



# **QBE SME Extensive Group Medical Insurance**

Minimum 5 employees



## **Introducing QBE SME Extensive Group Medical Insurance**

Behind the success of most organisations is a dedicated, productive and efficient workforce. Thus, it is very important to provide employees with a good Employee Benefit to encourage healthy staff retention and create a supportive culture.

QBE's SME Extensive Group Medical Insurance Plan is specifically designed to provide your company with affordable medical insurance and your staff comprehensive healthcare protection. Simply put, QBE helps protect your interests against the unexpected while you focus on growing your business.

# The product

## Why SME Extensive Group Medical cover?

- Wide range of Room and Board options - including five variations of ward types in a range of hospitals, from Private to Restructured to choose from.
- Comprehensive coverage - basic Hospital and Surgery includes kidney dialysis, cancer treatment and Extended Major Medical benefits.
- Pre-existing conditions covered - after a 12-month waiting period, pre-existing conditions will be covered, with some exceptions due to underwriting decisions.
- Minimal eligibility requirements - you can enrol and start coverage with five employees in your company.
- Simple and cost-effective Plan - premiums are fixed and based on age-bands, enabling you to manage your budget upon enrolment, plus selecting covers is simple and straightforward.
- Lowering premiums - you can also opt for deductibles to reduce the premium by as much as 30%.
- Wide choice of covers - riders can be included into your main inpatient coverage.
- Dependent coverage - there is an option to include spouses and children into the coverage.
- 24-hour worldwide cover - comprehensive and constant worldwide cover for all insured.

## To qualify, companies must meet the following criteria:

- Group size - minimum of 5 to 14 employees
- Core benefit - minimum compulsory cover under this Policy is with the Group Basic Hospital & Surgical Benefit.
- Eligibility of employees - compulsory cover for ALL your full-time active at work employees OR employees under a pre-defined category.
- Eligibility of employees's dependents - compulsory cover for eligible dependents of ALL employees or employees of the pre-defined category.
- Age limits for adults - the maximum entry age is below 65 and cover will be renewable until the Insured person reaches the age of 72, subject to compulsory health declaration upon ages 70 and 71.
- Age limit for children - entry age is 15 days to 25 years old as long as the child is a full-time student at a recognised education institution.
- Residence - for Insured persons who reside or travel to any country outside Singapore for more than 90 days during the policy period, there is no cover unless QBE has been informed and additional premium (if any) has been paid.
- Occupational class - any job involving heavy hazards and a dangerous occupation is subject to underwriting approval, for example: operators of agricultural machinery, electrical engineers, professional athletes, onboard vessel operators, or any job involving explosives, the military or another similar occupation.

## Choose your coverage (currency in SGD)

### Group basic H&S benefit

BENEFITS/PLANS		PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
HOSPITAL TYPE		GOVERNMENT/RESTRUCTURED		PRIVATE		
H1	Room & Board (R&B)	4 bedded	1 bedded	4 bedded	2 bedded	1 bedded
S1	Intensive Care Unit (ICU)	560	700	560	700	700
H2	Surgery Charges			15,000	18,000	21,600
H3	Theatre Fee			4,500	5,400	6,480
H4	Anaesthetist Fee			4,500	5,400	6,480
H5	Misc Services	As charged	As charged	3,550	4,700	5,300
H6	Specialist Consultation			380	600	700
S3	Ambulance Fee			150	150	150
S4	In Hospital Physician Visit			85	120	170
	Overall Maximum Limit (Admission to Government/Restructured Hospitals)	21,000	31,000	24,000	29,000	35,000
H7	Emergency Dental Treatment	360	650	450	600	800
H8	Emergency Outpatient Treatment	1,650	2,350	1,800	2,300	2,500
S6	Post Hospitalisation Treatment	500	500	500	500	500
S7	Special Grant	5,000	5,000	5,000	5,000	5,000
S15	Organ Transplant	12,500	19,000	15,000	18,000	21,600
U1	Miscarriage	1,000	1,000	1,000	1,000	1,000
S8	Kidney Dialysis & Chemotherapy/Radiotherapy (Limit per policy year) 20% - Treatment in Singapore 50% - Treatment Overseas	9,000	18,000	10,000	16,000	19,000
S9	Medical Report Fee	100	100	100	100	100
S10	Extended Major Medical 20% - Coinsurance	60,000	100,000	60,000	80,000	100,000

\*\* Subjected to per disability and per confinement.

