

Product Summary

proMediCash is specially designed to relieve your financial burden from hospital stays, arising from accidents or illnesses, by offering you cash benefits at a time when you require it most.

proMediCash pays over and above your existing medical insurance coverage and its comprehensive coverage offers:

- High cash benefits for the first day of hospitalisation
- Cash benefits following hospitalisation or quarantine due to infectious diseases
- Post hospitalisation transport reimbursements benefit
- Get Well benefit - lump sum payable following extended hospitalisation
- Lodger benefit up to 5 days for accommodation costs incurred by companion at hospital
- 24 hours worldwide coverage
- Immediate acceptance without medical examination

Summary of Benefits

Benefit Description	Plan A	Plan B	Plan C
	Sum Insured S\$	Sum Insured S\$	Sum Insured S\$
First Day Hospital Income	400	300	200
Daily Hospital Income Benefit - payable up to 500 days per Illness	300	200	100
Daily Hospital Income Benefit - payable up to 500 days per Accident	400	300	200
ICU Daily Hospital Income Benefit - payable up to 60 days per Illness/ Accident	500	400	300
Get Well Benefit - upon minimum 7 consecutive days of hospitalisation	500	300	NA
Lodger Benefit – payable daily up to 5 days per hospitalisation	100	50	NA
Inconvenience Benefit due to quarantine – payable daily up to 5 days	50	30	NA
Transport Reimbursements (Taxi and Ambulance only) – payable per visit and up to 3 visits within 90 days upon discharge	50	25	NA

Premiums

Attractive Discounts

Insured and Spouse/Child - 5% discount

Insured, Spouse and Child - 10% discount

Age Group (Next Birthday)	PREMIUMS (w/o GST)		
	Plan A	Plan B	Plan C
Child*	398	266	134
18 - 35	478	320	161
36 - 45	573	384	193
46 - 55	802	537	270
56 - 60	1,203	805	405
61 - 69 (Renewal Only)	1,503	1,006	506

Important Notes

* Child's coverage starts from 6 months to 17 years old, or up to 25 years of age if the child is enrolled in an educational institution on full time higher education.

- Maximum enrollment age is 60 years, renewable up to 69 years and subject to yearly review.
- The proposal for child must include at least one parent and the choice of plan for child must be equal or lower than that of the parent(s).

Major Extensions

Cash benefits for hospitalisations arising from:

- Infectious diseases
- Terrorism including the use of Nuclear, Chemical and Biological weapons.
- Accidental miscarriage
- Injuries sustained in the course of motor cycling
- Injuries sustained while travelling on an unscheduled flight

Major Exclusions

We do not provide cash benefits for hospitalisations arising from:

- Any pre-existing conditions
- Any congenital conditions or deformities
- Suicides or attempted suicides
- HIV or any sexually transmitted diseases
- Cosmetic or plastic surgery
- Injuries sustained from participating in professional or competitive sports
- The use of alcohol and drugs

Key Product Provisions

- Eligibility - **proMediCash** is available only to Singaporeans and Singapore Permanent Residents.
- Scope - coverage is 24 hours worldwide, provided that the insured person is not outside of Singapore for more than 90 days at a time.
- Waiting Period - there is a 30-day waiting period (from the first inception of cover) for claims arising from hospitalisation due to illness only.
- Multiple hospitalisation stays of same or related cause shall be considered as arising from one illness / accident unless their occurrences are separated by at least 6 consecutive months.

- This is a yearly renewable policy. Coverage / Premium may be revised upon policy renewal at the full discretion of the company.

- Switching of medical policies may result in having different premium amount and different policy terms and conditions.

The information provided here is a summary. Please refer to the actual policy wordings for details of coverage.



proMediCash Proposal Form

Statement pursuant to Section 25 (5) Cap 142 of the Insurance Act or any subsequent amendments thereof – You are to disclose in this proposal form fully and faithfully all facts which you know or ought to know, otherwise the Policy issued hereunder may be void.

1. Proposer's Particulars

Proposer's/Insured's Name:		Mailing Address:	
NRIC No./Passport No.:	Nationality:	Postal Code:	
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone No: (H/P)	(O)
Occupation:	Email Address:		

2. Spouse's/Children's Particulars (if applicable)

No.	Name	Sex	Date of Birth	NRIC/Passport No.	Nationality	Relationship	Occupation

3. Coverage Required

Plan Type	Self	Spouse	Child	Premium (Per Person)	Premium
Plan A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Plan B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Plan C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Total Premium (before discount): S\$	
Total Premium (after discount): S\$	
Add 7% GST : S\$	
Total Premium Payable: S\$	

Period of Insurance: From _____ To _____

4. Mode of Payment

Cash Cheque/Bank Cheque No. _____
 Visa MasterCard Expiry Date M M Y Y
 Card No:

Cardholder's Name _____

I hereby authorise Liberty Insurance Pte Ltd to debit my credit card account as specified above.

PAYMENT BEFORE COVER WARRANTY

Please note that the total premium must be paid and actually received in full by the Company or the intermediary through whom this Policy was effected on or before the inception date of the coverage, failing which the Policy shall be deemed to be automatically cancelled and no benefits whatsoever shall be payable by the Company.

5. Declaration

WE/I DO HEREBY DECLARE AND WARRANT the answers/information given above in every respect are true and correct and I have not withheld any information likely to affect the acceptance of this Proposal, and I agree that this Proposal & Declaration shall be the basis of the Contract between the Company and myself and I further agree to accept the Company's Policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto.

I further understand that this Proposal will only be effective on acceptance by the Company and my paying up the premium applicable to Liberty Insurance Pte Ltd; and that until then no liability will attach to the company under this Policy.

I am in good health and free from any physical impairment or deformity. I will give notice to the company of any changes in health and occupation of person(s).

I have been given a copy of the "Product Summary" and "Your Guide to Health Insurance" and the contents of which have been explained to my satisfaction.

Date _____ Signature of Proposer _____

6. Intermediary Use Only

Intermediary Name: _____
Code: _____

I acknowledge that I have provided the Proposer with a copy of the "Product Summary" and "Your Guide to Health Insurance" and the contents of which have been explained to their satisfaction.

Date _____ Signature of Intermediary _____