

Group Application Form

MyHEALTH Business & YourHEALTH Benefits

Download our Easy Claim mobile app
for quicker claims reimbursement!



Please print only if necessary



1. PLAN SPONSOR 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.

REQUESTED POLICY START DATE

Policy Start Date : DD / MM / YYYY

PLAN SPONSOR DETAILS

Company Name : _____

Subsidiary Company Name(s): _____

Type of Business/Industry: _____

Company Address : _____

Postal Code : _____ Country : _____

Telephone : _____ Fax : _____

PLAN SPONSOR ADMINISTRATOR

First Name : _____ Family Name : _____

Job Title : _____

Mailing Address : _____

If different from Company Address

Postal Code : _____ Country : _____

Tel. : _____ Mobile : _____

Email : _____

INTERMEDIARY DETAILS (for intermediary only)

Intermediary Name : _____

Company Name : _____

Telephone : _____

Email : _____

Or Stamp Above :

1. PLAN SPONSOR DETAILS - CONTINUED

GROUP ELIGIBILITY - EMPLOYEES

Employee enrolment requirement :

Compulsory enrolment is required for all Medical History Disregarded (MHD) policies.

- ☐ Compulsory
☐ Voluntary (Please provide details)

Are all employees to be enrolled permanent staff and actively at work?

- ☐ Yes
☐ No (Please provide details)

Are you aware of any pending hospitalisations, serious illnesses and/or any ongoing treatment for chronic conditions in respect of the employees and dependants to be enrolled?

- ☐ Yes (Please provide details)
☐ No

UNDERWRITING BASIS AT ENTRY

- ☐ Full Medical Underwriting ☐ Moratorium ☐ Medical History Disregarded ☐ CPME

GROUP ELIGIBILITY - DEPENDANTS

Are dependants eligible for coverage?

Compulsory enrolment is required for all Medical History Disregarded (MHD) policies.

- ☐ Yes (Please complete Dependant Enrolment Basis below)
☐ No

Spouse Enrolment Basis

- ☐ Compulsory
☐ Voluntary (Please provide details)

Children Enrolment Basis

- ☐ Compulsory
☐ Voluntary (Please provide details)

ONLINE ACCESS

As a group administrator, would you like access to your policy details online at <https://myapril-business.april.asia/>?

- ☐ Yes ☐ No

Would you like your insurance intermediary to have access to your group policy details and claims through their online account?

- ☐ Yes ☐ No

May we share information about member claims and benefits paid with your insurance intermediary?

- ☐ Yes ☐ No

2. PAYMENT METHODS

PREMIUM PAYMENT FREQUENCY

- ☐ Annually ☐ Semi-Annually (4% surcharge) ☐ Quarterly (5% surcharge)

PAYMENT METHOD

- ☐ Cheque or Bank Draft ☐ Bank Transfer

CHEQUE OR BANK DRAFT

- Cheques should be drawn on a Singapore clearing bank and made payable to "Liberty Insurance Pte Ltd".
- Please indicate the policyholder's name, policy number and debit note number on the back of the cheque.
- Please send payment to:
Liberty Insurance Pte Ltd
One Raffles Quay, #25-01 North Tower,
Singapore 048583
Tel: 1800-LIBERTY(5423 789)

BANK TRANSFER

- Please send full payment (inclusive of all bank charges) to:

Singapore Dollar (SGD) Account

Beneficiary Bank

Beneficiary Name : Liberty Insurance Pte Ltd.
Beneficiary Address : One Raffles Quay, #25-01 North Tower,
Singapore 048583
Bank Name : UOB
Bank Account No : 4513142581
Bank address : 80 Raffles Place, #29-03 UOB Plaza 1,
Singapore 048624
Bank Code: 7375
Branch Code: 001
Swift Code: UOVBSGSG
Currency: SGD

- All bank charges will be borne by the remitter.
- Please indicate your Policy Number and Debit Note number as a payment detail to your banker.
- Please email contact.sg@april.com the bank remittance advice or instruction slip with your Policy Number, Company name and Debit Note number.

3. 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 PROPOSER

I/We do hereby declare and warrant that:

- 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.
- 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.
- I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself.
- 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.
- 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 OF AUTHORISED PERSON

Authorised Person

Name : _____

Title : _____

DECLARATION BY PLAN SPONSOR

You declare that the statements contained in this application form are correctly recorded, and that they are full, complete and true. You further declare that you have not withheld any material fact and that except as declared herein, all persons to be insured are currently in good health. You will notify us immediately if after signing this application and before a policy is issued if you become aware of material facts not disclosed in this form, or if the health of any person to be insured changes such that any answer on this form is not full complete, and true. If a policy is issued to you, this proposal and the statements made herein shall form the basis of the policy between you and Liberty International Insurance Limited (Hong Kong). You understand that no insurance shall be in force until and unless the application has been accepted and the appropriate premium paid.

Date : _____

Underwritten by:

Liberty Insurance Pte Ltd
Registration No. 199002791D
GST Registration No. M2-0093571-3
One Raffles Quay #25-01 North Tower
Singapore 048583
Tel: 1800-LIBERTY(5423 789)

Arranged by:

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

