

13 November 2009



Dear Business Partners

NEW ENHANCED GROUP MEDIWELL CLASSIC INSURANCE

As from 1st January 2010, the Ministry of Manpower (MOM) will increase the minimum annual coverage of foreign worker medical insurance from S\$5,000.00 to S\$15,000.00. With this new requirement set by MOM, we have enhanced our existing Group Mediwell Classic Insurance, a cost-effective solution to help our Policyholders meet this mandatory health insurance at an affordable premium. The plan is also available for local employees.

For your easy reference, the enhanced features of our Group Mediwell Classic Plans are highlighted as below:

- No minimum headcount required
- Maximum enrolment age up to 65 years old
- Extended Benefit to cover 100% of the cost of treatment (accident/illness) in the course of employment which is in excess of the Work Injury Compensation Act (T&C apply)
- Special Grant at S\$3,000
- Emergency Accidental Out-Patient Treatment at S\$300
- Higher Per Disability Limit and Annual Overall Limit

For more information, please refer to the enclosed Product Summary or visit I-Channel at <https://www.ichannel.com.sg>.

To request for a new quote, please contact our Medical Underwriter (Ms. Heng Kia Nee) or your servicing underwriter in our Business Insurance Division.

We look forward to your continuous support in growing your business with us.

Yours truly

For Tenet Insurance Co Ltd

A handwritten signature in black ink, appearing to read "Florence Chew".

Florence Chew

Division Manager, Business Insurance Division

NEW

PRODUCT SUMMARY FOR GROUP MEDIWELL CLASSIC INSURANCE

SCHEDULE OF BENEFITS	C1	C2
	(S\$)	(S\$)
Room & Board	Government/Restructured Hospital (6-bedded)	
In-Patient Benefits	<p style="text-align: center;">As Charged</p> <ul style="list-style-type: none"> • Intensive Care Unit • Surgical Fees (including Day Surgery) • Hospitalisation Miscellaneous Expenses • Pre-hospitalisation (30 days) and Post-hospitalisation (90 days) treatment expenses 	
Special Grant	\$3,000 #	\$3,000 #
Out-patient Kidney Dialysis & Cancer Treatment	\$5,000	\$5,000
Emergency Accidental Out-Patient Treatment	\$300	\$300
PER DISABILITY LIMIT	\$7,500	\$15,000
ANNUAL OVERALL LIMIT (exclude #)	\$15,000	\$15,000

Please contact our Medical Underwriter (Ms. Heng Kia Nee) @ kianee.heng@tenetinsurance.com or your Servicing Underwriter for a quotation.

EXTENDED BENEFIT

Notwithstanding anything contained in the Policy to the contrary, the Policy extends to indemnify the Policyholder up to 100% of the costs of treatment to an Insured Member, arising out of an accident or illness in the course of employment, which is in excess of the statutory limits under the Work Injury Compensation Act, provided that:-

- (a) Tenet Insurance is the Insurer for the Work Injury Compensation Policy, and
- (b) the costs of treatment constitute a valid and payable claim under the Work Injury Compensation Policy.

Subject always to the Policy terms and conditions.

KEY PRODUCT PROVISIONS

The following are some key provisions found in the policy contract of this plan. This is only a brief summary and you are required to refer to the actual terms and conditions in the contract. Please consult your intermediaries should you require further explanation.

1. Eligibility

- (a) The maximum age for enrolment is 65 years old.
- (b) All Employees must be under the payroll of a Singapore-based office.
- (c) Employees must be Singapore Citizens or Singapore Permanent Residents who are domiciled in Singapore, or foreigners who are holding valid Work Permit / S Pass.

2. Terms of Renewal

Coverage may be renewed on the Policy Anniversary Date by the payment of the annual premium, submission of an updated name list for record update to the Policy and health declaration forms for Insured Employees above age 65 years old.

3. Exclusions

There are certain conditions whereby the benefits under this plan will not be payable. These are stated as exclusions in the contract. You are advised to read the policy contract for the full list of exclusions.

- (a) Any Pre-existing conditions unless the Insured Member affected by these conditions has been insured under this Policy for 12 months with the exception on congenital anomalies which will be considered as permanent exclusions under this Policy.
- (b) Treatment arising from pregnancy, miscarriage or childbirth (including diagnostic tests for pregnancy), tests to do with and treatment for sub-fertility, and charges for abortion or sterilization, and contraception including any complications relating thereto.
- (c) Accident or injury occurring while the Insured Employee is engaged in or practising for or taking part in caving, mountaineering or rock climbing necessitating the use of guides or ropes, potholing, underwater activities involving the use of underwater breathing apparatus, bungee jumping, sky diving, hang-gliding, paragliding, parachuting or any activities in aerial balloon whilst airborne, motor rallies or any kind of racing other than on foot or any sports in a professional capacity unless otherwise agreed in writing by the Company.
- (d) Expenses incurred for work related illness/sickness or accident, except as provided under Extended Benefit for Work-related Accident & Illness.

4. Waiting Period

No benefits will be payable if any illness or sickness, which commences within the first thirty (30) days from the effective date of cover of the Insured Employee, except for accidental injuries.

5. Geographical Scope

Singapore only.

6. Addition and Deletion of Employees



For Group Size 50 and below

Any addition or deletion of employees is subject to the submission of written notice to the Company within 30 days from the approval or cancellation of the Work Permit or S Pass, supported with documented evidence from the Ministry of Manpower. Premium will be calculated based on pro-rated basis subject to a minimum premium charge of \$25.00 per endorsement.

