PROPOSAL FORM
Foreign Workers Group Hospital and Surgical Insurance Plan

Agent’s Name: ________________________
Agent’s Code: ________________________

IMPORTANT
Statement pursuant to Section 25(5) of the Insurance Act, Cap 142, you are to disclose in this Proposal Form fully and faithfully all facts which you know or ought to know, otherwise you may receive nothing from the policy.

Completing the Proposal Form
• ‘GEG’ shall mean ‘Great Eastern General Insurance Limited’
• Please answer all questions.
• If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.

1. GENERAL INFORMATION
   (a) Name of Applicant: ____________________________________________________________
   (b) Applicant’s Address: __________________________________________________________
   (c) Applicant’s Web Address: _____________________________________________________
   (d) Telephone Number: __________________________ Email: __________________________
   (e) Year the firm was established: __________________ ACRA No.: __________________
   (f) Nature of Business: __________________________________________________________

2. PERIOD OF INSURANCE
   From: ___________________________To ___________________________ (both dates inclusive)

3. BASIS OF ELIGIBILITY FOR EMPLOYEES
   Category of Employee: All Foreign Workers on Work Permit or S Pass Holders
   Type of Plan: __________________ Overall Limits S$15,000 per year
   Total No. of Employees: ______________
   Annual Premium: ______________ (per employee) TOTAL PREMIUM: ___________________

4. DETAILS OF INSURED EMPLOYEES

<table>
<thead>
<tr>
<th>S/N</th>
<th>Name of Employee</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Passport No./ Work Permit No.</th>
<th>Occupation</th>
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</table>
5. CLAIMS EXPERIENCE FOR THE PAST 3 YEARS

<table>
<thead>
<tr>
<th>Period of Coverage</th>
<th>Paid Claims</th>
<th>Outstanding Claims</th>
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<tbody>
<tr>
<td>From (dd/mm/yyyy)</td>
<td>To</td>
<td>Number</td>
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</table>

The Insurer reserves the rights to request for more information.

6. PRIOR INSURANCE

(a) Has the Applicant taken up a similar policy previously? □ Yes □ No
(b) Has any Insurer in respect of such insurance
   i) Decline your proposal? □ Yes □ No
   ii) Cancelled or refused to renew your policy? □ Yes □ No
   iii) Required an increase premium on renewal? □ Yes □ No

If the answer is ‘Yes’ to any of the above questions, please provide details:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

7. FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, is a crime.

8. DECLARATION AND SIGNATURE

We declare that all the Insured Employees as declared above all in good health and free from any physical defects or infirmity.

The undersigned authorized officer(s) of the Applicant further declare that to the best of their knowledge and belief the statements set forth herein and all attachments are true and complete and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of any insurance. Although the signing of the Proposal Form does not bind the undersigned on behalf of the Applicant to effect insurance, the undersigned agree that this proposal form and all attachments herein shall be the basis of and will be incorporated in the Policy should one be issued.

Policy Application, Service and Administration

By providing the information set out above, I/we agree and consent to Great Eastern, its related corporations (collectively, the “Companies”), as well as their respective representatives and agents (“Representatives”) collecting, using, disclosing and sharing amongst themselves my/our personal data, and disclosing such personal data to the Companies’ authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate my/our proposal and to provide the products or services which I am/ we are applying for (including, without limitation, any policy renewals and policy upgrades, substitutions or replacements).

These purposes are set out in Great Eastern’s Privacy Statement, which is accessible at http://www.greateasternlife.com/sg/en/pncpolicies.htm and which I/we confirm I/we have read and understood.

Signature : ___________________________________________ Company Stamp : ________________________________

Name/Title : ________________________________________ Date : ________________________________
1. **Policy Period**: 1 Year. Renewal is not guaranteed and shall be at GEG’s invitation to renew at least 30 days before the expiry of the Policy Period.

2. **Premium**: The Annual Premium Rates quoted are effective for the Policy Period. The premium rates are not guaranteed and GEG reserves the right to revise the Annual Premium Rates and/or impose any loadings, limitations, exclusions on any insured employee for renewal of this insurance. GEG reserves the right to impose additional terms and conditions to allow an employee to be eligible for insurance.

3. **Proposer’s / Policyholder’s Obligations to Provide Data**: 90 days from Eligibility Date. In any event where the Proposer / Policyholder is required to provide data on the employee to be insured, particularly within the time frame as specified under the Policy, but fails to do so, no insurance shall be effected on that employee unless GEG notifies so in writing.

4. **GST**: The Annual Premium Rates are subjected to prevailing GST.

5. **Right to Modify / Withdraw**: GEG reserves the right to modify/withdraw our quotation if there is any material change in underwriting information, including in particular:
   - (a) Nature of Occupation and Business, including a Change of Occupation during the Policy Period
   - (b) Number of lives

6. **Non-Application of the Contracts (Rights of Third Parties) Act 2001**: The contract is between the Policyholder and GEG only. A person who is not a party to this Policy shall have no rights whatsoever to enforce any of its terms. An insured employee may exercise any demand for rights under this Policy only through the Policyholder. If the insured employee wishes to direct the benefit payment to a particular person, the insured employee should instruct the Policyholder and the Policyholder must sign and return an Instruction and Discharge form to GEG upon a claim.

7. **Free Look**: There is no free look provision in any of the Policies.

