

BENEFITS SCHEDULE FOR SINGAPORE INSTITUTE OF MANAGEMENT PTE LTD

Group Hospitalisation & Surgical Insurance Policy No. 4000134765

Period of Insurance: 01 Jan 2019 to 31 Dec 2019

Benefits Schedule	Limits (SGD)
1a) Daily Room & Board	As charged in B1 wards (4-bedded) in Singapore Government / Singapore Government Restructured Hospitals up to the overall maximum limit per policy period
1b) Intensive Care Unit	
2) Hospital Miscellaneous Services – including surgical implants up to \$1,500	
3) Surgeon’s Fee	
4) Anesthetist’s Fee	
5) In-hospital Physician’s Visit	
6) Pre-hospitalisation Specialist Consultation ¹ (up to 120 days before admission)	
7) Pre-hospitalisation Diagnostic Services ¹ (up to 120 days before admission)	
8) Post- hospitalisation Treatment (up to 120 days from discharge) ²	
9) Emergency Outpatient Treatment (due to accident only) ³ - includes dental treatment due to accident up to \$500 per year	
10) Ambulance Fee	
11) Medical Report Fees	Government Restructured Class “A” - 90% Private (Capped at 2-bedder) - 80%
Pro-ration factor will apply if student is warded in a higher ward in Singapore Government / Restructured Hospitals or in private hospitals in Singapore	
Overall Maximum Limit Per Policy Period (Item 1 to 11)	20,000
Accidental Miscarriage per occurrence	1,000
Outpatient Kidney Dialysis per policy year	3,000
Outpatient Cancer Treatment per policy year	3,000
Additional Benefit	
12) Hospital Confinement due to Mental Illness (with referral by General Practitioner or Specialist)	2,000
13) Death Benefit	5,000

¹ Must lead to hospitalisation and/or surgical procedure within 120 days

² For expenses incurred within 120 days from the date of discharge from hospital or day surgery.

³ Treatment must be sought in a hospital or clinic or from a registered *Traditional Chinese Medicine (TCM) practitioner* within 48 hours from time of accident; follow-up charges by same physician covered up to 30 days from date of accident and for TCM practitioner not exceeding \$300 per occurrence.

Group Hospital and Surgical Claim Form

Important notes

- The acceptance of this form is NOT an admission of liability on the part of Income. Any documentary proof or medical report must be given at the expense of the policyholder or insured member.
- Upon admission (if applicable), please sign the forms for CPF Medisave Deduction and CPF MediShield Life/Medisave-Approved Integrated Shield Plan and pay a deposit as requested by the hospital.
- Please submit the following documents within 30 days of the patient's discharge from hospital:
 - Please complete all items in Section 1 and indicate as "N.A" if not applicable.
 - All final original hospital bills, doctor's bills and receipts of payment.
 - For admission into a government/restructured hospital, please provide the inpatient discharge summary/ambulatory form/hospital pre admission form.
 - For admission into a private/overseas hospital, please provide the original itemised/detailed hospital bill with Section 2 completed by the attending doctor. If the attending doctor charges a fee for the completion of Section 2 the employer or employee/patient is responsible to pay the charges.
 - A copy of the employee's Work Permit or S-Pass. (For claims under WorkMedic Policy only.)
 - For bills that indicate any payment by Medisave-Approved Integrated Shield Plan, please provide a copy of the Shield Plan's settlement letter. Please ensure that all required documents are completed and submitted together with this claim form to avoid any delay in processing your claim.
- When we pay an eligible claim, precedence shall be given in the following order:
 - Insured member if they have settled the eligible medical bills by cash
 - Medisave account as indicated in the tax invoices or bills
 - Patient's Medisave-Approved Integrated Shield Plan or CPF MediShield Life (if applicable) in accordance with the CPF Act.
- Medisave-Approved Integrated Shield Plan refers to NTUC IncomeShield, AIA's HealthShield, Aviva's MyShield, Great Eastern's SupremeHealth, Prudential's PRUshield and AXA's Shield.