For Group Size 51 and above

All new employees will be covered automatically, subject to submission of an updated namelist on a quarterly basis. The premium adjustment will be based on the net increase or decrease in the number of insured employees as follows:-

- (a) 1st Quarter - Additional premium or refund based on 75% of annual premium per employee
- (b) 2nd Quarter - Additional premium or refund based on 50% of annual premium per employee
- (c) 3rd Quarter - Additional premium or refund based on 25% of annual premium per employee
- (d) 4th Quarter - Additional premium or refund based on 10% of annual premium per employee

7. Termination

Cover ceases for the Insured Employee:-

- (a) on the date this policy is terminated;
- (b) on the 70th birthday of the Employee;
- (c) on the date of termination of employment;
- (d) on the date in which an Employee is retired or pensioned; or
- (e) on the premium due date if the Policyholder fails to pay the required premium for the Insured Employee.

The liability of this policy shall cease on the last day of cover for the Insured Employee.

The Company will also not pay for any benefit in respect of expenses incurred by any Insured Employee whose insurance has terminated, for treatment provided to the Insured Employee on or after the effective date of such termination.

Notice of termination

- (a) The Policyholder may at any time, by giving notice in writing to the Company, terminate this Policy or terminate cover with respect to any of the insured members. Refund premium will be calculated based on pro-rated basis and returned to the Policyholder subject to a minimum premium charge of \$75.00 per policy.

No refund premium for the unexpired Period of Insurance will be granted to the Policyholder if any claim(s) has arisen during the period of insurance.

(b) The Company shall at any time, by giving fourteen (14) days' notice to the Policyholder, at the Policyholder's address or place of abode last known to the Company, be at the liberty to cancel this policy, the Company shall without demand, return to the policyholder the pro-rated premium corresponding to the unexpired period of insurance subject to a minimum premium charge of S\$75.00 per policy.

8. Takeover Condition

If this policy shall have commenced immediately upon termination of policy similar in scope to this one, under which an Insured Person was covered, and if the Insured Person shall have been afflicted with a Disability at the time this Policy commenced (and benefits under the preceding Policy would have been available to him/her), such Insured Person shall continue to be Covered for the existing Disability, but the Company shall not be liable beyond the limits of the previous policy or the limits of this Policy whichever shall be lesser.

This clause shall apply only for a period of twelve (12) months from the first commencement date of this Policy, for such "Take Over policies", and only if the Disability has been declared by the Insured Person and the Company has been provided with a copy of the preceding Policy.

GROUP MEDIWELL CLASSIC APPLICATION FORM

Important Notice

1. Statement Pursuant to Section 25(5) of the Insurance Act you are to disclose to us fully and faithfully the facts you know or ought to know otherwise you may not receive any benefits from your Policy.
2. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances, failing which there will be no liability under this cover.
3. The liability of the Company does not commence until this Application is accepted and the premium is paid in accordance with clause 2 above.

COMPLETE FULLY IN BLOCK LETTERS AND INK

* Delete as appropriate

AGENT NAME & CODE: _____ (_____)

PERIOD OF INSURANCE from _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)

I. GENERAL INFORMATION

a) Name of Applicant/Company: _____

b) Address of Company: _____

c) Tel: _____ Fax: _____ Email: _____

d) Principal Activity of Business: _____

e) Presently insured under other medical, hospitalization, accident or life insurance? Yes / No *

If Yes, Name of current insurer: _____

Type of Policy /Name of Plan: _____

Period of Insurance: From _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)

f) Total Number of Employees: _____ Number of Employees to be Insured: _____

II. GROUP HOSPITAL & SURGICAL INSURANCE DETAILS

Details of Insured Members - Employees

S/N	Name of Person to Be Insured	Work Permit / S Pass No. /S'pore Nric <i>Please complete GIFF form if insuring S'poreans &/or PRs</i>	Gender	Date of Birth	Plan Type <i>Please tick (✓)</i>	
					C1	C2
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

If more space is required, please write on a separate sheet of paper and attach herewith. Alternatively, please attach an Excel spreadsheet providing the same information

III. INSURANCE HISTORY

a) Has any Accident or Health policy covering your company ever been cancelled or renewal refused? **Yes / No ***
If Yes, give details

b) Has any proposal or application made by your company for a Life, Accident or Health policy insurance ever been declined, postponed or accepted other than normal terms? **Yes / No ***
If Yes, give details.

IV. DECLARATION

I/We hereby declare to the best of my/our knowledge and belief that all the employees listed are in good health and free from physical defects or infirmity and that the statements and answers given in this enrolment form and health declarations are true and complete and that I/We have not withheld any information or material facts that may influence the assessment and acceptance of this insurance. I/We understand that any misstatement of fact, whether by commission or omission may be grounds for the Insurance Company in its absolute and sole discretion to decline to pay any benefit which might otherwise have been payable.

I/We agree that if a contract of insurance is effected, all information submitted in connection with this application, including the proposal and health declaration forms completed by the respective insured persons, shall form the basis if such contract between me/us and the Insurance Company and shall be deemed to be incorporated in such contract. I/We understand that this insurance if accepted will be an annual contract renewable at the discretion of the Insurance Company.

Please charge S\$ _____ to our Visa / Mastercard *
Card No. _____ - _____ - _____ - _____ Expiry Date ____ / ____

We enclosed a cheque for S\$ _____ (including GST) payable to **Tenet Insurance Company Ltd.**
Bank / Cheque No. _____ / _____

Signature of Applicant
on behalf of person(s) to be insured

Name:
Designation:
Company Stamp (if applicable):
Date:

Signature of Authorised Officer

Name:
Designation:
Company Stamp (if applicable):
Date:

I/We declare and acknowledge that I/We have reviewed this Group Hospital & Surgical Insurance application with the authorized officer of the Company, and that I/We have explained all requirements of this application form to him/her.

Signature of Insurance Representative
Name:
Designation:
Company Stamp (if applicable):
Date: