

Employee MediCare Application Form

The Insurance Act: In this Application Form, you are required to disclose fully and faithfully all the facts you know or ought to know in respect to the risk that is being proposed, otherwise, the policy issued hereunder may be void.

Note: Worker means your foreign worker in your direct employment with valid work permit or special pass issued by the Ministry of Manpower in Singapore.

Please ☒ tick where appropriate.

(A) Particulars of Applicant

Business/Company Name _____

Address _____

Tel _____ Fax _____

Business or Activity _____ Business/Company Registration Number _____

(B) Insurance Intermediary Information *(where applicable)*

Name of Insurance Intermediary _____

Account Number (if applicable) _____

Name of Insurance Intermediary Company _____

Email _____

Contact Number _____ (Office) _____ (Home) _____

(C) Period of Insurance

From _____ to _____

(D) Plan to be Insured

Duration 12 months

Choice of Plan ☐ Classic Plus Plan ☐ Classic Plan ☐ Basic Plan

Co-Insurance ☐ Yes ☐ No

(E) Basis of Employee MediCare

(Please complete this section if different category of worker is to be insured on different plans)

Category of Workers	Plan Type

(F) Previous Medical and Health Related Costs

i) Have your workers previously been insured for Healthcare type of benefits? ☐ No ☐ Yes
 If Yes, please state the name of Insurer(s) during the past 3 years:

ii) If no health insurance has been arranged previously, have you provided or funded staff medical benefits? ☐ No ☐ Yes

- iii) Please provide the following information on the total cost of medical and health related or insurance claim costs, both paid and outstanding during the past 3 years.

Period of Insurance Paid Claims (dd/mm/yyyy)		Number of Insured Workers	Paid Claims		Outstanding Claims	
From	To		Number	Amount	Number	Amount

- iv) Is there any worker terminally ill or in hospital?

☐ No ☐ Yes

If Yes, please provide details: _____

Name(s) of worker(s): _____

Reason for Hospitalisation/Nature of Illness: _____

(G) Declaration

- I/We hereby apply for the Employee MediCare Policy and declare that to the best of my/our knowledge and belief the information given here is true and complete and that I/we have not withheld any material facts, that is, facts likely to influence the assessment and acceptance of this application by MSIG Insurance (Singapore) Pte. Ltd. ("MSIG"). I/We understand that any misstatement of fact, whether by commission or omission may be grounds for MSIG in its absolute and sole discretion to decline to pay any benefit for Employee Medicare Policy which may otherwise have been payable. I/We agree that this Application, together with additional statements signed by us shall be deemed to be part of this declaration, shall be the basis of the contract of insurance.
- I/We also declare that all workers proposed for insurance are in good health and free from physical defect or infirmity. I/We are unaware of the existence of any medical condition or disease foreseeable requiring their hospitalisation or treatment in the future.
- I/We declare that all workers to be insured are aged between 18 to 64 years old at the enrolment date and understand that cover for an insured worker shall terminate on the expiry of the period of insurance in which he/she has attained 70 years old.
- I/We understand that the Employee MediCare Policy provides coverage only for Injury or Illness or death as set out in the Policy which is not suffered during the worker's course of employment.
- In the event of claims, I/we authorize any Doctor who has attended to the worker to release any information which MSIG may require, and I/we will co-operate fully with MSIG and furnish such additional evidence required in support of my/our claim. I/We agree to accept the insurance as specified in the Employee MediCare Policy and/or Schedules of Insurance to be issued in connection with the Policy.
- I/We understand that the insurance will only be affected upon the acceptance of this application by MSIG.

Privacy Policy

MSIG is committed to protecting your privacy. We collect, use and disclose the personal particulars you provide to us in accordance with the Personal Data Protection Act 2012 and MSIG's Privacy Policy, for the provision of all services related to, and protection under the insurance policy purchased from us, including for proper servicing, underwriting and claims administration. MSIG may disclose the personal particulars to its business partners and third party service providers for these purposes. Where there are more than one individual insured persons, I/we confirm they have consented to MSIG's collection, use and disclosure of their personal particulars. Please refer to the full MSIG's Privacy & Cookies Policy at www.msig.com.sg for more information.

Signature of Authorised Officer
For and on behalf of the Applicant

Name of Authorised Officer

Company Stamp (if applicable)

Date (dd/mm/yyyy) _____

Designation _____

Important Note:

This document is not a contract of insurance. Full details of the terms, conditions and exceptions of this insurance are provided in the Policy and will be sent to You upon acceptance of Your application by MSIG Insurance (Singapore) Pte. Ltd

This policy is protected under the Policy Owners' Protection Scheme 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 MSIG or visit the GIA/ LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).