S10 - Extended Major Medical pays if eligible expenses in excess of the Group Basic H&S Benefit subject to:

- (a) Hospitalisation > 20 days, or
- (b) Surgical Percentage  $\geq$  60% surgical procedure.

Admission to higher ward or Hospital that differs from plan entitlement: If the insured member is admitted to a ward or hospital higher than what he is entitled to under the policy, we will pay 60% of the eligible medical expenses subject to the maximum limited stated in the policy schedule

### Outpatient GP panel benefit (minimum group size of 5)

PANEL BENEFITS/PLANS (1 VISIT PER DAY)	PLAN 1	PLAN 2
Panel GP Clinics	As Charged	As Charged
Panel TCM (Covers Consultation Fees only)	As Charged	As Charged
Panel Benefit Annual Limit	1,000	1,000
REIMBURSEMENT BENEFITS/PLANS (1 VISIT PER DAY)		
Polyclinics	As Charged	As Charged
Non-panel GP Clinics	Nil	Nil
Accident & Emergency (Maximum 2 visits)	100	100
Overseas Outpatient Treatment	25	25
Reimbursement Annual Limit	300	300
Copayment on all benefit*	Nil	5

\* All employees and eligible dependents will have to take up the same plan.

### Outpatient specialist benefit (minimum group size of 5)

BENEFITS/PLANS (REFERRAL BY GP REQUIRED)	PLAN 1	PLAN 2
Specialist Consultation, diagnostic, X-ray and laboratory test (Limit per policy year)	1000	500
Includes MRI/CT Scan/PET Scan	Yes	Yes

### Dental benefit (for age 3 to 65)

BENEFITS/PLANS	DS5	DE7	DE10
D1* Basic Treatments	600	750	1000
D2* Gum Treatments	150	150	200
D3* Preventive Treatments (2 visit)	50	75	75
D4 Complex Treatments	300	375	500
D5 Dentures	700	900	1000
D6 Restorative Treatments	300	375	500
Annual Overall Limit	1800	2250	3000

Note \* Only benefit D1, D2, D3 is subject to 20% deductible on each claim payable.

**Annual premium rates** (to add prevailing GST to total premium)

**Group basic H&S benefit**

AVERAGE AGE OF GROUP/PLANS	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
<b>GROUP SIZE 5 TO 8</b>	<b>ANNUAL PREMIUM PER EMPLOYEE/SPOUSE</b>				
0 to 25	168	300	206	352	400
26 to 30	176	315	216	370	422
31 to 35	199	339	234	405	458
36 to 40	207	368	254	435	497
41 to 45	222	396	273	467	535
46 to 50	310	553	380	652	745
51 to 55	383	682	470	805	919
56 to 60	476	848	585	999	1,143
61 to 65	620	1,106	762	1,305	1,490
66 to 70	827	1,474	1,016	1,739	1,987
71 to 72	1,137	2,027	1,397	2,391	2,732
<b>GROUP SIZE 9 TO 25</b>	<b>ANNUAL PREMIUM PER EMPLOYEE/SPOUSE</b>				
0 to 25	155	275	190	325	370
26 to 30	163	290	200	342	390
31 to 35	177	314	216	370	423
36 to 40	192	341	235	402	459
41 to 45	206	367	253	432	495
46 to 50	287	512	353	600	689
51 to 55	355	631	435	745	850
56 to 60	440	785	541	925	1,056
61 to 65	575	1,023	705	1,206	1,378
66 to 70	765	1,365	940	1,608	1,838
71 to 72	1,053	1,875	1,293	2,212	2,527

1. Premium per child is 60% of the employee's (parental relationship) premium.
2. Average age (ANB) premium from 65 to 72 is for renewal only.
3. Minimum premium per policy is \$200 + GST (after deductible, if any).

### Deductible option for group basic H&S benefit (exclude rider)

DEDUCTIBLE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
\$500	-15%	-10%	-10%	-10%	-10%
\$1,000	-32%	-25%	-20%	-20%	-15%

### Outpatient GP panel and specialist benefit (rider to group basic medical)

BENEFITS/PLANS	PLAN 1	PLAN 2
Outpatient GP Panel* (Minimum group size of 5)	372	300
Outpatient Specialist* (Minimum group size of 5)	276	168

\* Maximum coverage age is up to age 65.

### Dental benefit (rider to group basic medical)

AVERAGE AGE OF GROUP/PLANS	DS5	DE7	DE10
Age 3 to 65	171	271	339

## Description of cover

### Group basic H&S benefit

- H1 Room and Board - Repay the daily charges for room and board accommodation, general nursing services and meals for each day of hospital confinement as a registered bed-paying patient in a hospital for up to a maximum of 120 days.
- H2 Surgery Charges - Repay the fees charged by the surgeon for the operation up to maximum amount specified in the surgical schedule. This includes all normal post-surgical care up to 90 days after operation. Surgeon fees shall also include fees charged by a second physician or surgeon who may be consulted prior to hospitalisation of the insured for a surgical operation. Surgery charges not exceeding S\$1,000 are not subjected to surgical schedule.
- H3 Theatre Fee - Repay operating room charges but not exceeding 30% of the eligible surgery charges.
- H4 Anaesthetist Fee - Repay fees charged by the anaesthetist for the service provided, but not exceeding 30% of the eligible surgery charges. Anaesthetist fee not exceeding S\$75 is not subjected to surgical schedule.
- H5 Miscellaneous Services - Repay charges for pre-hospitalisation diagnostic tests within 90 days preceding confinement and when pertaining to the disability on account of which confinement was required and for charges incurred during a hospital confinement for medically necessary hospital supplies and services and services. This includes prescribed medicines, dressing, rental of appliances, implants, treatment fees, therapy fees, laboratory fees, laboratory fees, X-rays, blood transfusions, oxygen and its administration, and day-care treatment.
- H6 Specialist Consultation Fees - Repay consultation fees charged by a specialist when in connection with a disability requiring confinement in a hospital within 90 days provided that such consultation has been recommended in writing by the attending physician.
- H7 Emergency Dental Treatment - Repay expenses incurred as a result of an accidental injury occurring to wholly sound natural teeth, provided that the treatment take place within 60 days of the accident causing the injury and in a legally registered dental clinic or hospital.
- H8 Emergency Outpatient Treatment - Repay expenses incurred as a result of an accidental injury for treatment as an outpatient at any registered clinic or hospital within 60 days of the accident causing injury. If the injury is treated by a registered Chinese bone-setter, charges up to maximum of S\$250 are covered.
- S1 Intensive Care Unit - Repay charges for an intensive care unit, provided it is certified medically necessary by the attending physician or surgeon, up to the daily maximum as per schedule for a period not exceeding 20 days (inclusive in the maximum 120 days under Room and Board benefit).
- S3 Ambulance Fee - Repay charges made by a hospital or organisation providing ambulance services for transporting the Insured to a hospital when medically necessary.
- S4 In-hospital physician's visit - For non-surgical confinement only. Repay fees up to a daily maximum as per schedule charged by a physician for visiting a bed-paying patient up to maximum 120 days.
- S6 Post-Hospitalisation Treatment - Repay expenses incurred for follow-up treatment by the same physician up to a period of 90 days immediately following a discharge.
- S7 Special Grant - Pay to the policyholder or legal representative, the stated sum in the event of death of the Insured person in connection with a claim resulting from
- An injury
  - A sickness during or after treatment for such sickness at hospital or in a day surgery ward.



S15 Organ Transplant – Repay the cost of surgery for the transplantation of kidneys, lungs, heart, liver, bone marrow or corneas. This does not cover the costs relating to the acquisition of organs or expenses incurred by donor.

U1 Miscarriage – Repay the expenses incurred for miscarriage and ectopic pregnancy. Termination of pregnancy requested by insured person will not be payable.