Section 1 – To be completed by policyholder and insured member

Policyholder: _____ Policy number: _____

Particulars of insured member

Particulars of insured member (as shown in NRIC, FIN or Passport)			
Name (as shown in NRIC, FIN or Passport)	NRIC, FIN or Passport number	Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation Student	Date of school admission (dd/mm/yyyy)	Email address	Contact number
Address			

If your contact particulars (i.e. address, contact number and email) indicated in this form are different from your existing records with us, we will not update all your existing policies with the new contact particulars.

Particulars of patient (If patient is a dependant of the employee) (as shown in NRIC, FIN, Passport or BC)			
Name (as shown in NRIC, FIN, Passport or BC)	NRIC, FIN, Passport or BC number	Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Occupation	N.A.	

Medical condition

1. Details of illness or injury		
a. Illness or injury	b. Describe symptoms	c. Date the symptoms started (dd/mm/yyyy)
d. Name of hospital	e. Surgical procedure	f. Period of hospitalisation or surgery (dd/mm/yyyy)
g. Name and address of <u>referring</u> General Practitioner or Clinic		h. Name and address of <u>regular</u> General Practitioner or Clinic

2. Please complete the following if you have sustained injury as a result of an accident

a. Date and time of accident (dd/mm/yyyy)

b. Place of accident

c. Is it Work-related?

Yes

No

N.A.

d. Give details of how the injury was caused by the accident. (Please enclose a copy of the police report, if any.)

e. Are these medical expenses claimable under your company's Work Injury Compensation Act Policy? Yes No

N.A.

Other information

3. Have you claimed or do you intend to claim from any insurer, other employer or any other parties for reimbursement of your medical bills? If 'Yes', please state the party that you are claiming from and submit a copy of the settlement letter or payment voucher from the other party.

Yes

No

Note: It is important that you inform us if you are claiming from another insurer, other employer or any other parties for the same bill. You can only be reimbursed once for the amount that you have incurred regardless of the number of medical insurance policies you may have. We reserve the right to recover if there is any excess amount paid to you.

4. Benefits should be made payable to: Employer Employee

Payment to be made by:

Cheque

Credit into employee's bank account²

Payment will be made to insured member via cheque

Name of bank _____ Branch _____

Account number _____

² The bank details provided must be employee's bank account. If you provide us with an inaccurate bank account number under this section for the payment of this claim, we shall discharge from all liability under this claim and not be liable for any losses incurred by you.

Note: If there is a payment method agreed with your employer, payment will be based on the established method.

Personal data collection statement

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

The personal data collected by Income includes all personal data provided in this form, or in any document provided, or to be provided to us by you or your insured persons or from other sources, for the purpose of this insurance transaction. It includes all personal data for us to evaluate or administer this transaction.

You may not alter any of the wording in this 'Personal data collection statement'. Any attempt to do so will be of no effect.

1. Purpose of collection

We may collect and use the personal data to:

- (a) carry out identity checks;
- (b) carry out membership or information checks;
- (c) communicate on purposes relating to this transaction;
- (d) decide whether to insure or continue to insure you and your insured persons;
- (e) provide ongoing services and respond to your inquiries or instructions;
- (f) make or obtain payments;
- (g) investigate and settle claims;
- (h) recover any debt owed to us;
- (i) detect and prevent fraud, unlawful or improper activities;
- (j) conduct research and statistical analysis;
- (k) coach employees and monitor for quality assurance;
- (l) reinsure risks and for reinsurance administration; and
- (m) comply with all applicable laws, including reporting to regulatory and industry entities.

2. Disclosure of personal data

We may disclose personal data belonging to you and your insured persons for the purposes set out in Section 1 above to these parties:

- (a) your financial advisers, insurance broker, association, employer or group policyholder;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;
- (d) local or overseas service providers to provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- (e) debt collection agencies;

- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) credit reference agencies;
- (j) industry associations; and
- (k) regulators, law enforcement and government agencies.

