

APPLICATION FORM
MORATORIUM UNDERWRITING

MyHEALTH EMPLOYEE AND FAMILY

Download our Easy Claim mobile app
for quicker claims reimbursement!



Liberty
Insurance.



april
international

Insurance made easy.

Please print only if necessary

1. YOUR DETAILS

IMPORTANT NOTICE

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 the facts which you know or ought to know about the risk that is being proposed, otherwise the policy issued hereunder may be void.

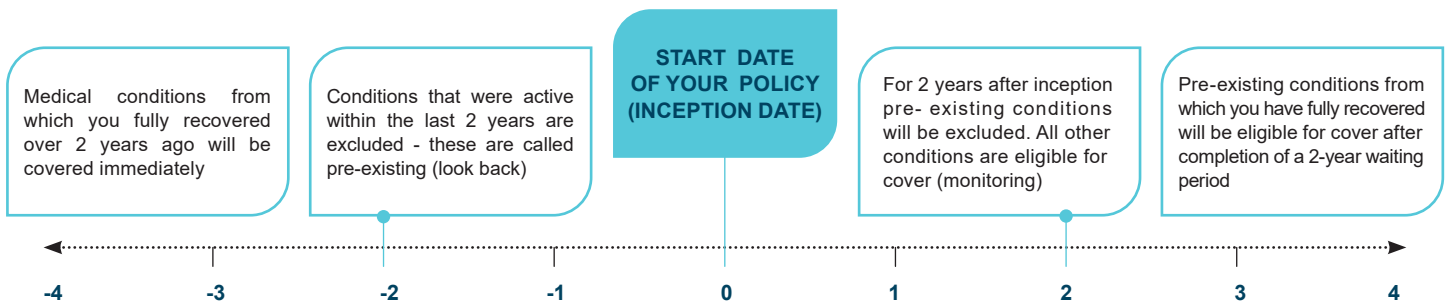
This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Liberty Insurance or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

This policy is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy.

This is a short-term accident and health policy and the insurer is not required to renew this policy. The insurer may terminate this policy by giving you 30 days notice in writing.

MORATORIUM UNDERWRITING

We ask very few questions when you apply and the eligibility of each claims is assessed when made, based on the following principles :



Any conditions which meet any of the following criteria will be subject to the moratorium terms, hence considered active in the explanation above:

- Was foreseeable
- Clearly showed itself
- You have had signs or symptoms or you were aware of the condition
- You have received treatment for or sought medical advice on the condition or a related condition (including check-ups)
- To the best of your knowledge you were aware you had
- Requires monitoring according to generally accepted medical advice or opinion

Certain pre-existing conditions will never be covered under our moratorium policy, these include but are not limited to disabilities and chronic and incurable conditions such as diabetes, chronic hypertension (raised blood pressure), hyperlipidaemia (raised cholesterol levels), ischemic heart disease, cancer, thyroid disease, and auto-immune disorders.

Direct billing is not available for moratorium policies. The member will have to submit a claim in for reimbursement.

1. YOUR DETAILS - CONTINUED

EMPLOYEE DETAILS

Family Name : _____

First Name(s) : _____

Date of Birth : DD / MM / YYYY Gender : Male Female

Height (cm) : _____ Weight (kg) : _____

Occupation : _____
(Specify nature of duties)

Smoker : Yes No Marital Status : _____

Nationality : _____ ID/Passport No. : _____

Residential Address : _____

Postal Code : _____ Country : _____

Usual Country of Residence : _____
If you wish to use a different mailing address please advise us

Tel. : _____ Mobile : _____

Email : _____

Important : this email will be used for sending your policy documents and claims-related communication which may include sensitive medical information.

FAMILY MEMBERS TO BE INSURED

| | FAMILY MEMBER 1 | FAMILY MEMBER 2 | FAMILY MEMBER 3 | FAMILY MEMBER 4 |
|--|--|---|---|---|
| | Unmarried children proposed for insurance must be aged 18 or under. Unmarried children over 18 in full-time education can be covered up to 23 years old. | | | |
| Family Name | | | | |
| First Name(s) | | | | |
| Date of Birth | <u>DD / MM / YYYY</u> | <u>DD / MM / YYYY</u> | <u>DD / MM / YYYY</u> | <u>DD / MM / YYYY</u> |
| Gender | Male <input type="radio"/> Female <input type="radio"/> | Male <input type="radio"/> Female <input type="radio"/> | Male <input type="radio"/> Female <input type="radio"/> | Male <input type="radio"/> Female <input type="radio"/> |
| Marital Status | | | | |
| Relationship to Employee | | | | |
| Nationality | | | | |
| Smoker | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| ID/Passport No. | | | | |
| Occupation (Specify nature of duties) | | | | |
| Height & Weight | cm kg | cm kg | cm kg | cm kg |

Please use separate sheet if necessary. Please advise us if any family members to be insured do not live at the employee's Residential Address.