S8 Outpatient Kidney Dialysis and Cancer Treatment Benefit – Reimburses charges for kidney dialysis at a registered dialysis centre or unit and cancer treatment (chemotherapy and radiotherapy) at an outpatient department of a hospital or registered cancer treatment centre on recommendation of a registered medical practitioner.

S9 Medical Report Fee – Repay the cost of obtaining any medical report required by QBE up to the amount stated in the Policy Schedule. This benefit is payable together with any other benefit.

S10 Extended Major Medical - Repay the cost if a Extended Major Medical Member is confined to a hospital as a result of disease, sickness or accidental bodily injuries and by which the total Eligible Expenses incurred exceeds the benefits under the Basic Hospital & Surgical Policy provided that the Insured member or Dependent shall have either:

- (i) been Confined in a Hospital for a consecutive period in excess of 20 days; or
- (ii) undergone one surgical operation for which at least 60% of the maximum amount for the Surgical Benefit under the Policy Schedule is reimbursable.

For the purposes of the Extended Major Medical benefit only:

- (a) All exclusions as specified in the Basic Hospital & Surgical Policy shall also apply.
- (b) All pre-existing conditions at time of application of this extension will be excluded.

### **Outpatient GP panel benefit**

This benefit is available for minimum group size of five and above.

- a) Panel of Appointed Physicians/Clinics  
If the Insured receives consultation at our Panel Appointed Physicians, then the consultation, treatment and medicine prescribed will be on cash-free basis except if there is a copayment or capping imposed. The maximum amount payable shall not exceed the daily maximum indicated in the Benefits Table.
- b) Polyclinic GP Consultation & Medication  
If the Insured receives consultation at Polyclinic, then the consultation, treatment and medicine prescribed shall be reimbursed up to the overall annual limit as stated in the Benefits Table. Consultation, treatment and medicine prescribed will be on reimbursement and subject to any co-payment imposed.
- c) Limits for General Outpatient and Specialist Outpatient  
The maximum benefit amounts and the deductible (if any) as shown in the Benefits Table are for each Insured in one Policy Year.
- d) Panel of TCM Clinics  
If the Insured receives consultation at our Panel Appointed Physicians, then the consultation (treatment/medicines are not covered) will be on cash-free basis. The maximum amount payable shall not exceed the maximum limit indicated in the Benefits Table.
- e) Emergency Treatment at A&E visitation to A&E to registered Hospital in Singapore up to the number of visits per policy year as specified, regardless of doctor referral or on volunteer basis.

## **GP benefit claims procedure**

Panel of appointed physicians

- i) Present your membership card/App E-card to the clinic. (with NRIC if required) Download MHC App for clinic locator & Ecard for Android/iPhone hand phones.
- ii) Complete the Clinic Utilisation Form at point of Registration. You will be asked to fill the following information:
  - Dependant's Name, NRIC Number & Date of Birth
  - Time in
  - Sign on the Form
- iii) Payment is required if due to co-payment, surcharges or exceeding the coverage limit to the Clinic. GST imposed on the co-payment, surcharges or exceeding the coverage limit will be payable by insured.

## **Dental benefit**

The amount payable will not exceed the actual cost of medically necessary services provided by a dentist and the maximum liability of the company shall not exceed the limit of cover less any deductible that is for the account of the insured.

- D1. Basic Treatments - Reimburses charges for basic treatments, which shall include X-rays required prior to the performance of dental services; treatment of abscesses, anterior or amalgam fillings, gold pins for cusp restoration, extractions; and root canal filling up to the maximum per policy year.
- D2. Gum Treatments - Reimburses charges for gum treatments, including curettage up to the coverage limits.
- D3. Preventive Treatments - Reimburses charges for scaling, polishing and prophylaxis up to a maximum of two visits per policy year.
- D4. Complex Treatments - Reimburses charges for complex treatments, which shall include periodontal surgery, apicectomy - molars and premolars; and the surgical extraction of wisdom teeth up to a maximum per tooth.