8. **Others**: GEG reserves the right not to accept any application.
ANNEX A: FOREIGN WORKERS GROUP HOSPITAL & SURGICAL POLICY

Period of Insurance : One Year

Eligibility : All full-time Foreign Workers Employed by the Insured

Maximum Entry Age : 64 years old

Maximum Expiry Age : 65 years old and renewable up to age 70

Employee’s Eligibility Date : All Foreign Workers (Work Permit and/or S-Pass Holders

Schedule of Benefits

<table>
<thead>
<tr>
<th>Schedule of Benefits</th>
<th>Plan 1</th>
<th>Plan 2</th>
<th>Plan 3</th>
<th>Plan 4</th>
<th>Plan 5</th>
<th>Plan 6</th>
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<tbody>
<tr>
<td>1a. Daily Hospital Room and Board based on Class B1 Singapore Government/Restructured Hospital Ward Charges</td>
<td>S$</td>
<td>S$</td>
<td>S$</td>
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<td>1b. Intensive Care Ward</td>
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<td>2. Hospital Miscellaneous Services</td>
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<td>3. Surgical Fees*</td>
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<td>4. In-Hospital Doctor’s Visits, per day</td>
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<td>5. Pre-Hosp Diagnostic X-Ray &amp; Lab Test (90 days before admission)</td>
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<td>6. Pre-Hosp Diagnostic Specialist Consultation Fees (90 days before admission)</td>
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<td>7. Post-Hosp Treatment (within 90 days of admission)</td>
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<td>8. Funeral Benefits</td>
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<td>3,000</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
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</tbody>
</table>

Deductible* Nil 500 1,000 Nil 500 1,000

Coinsurance* Nil 10% 10% Nil 10% 10%

Subject to Deductible or Coinsurance, whichever is higher

Pro-Ration Factors

Applicable to Private Hospital 50% 50% 50% 50% 50% 50%

Applicable to Class A Government Restructured Hospital 80% 80% 80% 80% 80% 80%

* Surgical Fees at Private Hospitals shall be subject to Schedule of Surgical Operations

Annual Premium per Employee (S$)

(Subject to prevailing GST)

For Group Size 1-10 165.00 128.00 116.00 156.00 120.00 108.00

For Group Size 11-30 135.00 104.00 94.00 126.00 98.00 90.00

For Group Size 31 120.00 93.00 84.00 111.00 86.00 76.00

For Group Size 51 114.00 89.00 81.00 105.00 81.00 73.00

For Group Size 101 108.00 84.00 76.00 101.00 77.00 70.00

For Group Size 201 102.00 80.00 72.00 95.00 74.00 67.00

For Group Size above 500 96.00 75.00 68.00 89.00 69.00 63.00

Notes:
1. The Annual Premium shall apply in accordance to group size on inception.
2. Above premiums and benefits are applicable only to New Business and shall be offered on “Non-Takeover” basis only.
3. Twelve (12) months waiting period for pre-existing conditions will apply.
4. Deductibles, Coinsurance and Pro-Ration Factor are based on admissible expenses incurred.
5. GEG reserves the right to decline insurance or impose special terms and conditions.
Definitions
1) “Pre-existing Condition” shall mean any illnesses, diseases, injuries or impairments from which the Insured Person is suffering whether known or unknown to the Insured Person as long as the cause or pathology of the conditions have existed before the effective date of insurance in respect of the Insured Person under this Policy.

2) “Any One Disability” means all disabilities resulting from an illness or injury arising from the same cause including any and all complications therefrom, except that if the Insured Person completely recovers or returns to active full-time employment for fourteen (14) calendar days, any subsequent period of disability from the same cause shall be considered a new disability.

Waiting period for Pre-Existing Condition
Waiting period is 12 months starting from effective date of cover for the Insured Foreign Worker unless they have been continuously insured without any lapse of cover under an GEG’s Foreign Workers Hospital & Surgical Policy for at least 12 months.

Major Exclusions
1. Injuries or sickness arising directly or indirectly from insurrection, war or act of war (whether declared or undeclared), direct participation in strikes, riots or civil commotions, or full-time service in any of the armed forces including National Service under Section 10 of the Enlistment Act, Cap. 93 of the Republic of Singapore except National Service reservist duty or training under Section 14 of the Enlistment Act, Cap. 93 of the Republic of Singapore
2. Self-inflicted injuries, suicide, nervous and mental conditions, alcoholism or drug addiction, rest cures, sanitaria care or special nursing care, venereal disease; AIDS and AIDS related complications.
3. Pregnancy, abortion, miscarriage, sterilization, infertility; congenital anomalies; treatment of obesity, weight reduction and improvement; cosmetic and plastic treatment except due to accident and for medical reasons only; dental surgery care, and extractions except dental treatment/operations resulting from injury due to an accident; eye and vision care.
5. Services and supplies not recommended, approved and performed by a legally qualified Registered Medical Practitioner or for services which are not necessary for the treatment of an illness or injury, or which are for preventive care or routine physical health check-up purposes. Procurement or use of special braces, any appliances, any equipment or prosthetic devices, implants, hearing aids and non-medical services such as radio, television, and telephone.

Limitations
1. When an Insured Foreign Foreign Worker is entitled to benefits payable under the Work Injury Compensation Act or similar legislation, other group or individual insurance, the benefits payable under this Contract shall be limited to the balance of charges not covered by benefits payable under the Act or similar legislation, and other insurances or that calculated from the Schedule of Benefits, whichever is less.
2. 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 or if the Hospital makes a charge for Room & Board.

Remarks
1. Policy provides cover only to Foreign Workers who are actively at work on Commencement/ Effective Date
2. Policy provides 24 hours Coverage
3. Policy is issued for a term of 12 months. However, GEG reserves the right to change the policy terms and provisions by giving the Insured written notice.
4. Premiums indicated are non-guaranteed
5. Free-Look Period is not applicable
6. Cover is subject to GEG’s standard policy terms and conditions