2. YOUR COVER

| STEP 1 | | SELECT YOUR COVER | | | | | |
|--|--|---|---|---|---|---|--|
| The following modules form the base of your policy. Each member has the flexibility to select the cover they want. | | | | | | | |
| If family members will have the same cover as the Employee, please tick here <input type="radio"/> and complete cover options for the Employee only. | | | | | | | |
| MODULES | EMPLOYEE | FAMILY MEMBER 1 | FAMILY MEMBER 2 | FAMILY MEMBER 3 | FAMILY MEMBER 4 | | |
| Hospital & Surgery | <input type="radio"/> Core <input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite | <input type="radio"/> Core <input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite | <input type="radio"/> Core <input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite | <input type="radio"/> Core <input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite | <input type="radio"/> Core <input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite | <input type="radio"/> Core <input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite | |
| | <input type="radio"/> Free choice of provider <input type="radio"/> Specified Providers only | <input type="radio"/> Free choice of provider <input type="radio"/> Specified Providers only | <input type="radio"/> Free choice of provider <input type="radio"/> Specified Providers only | <input type="radio"/> Free choice of provider <input type="radio"/> Specified Providers only | <input type="radio"/> Free choice of provider <input type="radio"/> Specified Providers only | <input type="radio"/> Free choice of provider <input type="radio"/> Specified Providers only | |
| | <ul style="list-style-type: none"> • If you selected Core, you will have access to Specified Providers only by default. • If you selected Essential, Extensive or Elite, Specified Providers Only will be available with Worldwide excluding USA only. • The Specified Inpatient Providers list is available at http://healthbyapril.com/specified-hospitals | | | | | | |
| Annual Deductible | <input type="radio"/> Nil <input type="radio"/> SGD 2,000 <input type="radio"/> SGD 5,000 <input type="radio"/> SGD 10,000 | <input type="radio"/> Nil <input type="radio"/> SGD 2,000 <input type="radio"/> SGD 5,000 <input type="radio"/> SGD 10,000 | <input type="radio"/> Nil <input type="radio"/> SGD 2,000 <input type="radio"/> SGD 5,000 <input type="radio"/> SGD 10,000 | <input type="radio"/> Nil <input type="radio"/> SGD 2,000 <input type="radio"/> SGD 5,000 <input type="radio"/> SGD 10,000 | <input type="radio"/> Nil <input type="radio"/> SGD 2,000 <input type="radio"/> SGD 5,000 <input type="radio"/> SGD 10,000 | <input type="radio"/> Nil <input type="radio"/> SGD 2,000 <input type="radio"/> SGD 5,000 <input type="radio"/> SGD 10,000 | |
| | <ul style="list-style-type: none"> • Your selected deductible applies to the Hospital and Surgery module only. | | | | | | |
| Area of Cover | <input type="radio"/> ASEAN and India <input type="radio"/> Worldwide excluding USA <input type="radio"/> Worldwide | <input type="radio"/> ASEAN and India <input type="radio"/> Worldwide excluding USA <input type="radio"/> Worldwide | <input type="radio"/> ASEAN and India <input type="radio"/> Worldwide excluding USA <input type="radio"/> Worldwide | <input type="radio"/> ASEAN and India <input type="radio"/> Worldwide excluding USA <input type="radio"/> Worldwide | <input type="radio"/> ASEAN and India <input type="radio"/> Worldwide excluding USA <input type="radio"/> Worldwide | <input type="radio"/> ASEAN and India <input type="radio"/> Worldwide excluding USA <input type="radio"/> Worldwide | |
| | <ul style="list-style-type: none"> • The area of cover chosen will apply to all modules selected. • If you selected Core, your area of cover will be ASEAN and India by default. ASEAN and India cannot be selected with Essential, Extensive or Elite. • Services rendered outside of the area of cover are covered up to US\$150,000 per period of insurance, only if they are directly caused by sudden illness or injury occurring during the first 30 travel days of any trip in the USA. If you selected Core, you will be covered up to US\$50,000 for accidents only. • Please refer to clause 4 of the Policy Terms and Conditions. | | | | | | |