- D5. Dentures - Reimburses charges for dentures required due to loss of sound natural teeth that were previously covered under this Policy by disease to accident up to the maximum per set.
- D6. Restorative Treatments - Reimburses charges for restorative treatments to sound natural teeth, which shall include gold inlays, capping, crowns and bridges in plastic or porcelain fused to gold up to a maximum per tooth.

## **Major policy conditions**

Age Limits - For Insured whose entry age is below 65 years, cover will be renewable until the Insured reaches age of 72, subject to compulsory health declaration upon age 70 and 71. Cover for children commence from age of 15 days to age of 25 years as long as child is registered as a full-time student at a recognised educational institute.

Cancellation - Policyholder may cancel the policy at any time by notifying QBE of such cancellation by issuing an official letter, specifying the effective date of cancellation of the said policy. Provided that no claim have been paid or are payable under the said policy, the policyholder shall be entitled to a refund of any premium paid by him/her after the deduction of a proportionate part of the policy year for which the policy has been in force less administration charges based on short rate table.

Eligibility - All full time employees shall be eligible to join the plan. A minimum of 75% of group enrolment of all employees and dependents is required for the Policy to go into effect.

If an employee is not actively at work on the date that he/she would otherwise be eligible in accordance with the above, the eligibility date shall be deferred to the first working day of active employment.

If a dependent is confined to a hospital on the date that he/she is eligible for the coverage under this plan, then the eligibility date shall be deferred to the date the dependent is discharged from hospital.

Late Notification – New employees and dependents (if applicable) must make applications to the company within 30 days of the eligibility date. Insurer may at its discretion accept late application, subject to satisfactory evidence of health.

Other Insurance – The Plan will indemnify on a proportionate basis if the application has any other insurance in force (Excluding any health insurance cover provided as part of an employment contract) in respect of the same injury, sickness, disease or illness.

Pre-existing condition – Condition that exist before the date the insured is covered under this plan and for which the insured:

- (A) Received treatment during the preceding three years and
- (B) Showed symptoms of the condition or is reasonably aware of the condition.

Restoration of cover – Any of the insured cover for a particular disability and/or related causes, in respect of hospitalisation and surgery cover only have been exhausted and provided this policy or renewal remain in force, such cover shall be reinstated in full if the insured person completely recover and not receiving any observation or treatment for a period of 14 consecutive days continuously following the latest discharge from hospital, any subsequent treatment shall be considered as a new disability.

Non-guaranteed premium – Premium payable for this cover is not guaranteed and may be adjusted on the policy renewal date, at the discretion of the company.

Reasonable and Customary charges – Benefits payable are limited to reasonable and customary charges for the treatment provided and to the limits of the covered plan.

Premium and Payment Warranty – The plan is subjected to a minimum premium of S\$200 + prevailing GST per policy and subjected to premium payment warranty clause, which requires the premium due to be paid in full within 60 days from inception date of the coverage or the effective date of each endorsement – failing which QBE will not be liable under the policy.

Where terms of the policy cannot be finalised by the 21<sup>st</sup> day from the commencement of the policy due to the absence of or inadequate policy information, QBE will proceed to issue a provisional policy based on expiring terms or terms quoted.

The plan applied for had not been in whole or in part terminated by another insurer due to non-payment of the premium in the last 12 months.

## Policy exclusions

### Group Basic H&S

1. Pre-existing conditions and Specified Illnesses will be covered under the Policy in respect of Insured who are GROUP MEMBERS provided that the insured has been covered continuously for 12 months under this Policy.
2. Waiting Period – No benefits will be paid for treatment within 31 days of the date when an Insured person is included under the Policy unless the treatment is for injuries sustained in an accident. (Not applicable for dental benefit)
3. Known congenital or neo-natal physical abnormalities developing within six months or birth.
4. Specified illnesses including hypertension or cardiovascular disease, cataracts, all internal tumours/cysts/nodules/polyps of any kind, breast lumps, haemorrhoid and endometriosis during the first year of an Insured person's cover.
5. Treatment pertaining to sexually transmitted disease or AIDS.
6. Preventive treatment or medicines and routine examinations and health checks.
7. Cosmetic treatments, eyeglasses or refraction and hearing aids except as necessitated by injuries.
8. Treatment for obesity, weight reduction or improvement regardless of whether caused directly or indirectly by a medical condition; study and treatment of sleep apnoea.