3. Consequence of withdrawing consent to the collection, use and disclosure of personal data

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the products and services that you asked for or have with us. But if you withdraw your consent for us to use your personal data for your insurance matters, this will affect our ability to provide you with the products and services that you asked for or have with us, including preventing us from keeping your insurance cover in force or properly assessing and processing your claim. Withdrawing such consent will require you to surrender or terminate all your policies with us.

4. Access and correction rights

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

You may make your request to withdraw your consent, access or correct your personal data by writing to:

The Data Protection Officer, Income Centre, 75 Bras Basah Road, Singapore 189557. Alternatively, you can email to: DPO@income.com.sg

Declaration and authorisation

I certify that the information in this form is true and complete and I have not withheld any material information.

I confirm that I understand and agree to the 'Personal data collection statement'.

For the purposes of policy administration including processing and investigating this claim, and deciding whether Income is to insure or continue to insure me for my insurance applications or policies,

- a. I authorise any person or organisation who has relevant information pertaining to this claim, including any medical practitioner, health care provider or institution, insurance company, and investigative agencies, to release and exchange such information (including personal health information) requested by Income and/or its claims service providers.
- b. I authorise Income and its claims service providers to collect, use, disclose and to exchange with the persons or organisations listed above any information (including personal health information).
- c. I am authorised to disclose information (including personal health information) about the insured person if this claim is made on behalf of them.

I agree that a photocopy or electronic version of this authorisation shall be as valid as the original.

Name of insured member	Signature of insured member	Date (dd/mm/yyyy)
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Name of parent/ legal guardian (if insured member is below 21 years old)	Signature of parent/ legal guardian	Date (dd/mm/yyyy)
	Relationship to insured member: _____	

Certification by policyholder

Name of policyholder Singapore Institute of Management Pte Ltd	Policy number
Effective date of patient's insurance (dd/mm/yyyy)	Plan type GHS

This is to certify that the insured member is a student of our school and is covered under the stated policy number.

Name of authorised personnel	Signature & school's stamp	Date (dd/mm/yyyy)
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Attending Physician's Statement

Section 2 – To be completed by the Attending Doctor (Applicable for hospitalisation or day surgery at private/overseas hospital or clinic)

Note: If the space provided is insufficient, please attach any written reports/diagnostic or lab-tests results.