| STEP 2 | | SELECT YOUR OPTIONAL MODULES | | | | |
|--|---|---|---|---|---|---|
| The following modules are optional. Each member has the flexibility to select the cover they want. | | | | | | |
| If family members will have the same cover as the Employee, please tick here <input type="radio"/> and complete cover options for the Employee only. | | | | | | |
| MODULES | EMPLOYEE | FAMILY MEMBER 1 | FAMILY MEMBER 2 | FAMILY MEMBER 3 | FAMILY MEMBER 4 | |
| Outpatient | <input type="radio"/> Core with nil coinsurance | <input type="radio"/> Core with nil coinsurance | <input type="radio"/> Core with nil coinsurance | <input type="radio"/> Core with nil coinsurance | <input type="radio"/> Core with nil coinsurance | <input type="radio"/> Core with nil coinsurance |
| | <input type="radio"/> Essential with nil coinsurance <input type="radio"/> 20% coinsurance | <input type="radio"/> Essential with nil coinsurance <input type="radio"/> 20% coinsurance | <input type="radio"/> Essential with nil coinsurance <input type="radio"/> 20% coinsurance | <input type="radio"/> Essential with nil coinsurance <input type="radio"/> 20% coinsurance | <input type="radio"/> Essential with nil coinsurance <input type="radio"/> 20% coinsurance | <input type="radio"/> Essential with nil coinsurance <input type="radio"/> 20% coinsurance |
| | <input type="radio"/> Extensive with nil coinsurance <input type="radio"/> 20% coinsurance | <input type="radio"/> Extensive with nil coinsurance <input type="radio"/> 20% coinsurance | <input type="radio"/> Extensive with nil coinsurance <input type="radio"/> 20% coinsurance | <input type="radio"/> Extensive with nil coinsurance <input type="radio"/> 20% coinsurance | <input type="radio"/> Extensive with nil coinsurance <input type="radio"/> 20% coinsurance | <input type="radio"/> Extensive with nil coinsurance <input type="radio"/> 20% coinsurance |
| | <input type="radio"/> Elite with nil coinsurance <input type="radio"/> 20% coinsurance | <input type="radio"/> Elite with nil coinsurance <input type="radio"/> 20% coinsurance | <input type="radio"/> Elite with nil coinsurance <input type="radio"/> 20% coinsurance | <input type="radio"/> Elite with nil coinsurance <input type="radio"/> 20% coinsurance | <input type="radio"/> Elite with nil coinsurance <input type="radio"/> 20% coinsurance | <input type="radio"/> Elite with nil coinsurance <input type="radio"/> 20% coinsurance |
| Dental and/or Optical <small>Optical included with Elite plan only</small> | <input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite | <input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite | <input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite | <input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite | <input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite | <input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite |
| Maternity | <input type="radio"/> SGD 7,000 <input type="radio"/> SGD 13,500 <input type="radio"/> SGD 20,000 | <input type="radio"/> SGD 7,000 <input type="radio"/> SGD 13,500 <input type="radio"/> SGD 20,000 | <input type="radio"/> SGD 7,000 <input type="radio"/> SGD 13,500 <input type="radio"/> SGD 20,000 | <input type="radio"/> SGD 7,000 <input type="radio"/> SGD 13,500 <input type="radio"/> SGD 20,000 | <input type="radio"/> SGD 7,000 <input type="radio"/> SGD 13,500 <input type="radio"/> SGD 20,000 | <input type="radio"/> SGD 7,000 <input type="radio"/> SGD 13,500 <input type="radio"/> SGD 20,000 |
| | <ul style="list-style-type: none"> • Important: Available to women between 19 to 45 years of age who have selected at minimum an Extensive or Elite Hospital and Surgery on a NIL deductible basis, plus an optional Outpatient module. | | | | | |

3. UNDERWRITING QUESTIONNAIRE

ADDITIONAL DETAILS

All the questions in this section must be answered. If incomplete, your application will not be accepted.

Have you or any person to be insured ever applied for, been covered under, or held a policy administered by APRIL?
If Yes, please give details.

Yes No

Do you or any person to be insured currently have health insurance with another company?
If Yes, please give details and indicate if it will be continued (and if not, as of what date).

Yes No

Have you or any person to be insured ever had a policy or application for life, sickness, accident disability, critical illness or medical insurance refused or cancelled, or had any special terms imposed? If Yes, please give details.

Yes No

Except as disclosed elsewhere in this form, have you or any person to be insured ever been admitted to hospital as an inpatient, or (within the last five years) undergone any procedures, scans, or diagnostic tests whether as an inpatient or outpatient?
If Yes, please give details.

Yes No

Are you or any person to be insured currently taking any medication? If Yes, please state the medicine name, dosage and the approximate cost.

Yes No

Please enter the following details about the usual/family doctor for each person to be insured. If you do not have a usual/family doctor, please provide the names, addresses and contact information of medical providers you and your family members to be insured have seen in the last 3 years. Use a separate sheet if necessary. If you have never seen a doctor in the past 3 years, please indicate that below.