9. Services provided by hospitals that are non-medical in nature.
10. Dental treatments except as necessitated by injuries to sound natural teeth (Unless the dental benefit has been included in the Policy).
11. Psychotic, mental or nervous disorders.
12. Care or treatment that is covered under a Workman's Compensation Insurance Contract.
13. Pregnancy (except ectopic pregnancy), childbirth, abortion, pre-natal or post natal care and surgical, mechanical or chemical contraceptive methods of birth control or any resulting complication or treatment/tests pertaining to varicocele, infertility or impotency.
14. Treatment that arises from or is any way attributed to sex reassignment.
15. Experimental drugs and chemotherapeutic agents not of proven value.
16. Asbestos, in whatever form or quality, whether causes, contributed or aggravated by asbestos directly or indirectly.
17. Professional fees charges by the member of the Insured's immediate family or by a person normally resident in the household of the Insured or under his/her employ.
5. Kidney dialysis and cancer treatment.
6. Routine physical examinations, health check-ups or any other tests where there is no objective indication of impairment of normal health or any treatment of a preventive nature including vaccinations, acupuncture, or any treatment which is not medically necessary.
7. Treatment arising from any geriatric, psycho geriatric or psychiatric conditions.
8. Medical appliances and prosthetic devices.
9. The use or any treatment arising therefrom, of any drugs not licensed by an official governmental control agency of the country in which the drug is given, or drugs used in any circumstances other than in accordance with their licensed indications as well as drugs not listed in the Singapore Index Medical Supplies (SIMS).
10. Any treatment directed towards development delay and/or learning disabilities in children.
11. Specialised investigations that are not specified in the Schedule/Benefits Table.
12. Any expenses incurred in relation to psychological, emotional, mental or behavioural conditions.
13. Any expenses incurred in relation to birth control measures, pregnancy, infertility, post- delivery confinement, miscarriage, ligation or abortion.
14. Any expenses incurred in relation to cosmetic nature including but not limited to plastic surgery, acne, skin peeling or treatment for hair loss, and sex change operation.
15. Any expenses incurred in relation to illness or disablement arising from self-inflicted injuries, any unlawful act, misuse of drugs or alcohol.
16. Any expenses incurred in relation to counselling sessions; health food, supplements, weight management; alternative treatments; non-prescribed medication.

### **Outpatient GP and Specialist**

We will not pay for charges in respect of the following:

1. Any surcharge incurred due to visits outside the normal operating hours of the clinic.
2. More than one outpatient visit per day.
3. Prescription of drugs obtained without consultation.
4. Chiropractic treatment and any type of therapy including physiotherapy.

17. Any expenses incurred in relation to congenital anomalies, physical defects or hereditary conditions and disorders.
18. Any expenses incurred in relation to illness or disablement arising from, venereal disease, HIV infection, AIDS or any illness caused by the misconduct or negligence of the Insured Members.
19. Any expenses incurred in relation to procurement or use of special braces, equipments, prosthetic devices or appliances including but not limited to spectacles, contact lens or artificial limbs due to medical, surgical, dental or optical reasons.
20. Any expenses, including investigations, incurred in relation to illness and disablement during or in the course of employment which constitutes a valid claim under the Workmen's Compensation Act, Singapore.

There are other exclusions stated in the policy.

# SME Extensive Group Medical Application Form

QBE Insurance (Singapore) Pte Ltd



## Important Notes

- Under Section 25(5) of the Insurance Act Cap 142 or any subsequent amendment thereof, you are to disclose in this Applicant form, fully and faithfully, all the facts, which you know or ought to know, otherwise the policy issued may be void.
- Please complete this form by answering carefully all questions. It is important that a complete answer be given to every question including dates where applicable in order to avoid unnecessary delay in the processing of this application. You are advised to keep a record (including copies of letters) of all information you supplied herein.
- No liability is undertaken until our Company has accepted this application.

