you are entitled to under this policy;
- responding to your inquiries or instructions and providing ongoing services, under your policy;
- making or obtaining payments and recovering any debt owed to us;
- detecting and preventing fraud, unlawful or improper activities;
- conducting market research and statistical analysis;
- coaching employees for customer service quality assurance;
- reinsuring risks and for reinsurance administration; and
- complying with all applicable laws, including reporting to regulatory and industry entities.

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 Text Message Mail 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

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.

WARRANTY & DECLARATION

I hereby declare and warrant the answers given above in every respect are true and correct and I 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 myself, and I further agree to accept the EQ Insurance Policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto.

I declared that no such insurance has been terminated in the last 12 months due to breach of any premium payment condition.

I understand that this product is not intended to replace any existing health insurance policy. By making this purchase, I agree to not undergo any needs analysis and it is my responsibility to ensure that the Product I have selected is suitable. I am aware:

- a) At my option we can seek a needs analysis with my insurance representative &
- b) this policy and its coverage could defer in premium, terms and conditions to any existing health insurance policy.

I understand that this Policy shall only be effective following the full annual premium payment and subject to the acceptance and approval of this application by EQ Insurance.

I hereby authorize any hospital, medical practitioner, clinic or other medical facility, insurance company or other organizations or persons to release to EQ Insurance any information concerning my medical condition or history.

WARNING: If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the insurance advisor / agent but was not included in the proposal. Please check to ensure that you are fully satisfied with the information declared in this proposal.

Signature of Insured Student / Parent or Guardian of Insured Student

Date

FOLD HERE



Postage will be
paid by addressee
For posting in
Singapore only.

BUSINESS REPLY SERVICE
PERMIT NO. 08468



EQ Insurance Company Limited
5 Maxwell Road, #17-00 Tower Block, MND Complex
Singapore 069110