

Application Form
Singapore Medical Association Plus Group Insurance Plan

WARNINGS : PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CAP.142). YOU ARE TO DISCLOSE IN THIS FORM FULLY AND FAITHFULLY ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW . OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY

Please complete, sign and submit this form to The Great Eastern Life Assurance company Limited. Policy No. _____

Name of Policyholder. Singapore Medical Association Company's Registration No. _____

Name of Registered Member of SMA : _____ Proposer's Co Registration No. _____

Registered Member's Address : _____ Postal Code : _____

Nature of Buisness : _____

Contact Person : Mr/Ms _____ Tel No. _____ Email : _____

Total No.of Employees : _____ (minimum 3 insured members and 2 covers)

Commencement Date of Cover : _____

Denote : *

*BASIS OF COVERAGE				
Cover	GTL Plan	GPA Plan	GHS Plan	Dependant Cover (Yes/No)
Option Selected				
Doctor				
All Others				

GTL/GPA :	GHS :	R&B
Plan 1 : S\$100,000	Plan 1	342
Plan 2 : S\$200,000	Plan 2	275
Plan 3 : S\$300,000	Plan 3	170
Plan 4 : S\$50,000	Plan 4	170

- Note: i) Dependants cover for GHS must be of the same plan as employee
 ii) Compulsory : All staff of the same category must be enrolled

Plan 1/2/3 : For Doctor Only
 Plan 4 : All Others

Proposer's Declaration

- We hereby declare that to the best of our knowledge and belief, the information given here is true and complete and agree that if a contract of insurance is effected, all information submitted in connection with the application shall form the basis of such contract between the Proposal and Great Eastern Life.
- We agree that any misrepresentation or concealment of facts which are likely to influence the assessment and acceptance of the application may render the Policy, if issued, null and void and benefits may be lost.
- We hereby acknowledge and agreed that until Great Eastern Life has confirmed in writing its acceptance of our application for insurances hereunder in respect of any of our employees who is subjected to underwriting ("Restricted Employee"), only our full time employees who are Actively at Work as at the commencement of insurance coverage will be eligible for such insurances.
- We hereby confirm and represent to Great Eastern, its related corporation (collectively, the "Companies") as well as their respective representatives and agents "Representative" that each insured member of the policy we are applying for ("Insured Member") has agreed and consented to the disclosure of their personal data to the Companies and their Representative, and further, that for the Companies and their Representatives' collection, use and/or disclosure of the personal data of the Insured Members, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purpose reasonable required by the Companies to evaluate our proposal and to provide the products or services which we are applying for in respect of Insured Members who are subsequently enrolled into this Policy. We further undertake that we shall ensure and procure that each Insured Member has provided such agreement and consent in relation to his/her personal data for such purposes. 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 we confirm each of us and the Insured Members have read and understood.

Authorised Signatories of Proposer (Company)

Important Note : This section is compulsory to be completed for our compliance with the regulatory requirement on Prevention of Money Laundering and Countering the Financing of Terrorism

A listing of Authorized Persons appointed by the Proposer for incepting of insurance and/or yearly renewal confirmation :-

Name	Designation	NRIC/ Passport No	Specimen Signature

I hereby confirmed that the above listed Authorized Person(s) is/are the authorized signatories appointed by the Proposer.

Signature/Date : _____ Company/Proposer's Stamp : _____
 Officer Name : _____
 Designation : _____
 NRIC /Passport No. _____



GROUP INSURANCE EMPLOYEE MOVEMENT FORM

Policy No.: _____
Policyholder Name: _____
GE Life Planner's Name: _____
GE Life Planner's Contact No: _____
Period of Insurance (dd/mm/yyyy) : _____ TO _____

Medical Card: Yes / No
(please circle accordingly)

Table with columns: Action Type, EMPLOYEE DETAILS, Deletion of Employee, Addition of New Employee / Change in Plan Type or Sum Assured for Existing Employee, Product Eligibility, Remarks.