## Section A : Particulars Of Group Policyholder

Company Name	<input type="text"/>		
Company Address	<input type="text"/>		
Current Insurer	<input type="text"/>	Nature of Business	<input type="text"/>
Email	<input type="text"/>		
Contact Person	<input type="text"/>		
Contact No.	(O) <input type="text"/>	(H) <input type="text"/>	
	(HP) <input type="text"/>	(Fax) <input type="text"/>	
Period of insurance:	From: <input type="text"/>	To: <input type="text"/>	

ELIGIBILITY  Employee only  Employees plus Dependants

1. Each full-time employee shall be eligible for insurance:-

- upon the Effective Date of the Policy.
- upon completion of \_\_\_\_ months of continuous service.

2. Each future full-time employee shall be eligible for insurance:-

- upon the Effective Date of the Policy.
- upon completion of \_\_\_\_ months of continuous service.

## Important Notes:

1. Please indicate the category of employees to be insured, e.g. Management, Executive, Other Staff.
2. Eligible dependents include spouse, unemployed child who is age 15 days to 25 years of age.
3. A dependent's cover shall be the same as the employee's coverage. Once incepted, it will apply to all eligible employees in the same category.



## Personal Data Protection Act (PDPA) 2012

### Supplementary Consent Clauses

To process, administer and/or manage your relationship, account and policy with QBE Insurance (Singapore) Pte Ltd (QBE), QBE will need to collect, use, disclose and/or process your personal data. Such personal data includes (i) information set out in this [form] and any other personal information provided by you or possessed by QBE; and (ii) your claims.

Such personal data will be collected, used, disclosed and/or processed by QBE for the purpose(s) of:

- a) considering whether to provide you with the insurance you applied for;
- b) processing your application for underwriting and insurance;
- c) administering and/or managing your relationship, account and/or policy with QBE;
- d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
- e) carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by QBE;
- f) carrying out your instructions or responding to any enquiries by you;
- g) dealing in any matters relating to the services and/or products you are entitled to when applying for this or other policies you applied for. This includes the disclosure of some of your personal data when mailing of correspondence, statements, invoices, reports or notices to you, as well as the disclosure of some of your personal data on the cover of envelopes/mail packages;
- h) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy, and whether or not there is any suspicion relating to these;
- i) compiling a claims history for the purpose of investigation and detecting fraud in present and future claims
- j) complying with applicable law in administering and managing your relationship with QBE;
- k) providing you with direct marketing communications about QBE's products and services; if you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by writing in to [info.sing@qbe.com](mailto:info.sing@qbe.com)

We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the purposes described above, and using, disclosing and/or processing such personal data for one or more of those purposes.

Your personal data may/will be disclosed by QBE to its third party service providers or agents (including its lawyers/law firms), which may be situated outside of Singapore, for one or more of the purposes described above, meaning third party service providers or agents, if engaged by QBE, will be processing your personal data for QBE.

By signing below, you:

- consent to QBE collecting, using, disclosing and/or processing your personal data for the purposes described above;
- consent to QBE collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the purposes described above;
- consent to QBE disclosing your personal data to its third party service providers, or agents (including its lawyers/law firms), for the purposes described above; and
- consent to QBE transferring your personal data out of Singapore to its third party service providers, or agents where such third party service providers or agents are sited (whether in Singapore or outside of Singapore), for the purposes described above.



## Declaration of Product Summary

I/We confirm that the terms as stated in this quotation and its attachments have been explained and accepted by us.

I/We also confirm that the Plan applied for had not been in whole or in part terminated by another insurer due to non-payment of the premium in the last 12 months.

I/We warrant that the information supplied in this application are true and correct and I/We hereby agree that this Proposal and the Declaration shall be held as promissory and shall be the basis of the contract between the Policyholder and the Insurer and we understand that any false, incorrect or misleading statement may render this insurance null and void.

Name & Signature of Authorised Officer

Designation

Date

Company Stamp

## For Intermediary Use

Intermediary's Name

Intermediary's Code

Date (dd/mm/yyyy)

## Notes

## Notes



**QBE Insurance (Singapore) Pte Ltd**

A member of the worldwide QBE Insurance Group Unique Entity No. 198401363C

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