1. Name of patient (as shown in NRIC, FIN, Passport or BC)	2. NRIC, FIN, Passport or BC number of patient
3. Date admitted (dd/mm/yyyy)	4. Date discharged (dd/mm/yyyy)
5. When did the patient first consult you for the condition? (dd/mm/yyyy)	
6. Subsequent consultation dates (dd/mm/yyyy)	
7. What were the complaints or symptoms presented during the first consultation?	
8. When the patient first experienced these complaints or symptoms? (dd/mm/yyyy)	
9. What was patient's diagnosis(es)?	First diagnosed date (dd/mm/yyyy)
1.	1.
2.	2.
3.	3.
Note: If there is more than one diagnosis, please advise whether they are related directly or indirectly to each other. Please provide us <input type="checkbox"/> Yes <input type="checkbox"/> No with details to your answer.	
10. What was the underlying cause(s) of the diagnosed condition(s) as stated in Question 9?	Diagnosed date (dd/mm/yyyy)
1.	1.
2.	2.
3.	3.
11. Were any diagnostic or laboratory tests done? If 'Yes', please enclose a copy of the tests results.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Has the patient received any prior treatment for this condition before consulting you? If 'Yes', please state when and provide us with the name and address of doctor who treated the patient previously.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Was patient referred to you by a clinic or hospital? If 'Yes', please state when was the referral and name and address of the referring doctor.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Did patient suffer similar or related conditions in the past? If 'Yes', please indicate nature of problem, name and address of attending doctor and dates of treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Has the patient ever suffered from any serious illnesses (e.g. heart conditions, kidney failure, stroke, cancer etc) prior to this admission? If 'Yes', please provide us with the diagnosis, first date of diagnosis, and name and address of doctor seen.	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. Date and type of operation or treatment performed. For surgery, please state surgical table and code. If no surgery was performed, please state treatment and medication given.	
17. Where 2 or more surgical procedures were performed, please specify whether they were done through the same incision.	
18. When was the patient <u>first</u> advised to have the surgery? Name and address of the doctor who advised the patient to have the surgery.	
19. Was the treatment medically necessary? If 'No', please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Was the hospitalisation/surgery for the following treatment items, procedures, conditions, activities or their related complications?	
a) Health screening related examinations, admission for diagnostic purpose, genetic screening, treatment of a preventive nature, cosmetic treatment, surgery/treatment for obesity, correction of eye refraction, squint or other eye misalignment? If 'Yes', please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Birth defects, congenital abnormalities, or developmental delay/learning disabilities in children? If 'Yes', please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Psychological disorder, personality disorder, behavioural disorder, emotional or mental conditions or illness/injury resulting from such disorders? If 'Yes', please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Elective abortion, pregnancy or complication arising from pregnancy, complications arising during or after childbirth? If 'Yes', please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or contraceptive treatment? If 'Yes', please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Venereal diseases, AIDS, AIDS related complex or infection by Human Immunodeficiency Virus (HIV)? If 'Yes', please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Intentional, self-inflicted injuries or injuries resulting from attempted suicide? If 'Yes', please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) Drug addiction or alcoholism or illness/injury resulting from or under the influence of alcohol or drugs? If 'Yes', please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) Dental treatment, oral surgery, orthodontics, orthognathic surgery, oral and maxillofacial surgery or temporo-mandibular joint disorder? If 'Yes', please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
j) An accident? If 'Yes', please give details of the accident and whether it is work-related and whether police report was made.	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Has patient fully recovered from the condition(s)? If 'No', what are the follow-up treatments required?	
_____	_____
Name and stamp of attending doctor	Signature of attending doctor
_____	_____
Date (dd/mm/yyyy)	Hospital or clinic's name and address

Singapore Institute of Management Pte Ltd (SIM)
Group hospitalization & Surgical Insurance (01 Jan 2019 to 31 Dec 2019)
Product Summary

Product Information

This is an expense reimbursement plan that helps to reduce your financial burden in event of you being hospitalised. The insurer will reimburse the following eligible expenses incurred according to the limits set out in the Benefits Schedule.

Key Product Provisions

The following are some key provisions found in the policy contract of this plan. This is only a brief summary and you are advised to refer to the actual terms and conditions in the policy. Please consult AEGIS Insurance Agencies Pte Ltd or your Private Education Institution should you require further explanation.

Members' Eligibility for Coverage

The entry age of the Insured Member must not exceed 69 years at next birthday.

Non-Guaranteed Premium

Premiums payable for this coverage are not guaranteed and may be increased at policy renewal at the full discretion of the Insurance Company.

Deductibles

There are no deductibles for this plan.

Pro-Ration Factor

A pro-ration factor is applied if you are hospitalised:

- a) in a ward higher than that specified in the Benefits Schedule in Singapore Government / Singapore Government Restructured Hospital or
- b) in a private hospital in Singapore

Pro-ration factor means a percentage stated in your policy which applies to the hospital bills incurred if insured member is admitted into a ward or hospital, including clinic for day surgery, that are higher than what he/she is entitled to. The pro-rated amount is subject to the maximum benefits limit as specified in the table of insured benefits.

Overseas Hospitalization

***Reasonable expenses** applies if you are hospitalised in a hospital outside Singapore.

Reasonable expenses means expenses paid for medical services or treatment which are appropriate and consistent with the diagnosis and according to accepted medical standards, and which could not have reasonably been avoided without negatively affecting the insured member's medical condition. These expenses must not be more than the general level of charges made by other medical service suppliers of similar standing in Singapore for the services and supplies.