* Employee / Dependant (Dep) Coverage Eligibility Legend: EE - Employee Only, ES - Employee & Spouse, EC - Employee & Child(ren), EF - Employee & Family, SO - Spouse Only, CO - Child Only, SC - Spouse & Child(ren) Only

Kindly ensure completeness of the Employee Movement Form before sending it to us via email or fax.

Name of Authorised Officer: _____
NRIC No of Authorised Officer: _____
Contact No of Officer: _____
Company Stamp & Authorised Signature: _____
Date: _____

Email Address: groupco-sg@greateasternlife.com

Fax No: 6532 3478

Singapore Medical Association (SMA)

Product Information

- Participation** : All Full Time Employees of Registered Member of SMA
- Group Size** : Minimum 3 employees of Registered Member of SMA on compulsory basis and minimum 2 covers to incept a policy
- Scope of coverage** : 24 hours worldwide
- Eligibility**
Group Term Life :
All full time actively- at- work employees of Registered Member of SMA who is between age 16 to 65
Group Personal Accident :
All full time actively- at- work employees of Registered Member of SMA who is between age 16 to 65
Group Hospital & Surgical :
All full time actively- at- work employees of Registered Member of SMA who is between age 16 to 65
Spouse - Legal spouse upto age 65 who is not divorced or legally separate from the insured employee
Child - unmarried and unemployed children between the age of 15 days old and discharged from hospital and up to 25 years old at the policy commencement or renewal date
- Renewal**
Renewable up to age 65 years old

Product Description

Group Term Life Assurance (GTL)

Benefits :

- Lump sum payment of sum assured upon Death due to an illness or injury
- Lump sum payment upon Total & Permanent Disability (TPD) due to an Illness or Injury
- Lump sum payment up to S\$100,000 upon diagnosis of Terminal Illness
- Extension of Death & TPD for 12 months from termination date of employment due to medical ground

Basis of Sum Assured

*Doctor : Plan 1 : S\$100,000; Plan 2 : S\$200,000; Plan 3 : S\$300,000
All Others : Plan 4 : S\$50,000

Annual Rate Per S\$1,000 sum assured : S\$1.25 (GST exempted)

Projected Annual Premium (based on the assumption that member is accepted at standard terms) as below :

Category	* For Doctor Only			All Others
	Plan 1	Plan 2	Plan 3	Plan 4
Sum Assured (S\$)	100,000	200,000	300,000	50,000
Annual Premium (S\$)	125.00	250.00	375.00	62.50

* Should S\$200,000 is selected for Doctor by the Registered Member of SMA, all doctors with the Registered Member of SMA should be covered under the same sum assured

Non Medical Limit : S\$200,000 up to age 50

Personal Health Declaration Form is required if

Sum assured under Group Term Life exceeds S\$200,000 and/or Insured Member is age 51 years old age next birthday and Above

Key Exclusions :

- 1 Pre-existing conditions that existed prior to commencement date of insurance under the policy are excluded for first 18 months of coverage
- 2 Suicide is excluded during the first 12 months of the coverage

Group Personal Accident (GPA)

Benefits :

- Payment upon Death, Permanent Disablement arising from Accidents only
- Pays according to Schedule of Compensation

Basis of Sum Assured

Doctor : Plan 1 : S\$100,000; Plan 2 : S\$200,000; Plan 3 : S\$300,000
All Others : Plan 4 : S\$50,000

Annual Rate Per S\$1,000 sum assured: S\$0.50

Projected Annual Premium (based on the assumption that member is accepted at standard terms) as below :

Category	* For Doctor Only			All Others
	Plan 1	Plan 2	Plan 3	Plan 4
Sum Assured (S\$)	100,000	200,000	300,000	50,000
Annual Premium (S\$) excluding GST	50.00	100.00	150.00	25.00
Annual Premium (S\$) including GST	53.50	107.00	160.50	26.75

