

Group Application Form

MyHEALTH Business & YourHEALTH Benefits

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for quicker claims reimbursement!

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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
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COMPANY DETAILS

Company Name :			
Subsidiary Company Name(s):			
Type of Business/Industry:			
Company Address :			
Postal Code :		Country :	
Telephone :			

PLAN ADMINISTRATOR DETAILS

First Name :			
Family Name :			
Job Title :			
Tel. :		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

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)

BANK TRANSFER

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

Beneficiary Bank

Beneficiary Name:	Liberty Insurance Pte Ltd.	
Beneficiary Address:	One Raffles Quay, #25-01 North Tower, Singapore 048583	
Bank Name:	UOB	
Bank Address:	80 Raffles Place, #29-03 UOB Plaza 1, Singapore 048624	
Bank Code:	7375	
Branch Code:	001	
Swift Code:	UOVBSGSG	
Currency:	SGD	USD
Bank Account No:	4513142581	4519142885

1. All bank charges will be borne by the remitter.
2. Please indicate your Policy Number as a payment detail to your bank.
3. Please email ops.sg@april.com the bank remittance advice or instruction slip with your Policy Number for our accounting records and to issue an Official Receipt.

3. ACKNOWLEDGEMENT & PERSONAL DATA PROTECTION ACT (PDPA)

PERSONAL DATA PROTECTION STATEMENT

I, as a corporate policyholder acting on behalf of my employees or other individuals who will be insured ("members"), give consent to Liberty International Insurance Limited 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 Insurance 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. If there is any personal data relating not to myself but to the members or 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 International Insurance Limited 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:

1. I, as a corporate policyholder acting on behalf of the members, hereby confirm this declaration is correct and consent to disclose personal data to APRIL and the insurer.
2. I acknowledge that I have made my own independent decision in applying for the product selected with the premium information and key product features informed by APRIL or my intermediary. I confirm that the relevant insurance product features are suitable for my needs as well as the member's needs, and the premiums are affordable.
3. I (and the members) have read, understand, and consent to **Liberty Insurance Data Protection** and **APRIL Singapore Privacy Notice**, and if my dependents are minors, I am providing such consent as parent or legal guardian of such minors.
4. I (and the members) have read, understand, and agree to the **Brochure, Policy Terms and Conditions, Benefits Schedule, Statements & Authorizations**.

I declare that the statements contained in this application form are correctly recorded, and that they are full, complete and true. I further declare that I have not withheld any material fact and that except as declared herein. I will notify APRIL Singapore immediately if after signing this application and before a policy is issued if I 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 me, this proposal and the statements made herein shall form the basis of the policy between me/us and Liberty Insurance Pte Ltd. In the event that the provided information is not true or complete, I understand and further agree that the premium could be changed; the insurance contract could be declared void; or the insurance company is entitled to deny its responsibility for any material misrepresentation of non-disclosure. I understand that no insurance shall be in force until and unless the application has been accepted and the appropriate premium paid.

SIGNATURE OF AUTHORISED PERSON

Authorised Person Name :

Title :

Date :

MH SG 2025/01

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
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Singapore 069043
Tel: +65 6736 0057
Email: contact.sg@april.com