Cover does not apply: *1) when you travel expressly for treatment outside Singapore*
2) when you are out of Singapore for a period exceeding ninety (90) consecutive days at a time

Minimum Period of Confinement

For day surgery cases, there are no minimum hours to be eligible for claim. However, for non surgical admissions, when you are charged for a full day room and board, you can submit the claim for assessment.

Exclusions

The following services, expenses, treatment items, procedures, conditions, activities and their related complications are not covered under your policy, except as specifically covered under this policy.

- (a) All health screening related examinations including multiphasic health screening, laboratory tests and X-rays, screening mammograms; services (irrespective of whether there is hospital confinement) for the primary purpose of diagnosis, medical check-up, genetic screening; pap smear; cytology test; any treatment of a preventive nature including but not limited to immunisation/vaccinations.
- (b) Rest cures, hospice care, home or outpatient nursing or palliative care, community hospital, nursing homes, sanatoria or similar establishments; stay in any healthcare establishment for social or non-medical reasons.
- (c) Outpatient rehabilitation services including but not limited to physiotherapy, occupational therapy, speech therapy (unless recommended by the same Registered Medical Practitioner treating him/her during his/her hospital confinement and all charges are payable under and subject to Post Hospitalisation Treatment benefit); heat therapy; counselling or education; Traditional Chinese Medicine (TCM); hydrotherapy; osteopathic; podiatric; chiropractic; dietician; naturopath; homeopath; foot reflexology; alternative or complementary treatments.
- (d) Expenses, administrative or other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and/or services.
- (e) Developmental delay and/or learning disabilities.
- (f) Eye examination, surgical procedure for correction of eye refraction, procurement or use of contact lenses or eye glasses; surgical procedure for correction of squint or other eye misalignment.
- (g) Any dental treatment including but not limited to crowning, dentures, bridges tooth implantation or re-implantation, oral surgery, orthognathic surgery, temporo-mandibular joint disorder; oral and maxillofacial surgery except where such surgery is for the repair or damage caused solely by an accident covered under this policy.
- (h) Implants that are not surgically implanted and prostheses of any kind; dental implants; purchase or rental for home or outpatient use of braces, appliances, equipment, machines and other devices including but not limited to wheel-chair, walking or home aids of any kind, dialysis machine, oxygen machine and any other hospital-type equipment; stem cell support; homograft; heterograft and artificial organ.
- (i) Pregnancy or complication arising from pregnancy; childbirth, conditions and its complication arising during or after childbirth; prenatal or postnatal care, post-delivery confinement; abortion or termination of pregnancy or any form of related stay in hospital or treatment.

- (j) Infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment; ligation; medical services or supplies provided or surgical procedures required or recommended subsequent to consultations at fertility clinics, In-Vitro Fertilisation clinics, reproductive assistance clinics or centres, clinics or centres for reproductive medicine.
- (k) Circumcision unless medically necessary.
- (l) Birth defects; congenital illness or abnormalities.
- (m) Admission for sleep test for diagnostic purposes unless it is followed by surgery; any surgery or treatment for obesity, weight reduction or weight improvement including but not limited to bariatric surgery, gastric balloon, gastric banding, gastrectomy, gastric bypass regardless of whether it is caused (directly or indirectly) by a medical condition or whether treatment is medically necessary.
- (n) Venereal Diseases, Acquired Immunodeficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV).
- (o) Conditions relating to skin including but not limited to mole, acne, pigmentation, scars, xanthelasma or vitiligo; conditions relating to hair; enhancement of bodily function or appearance including but not limited to plastic surgery, cosmetic treatment and treatment for beautification purposes, except for plastic surgery which are medically necessary arising from an illness or injury while the insured member is insured under this policy.
- (p) Intentional, self-inflicted injuries or attempted suicide whether the insured member is sane or insane; psychological disorders, personality disorders, behavioural disorders, emotional or mental conditions and any illness or injury resulting from such disorders or mental conditions; drug addiction or alcoholism and any illness or injury resulting from or under the influence of alcohol or drugs.
- (q) Use of medical drugs or any treatment not licensed by an official governmental control agency of the country in which drug is given, or drugs used in any circumstances other than in accordance with their licensed indications.
- (r) Hormone Replacement Therapy, health supplements or vitamins, toiletries including but not limited to moisturiser, cream, gel, lotion whether prescribed or non-prescribed.
- (s) Injuries arising directly or indirectly from war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, strike, riot, civil commotion, military or usurped power; Full-time service in any of the armed forces including National Service under Section 10 of the Enlistment Act, Cap. 93 of the Republic of Singapore except National Service reservist duty or training under Section 14 of the Enlistment Act, Cap. 93 of the Republic of Singapore.