Name

Address

Telephone

Fax

Email

Have you or any person to be insured ever made a claim with any insurer in respect of bodily injury or sickness during the last 3 years? If Yes, please give details.

Name of Claimant

Name of Insurer

Nature of Claim

Date of Claim

Yes No

Please provide more details on a separate sheet if required.

3. UNDERWRITING QUESTIONNAIRE - CONTINUED

ADDITIONAL SPACE FOR FURTHER REMARKS

You may use this space for any further comments about any medical conditions you have or have suffered from. Please remember to enclose any supporting documents with your application.

INTERMEDIARY ACCESS

| | | | |
|--|--|---------------------------|--------------------------|
| Would you like your insurance intermediary to have access to your policy details and claims transactions through their online account? | | Yes <input type="radio"/> | No <input type="radio"/> |
| Do you authorise us to discuss and/or share claims and medical information with the insurance intermediary of this group plan? | | Yes <input type="radio"/> | No <input type="radio"/> |
| Producer Name | | Producer Code | |
| Company Name | | Telephone | |
| Email | | | |

CLAIM REIMBURSEMENT

Please provide your banking details for claim reimbursement.

| | | | |
|---|---|---|--|
| Bank Name | | | |
| Bank Address | | | |
| A/C Name | | A/C No. | |
| Currency | <input type="radio"/> SGD <input type="radio"/> USD <input type="radio"/> EUR <input type="radio"/> GBP | For all other currencies, please check with APRIL Singapore. For international transfers to a foreign bank, note that your bank may charge you fees for each transaction which will be your responsibility to bear. | |
| The following information must be provided for bank accounts outside of Singapore : | | | |
| Sort Code | | BIC (Swift) Code | |
| Corresponding Bank Details (if applicable) | | | |

4. ACKNOWLEDGEMENT & PERSONAL DATA PROTECTION ACT (PDPA)

PERSONAL DATA PROTECTION STATEMENT

I give consent to Liberty Insurance Pte Ltd and third-parties including related entities, employees, agents, contractors & service-providers (collectively, "Appointees") to collect, use and disclose all personal data relating to myself or other individuals that I have furnished via any means in the past, present & in the future, for one or more of the purposes described in Liberty's Data Protection Policy, including but not limited to considering whether to provide insurance, carrying out due diligence, pricing, administering and servicing policies, communications, renewals, reinsurance, collections, claims, accounting, audit, legal, compliance, research, analysis, information-sharing, surveys, data storage & backups. I have read and agreed to the full Policy at www.libertyinsurance.com.sg/data-protection-policy/. If there is any personal data relating not to myself but to other individuals that I have furnished via any means in the past, present & in the future, I warrant that I have obtained prior consent from these data subjects (or if they are lacking in legal capacity, from their legal representatives, guardians or parents as the case may be) for Liberty Insurance Pte Ltd and its Appointees to collect, use and disclose their personal data for the abovementioned purposes and on the same terms herewith. I warrant that all personal data I have provided are accurate and complete, and I shall inform Liberty of any changes to the personal data to my knowledge as soon as practicable.

DECLARATION BY APPLICANT

I/We do hereby declare and warrant that:

- a. All information provided by me/us in connection with this application is true, accurate and complete. I/We have not withheld any material fact and except as declared herein all persons to be insured are currently in good health to the best of my/our knowledge and belief.
- b. I/We understand that any inaccurate, incomplete or false information given or any omission of information required, may at Liberty Insurance Pte Ltd's ("Liberty", the "Company") discretion, render this application invalid.
- c. I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself.
- d. I/We agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto. I understand that no insurance shall be in force until and unless the application has been accepted and the appropriate premium paid.
- e. I/We agree to inform if there is any change in any of the details I have provided to Liberty in this application. I understand and agree that it is my sole responsibility to inform and update Liberty of any changes to the health or personal information of any person to be insured. I hereby agree to indemnify and absolve Liberty of any liability arising out of any use and/or disclosure by Liberty of any inaccurate or incomplete information due to my failure to update Liberty promptly of any changes to the health or personal information of any person to be insured.

SIGNATURE

Name : _____

Title : _____

Date : _____

Important : The application form must be sent to us **within 30 days** from this date for your application to be valid.

For more information, contact your insurance consultant :

Underwritten by:

Liberty Insurance Pte Ltd
Registration No. 199002791D
GST Registration No. M2-0093571-3
51 Club Street #03-00 Liberty House
Singapore 069428
Tel: 1800-LIBERTY(5423 789)

Arranged by:

APRIL Singapore Pte Ltd
Co. Reg. No. 200613924G
2A McCallum Street
Singapore 069043
Tel: (+65) 6736 0057 | Fax: (+65) 6222 4473
Email: contact.sg@april.com