* Should S\$200,000 is selected for Doctor by the Registered Member of SMA, all doctors with the Registered Member of SMA should be covered under the same sum assured

Key Exclusions :

- 1 Self-inflicted injuries or any attempt thereat, while sane or insane
- 2 Participation in competitive racing of any kind other than on foot
- 3 Insurrection, declared or undeclared war or any warlike operations.
- 4 Participation in riot, commission of an assault or act of crime

Group Hospital & Surgical (GHS)

Benefits : Reimbursement of eligible expenses incurred by an insured member or dependants in connection with his/her hospital confinement or surgery which results directly from any illness or injury

Basis of Cover :

Doctor and his eligible dependants : Plan 1/2/3
All Others excluding Foreign Worker : Plan 1/2/3
Foreign Worker : Plan 4

Benefits Schedule (Maximum Per Any One Disability)

- 1 Room & Board (Max 120 days including ICU)
- 2 Intensive Care Unit (ICU)
- 3 Hospital Miscellaneous
- 4 Surgery (subject to Schedule of Surgical Operation except for Govt & Rest Hospital in Singapore)
- 5 In Hospital Doctor Visit
- 6 Pre Hospitalisation Specialist Consultation
- 7 Pre Hospitalisation Diagnostic X-ray & Lab Test
- 8 Post Hospitalisation
- 9 Emergency Outpatient Treatment Due to Accidents
- 10 Miscarriage
- 11 Death Benefit
- 12 Overall Limit Per Anyone Disability for item (3) to (8) for admission to Singapore Govt/Restr Hospital

	* For Doctor Only			All Others
	Plan 1 (S\$)	Plan 2 (S\$)	Plan 3 (S\$)	Plan 4 (S\$)
1 Room & Board (Max 120 days including ICU)	342	275	170	170
2 Intensive Care Unit (ICU)	10,000	10,000	10,000	10,000
3 Hospital Miscellaneous	5,000	5,000	4,000	4,000
4 Surgery (subject to Schedule of Surgical Operation except for Govt & Rest Hospital in Singapore)	8,000	7,000	5,000	5,000
5 In Hospital Doctor Visit	100	80	50	50
6 Pre Hospitalisation Specialist Consultation	450	400	200	200
7 Pre Hospitalisation Diagnostic X-ray & Lab Test	450	400	400	200
8 Post Hospitalisation	400	500	500	500
9 Emergency Outpatient Treatment Due to Accidents	2,500	2,000	1,000	1,000
10 Miscarriage	1,000	1,000	1,000	1,000
11 Death Benefit	3,000	3,000	3,000	3,000
12 Overall Limit Per Anyone Disability for item (3) to (8) for admission to Singapore Govt/Restr Hospital	17,000	13,750	8,500	15,000
Annual Premium (excluding GST)				
Employee Only	534.60	408.15	249.20	373.90
Employee & Spouse/Children	1,336.50	1,020.40	623.00	N.A.
Employee & Family	1,871.10	1,428.50	872.20	N.A.
Annual Premium (including GST)				
Employee Only	572.02	436.72	266.64	400.07
Employee & Spouse/Children	1,430.06	1,091.83	666.61	N.A.
Employee & Family	2,002.08	1,528.50	933.25	N.A.

* Should Plan 2 is selected for Doctor by the Registered Member of SMA, all doctors with the Registered Member of SMA should be covered under the same Plan

Key Policy Exclusion :

- 1 Pre-existing conditions that existed prior to commencement date of coverage under the policy are excluded for the first 12 months of the coverage.
- 2 Self-inflicted injuries or any attempt threat while sane or insane
- 3 Pregnancy including childbirth except for miscarriage
- 4 Congenital anomalies, AIDS and AIDS related complications

Important Note : This summary is meant for general information only. It is not an insurance contract. These plans are protected under the Policy/Owners Protection Scheme which is administered to 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 us or visit the Life Insurance Association (LIA) or SDIC websites (www.lia.org.sg or www.sdic.org.sg)