



*Insurance Made Easy*

**EQ HealthSAVER**

**MEDICAL BENEFITS FOR LOCAL EMPLOYEES**



# EQ HealthSAVER

## MEDICAL BENEFITS FOR LOCAL EMPLOYEES

Protect your local employees with a simple and absolutely affordable medical plan.

**EQ HealthSAVER** covers your local employees' hospitalisation costs in the event of an illness or injury so that they will know you care and that their family will be taken care of should anything unfortunate occur. And this will cost you only S\$75 per employee for a whole year!

Your employees will be covered for:

Benefits		Limits
1.	Room & Board (6 Bedded in Government / Restructured Hospital)	Up to S\$5,000 per disability
2.	Intensive Care Unit	
3.	Inpatient Treatment – Hospital Miscellaneous Expenses – Surgeon's Fee – In-Hospital Physician's Visit	
4.	Pre-Hospitalisation Treatment	Up to S\$300
5.	Post-Hospitalisation Treatment	Up to S\$300
6.	Funeral Expenses	S\$3,000

### Annual Premium per Employee

- \* S\$75 (before GST)

*Subject to Minimum Premium of S\$100 (before GST) per policy.*

### Territorial Limit

- \* 24 hours, worldwide coverage.

### Period of Insurance

- \* Period of insurance is for 12 months and renewal is at EQ Insurance's discretion.

**For a limited period only!** Sign up for EQ HealthSAVER of any group size and enjoy a promotional rate of S\$50 (before GST) per worker under our **Foreign Workers Medical Insurance Plan**, subject to a minimum of 2 workers. Our existing Foreign Workers Medical Insurance Plan's benefits, terms and conditions apply.

Our Underwriting Guides:

<b>A Eligibility</b>	All full-time, permanent and actively at work employees of the Policyholder, who is aged 60 years and below and is a Singapore Citizen.
<b>B Key Policy Exclusions</b> <i>(please refer to policy contract for full list and details of exclusions)</i>	<ul style="list-style-type: none"><li>* All work related illness &amp;/or injury</li><li>* All pre-existing conditions</li><li>* Pregnancy, childbirth, or abortion</li><li>* Cosmetic or plastic surgery unless it is necessary for the repair of damage in view of an accident.</li><li>* Emotional, stress, psychiatric or psychological disorder.</li></ul>
<b>C Application Documents</b>	<ul style="list-style-type: none"><li>* Application Form</li><li>* Insured Employees' Enrolment List</li><li>* Personal Health Declaration (if required by EQ Insurance)</li><li>* Detailed Claims Statistic (if required by EQ Insurance)</li></ul>
<b>D Policy Administration On Named Basis only</b>	<p><b>Deletion of employee</b></p> <ul style="list-style-type: none"><li>* Below 3 months cover - 50% refund premium</li><li>* 3 months cover &amp; above - No refund</li></ul> <p><i>Note: No refund if there is a claim by the employee</i></p> <p><b>Addition of employee (new employee)</b></p> <ul style="list-style-type: none"><li>* 3 months cover &amp; above - Full Annual Premium</li><li>* Last 3 months or less - 50% of Annual Premium of policy period <i>(no refund if employee leaves the company)</i></li></ul>

**Call us today:**

EQ Insurance Company Limited, 22 Gemmill Lane, Singapore 069257 Tel: 6223 9433 / Fax: 6223 4190 Website: [www.eqinsurance.com.sg](http://www.eqinsurance.com.sg)

**Important Note:** This brochure is for general information only and is not a contract of insurance. The precise terms, conditions and exclusions of this insurance product are specified in the policy contract.

## APPLICATION FORM - EQ HealthSAVER (For Local Employees)

**IMPORTANT NOTICE TO THE PROPOSER - Under Section 25(5) of the Insurance Act (Cap. 142), or any subsequent amendments thereof, you must disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know in respect of the risk proposed; otherwise the policy issued hereunder may be void.**

Agent / Broker	Code	Period of Insurance From: _____ To: _____		
<b>PARTICULARS OF PROPOSER</b>				
Company Name:			Company Regn. No.:	
Address:				Postal Code:
Contact No: (Office)		E-mail:		(Fax)
Nature of Business:				
<b>EMPLOYEES' DETAILS</b>				
Full Name (as in NRIC)	NRIC No.	Gender	Date of Birth	Occupation
<b>PREMIUM PAYMENT</b>				
I would like to pay my premium by:				
<input type="checkbox"/> Cash				
<input type="checkbox"/> Cheque payable to "EQ Insurance Company Limited" Bank & Cheque No.: _____				
<b>PROPOSER'S DECLARATION</b>				
1. We have declared to the best of our knowledge and belief that all the answers given in this Proposal are true and correct and we have not withheld any information likely to affect acceptance of this Proposal.				
2. We agree that this Proposal shall be the basis of the Contract between us and the Company and we further agree to accept the Company's policy subject to the terms exclusions and conditions expressed therein, endorsed thereon or attached thereto.				
3. We agree that if a material fact, likely to influence the assessment and acceptance of this application, is not disclosed, the Policy, if issued, may be null and void and no benefit may be paid.				
4. We have been given a copy of the Product Information, the contents of which has been explained to us to our satisfaction.				
Name: _____			Designation: _____	
NRIC: _____			Date: _____	
Signature of Authorised Officer & Company Stamp			Date: _____	
<b>For Official Use</b>				
Accepted By:			Date:	

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# EQ Insurance



A Member of the Citystate Group of Companies

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paid by addressee.  
For posting in  
Singapore only

**BUSINESS REPLY SERVICE  
PERMIT NO. 08468**



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Singapore 069257