Termination of Insured Member's Cover

There are other circumstances whereby the cover of the Insured Member will terminate.

The following is a list of some of these circumstances:

- Insured Member reaches the maximum age of coverage as stated in the policy schedule;
- Insured Member ceases to be a student with the school;
- Insured Member dies;
- Insured Member's maximum policy limits have been exhausted.
- The date on which the policy is terminated

Cover on the Insured Member automatically ceases once the master policy contract is terminated due to non-payment of premiums or other causes specified in the policy contract.

Claims Procedure

Insured Members are to submit the following documents to us within 30 days from the date of discharge from hospitalisation, from the date of death or from the date expenses were incurred for which the claim is made, whichever is applicable:

Admission to Government/Restructured Hospitals (Alexandra, Changi, KK Women's & Children, National University, Singapore General and Tan Tock Seng, Ng Teng Fong, Khoo Teck Phuat, Sengkang General Hospital)

- Duly Completed Claim Form
- A copy of the Inpatient Discharge Summary given to patient upon discharge
- A copy of the Day Surgery Authorization Form signed by the patient before surgery
- A copy of the Referral Letter, if any
- Final Original Hospital Bill showing the Medisave deduction
- Original Pre/Post Hospitalisation Medical Bills

Admission to a Private Hospital (EastShore, Gleneagles, Mount Alvernia, Mount Elizabeth, Raffles, Thomson Medical Centre and Day Surgery Centres/Clinic)

- Duly Completed Claim Form
- Medical Certification of Treatment to be completed by the attending physician/surgeon
- A copy of Referral Letter if any
- Final Original Detailed Hospital Bills
- All Other Original Medical Bills related to admission/surgery

Any information required by Income for assessing the claim shall be furnished by the policyholder or insured member at the policyholder's or insured member's expense.

Expenses covered by other sources

In the event an insured member is covered under:

- a) Any occupational insurance including but not limited to any insurance effected pursuant to the Work Injury Compensation Act (cap.354) and any revisions thereof;
- b) Any insurance coverage under the government legislation; or
- c) Other group or individual insurance excluding Integrated Shield Plan and its rider

The benefits payable under this policy shall be limited to the balance of the medical expenses incurred which are not covered or payable by the above listed (a) to (c), subject to the benefit limits computed in accordance to the table of insured benefits and terms and conditions of this policy.

Frequently Asked Questions (FAQs)

Private Education Institution (PEI) Group Hospitalisation & Surgical Insurance

1. What does the insurance cover?

The insurance covers mainly medical expenses incurred for hospitalisation and/or surgery due to illness or accident in a Singapore Government/Restructured hospital.

Please refer to the Benefits Schedule given to your school for the details.

2. Which hospital can I seek treatment at?

You can seek treatment at Singapore Government/Restructured Hospitals which are:

- Singapore General Hospital
- Alexandra Hospital
- KK Women's & Children's Hospital
- National University Hospital
- Tan Tock Seng Hospital
- Changi General Hospital
- Khoo Teck Puat Hospital
- Ng Teng Fong General Hospital
- Sengkang General Hospital

Please note that hospitalisation in a Ward higher than that you are entitled to or in Private Hospitals is subject to a pro-ration factor. For hospitalisation in overseas hospitals, you will only be covered up to the reasonable expenses for treatment in Singapore Government / Restructured Hospital for similar or comparable treatment or the expenses incurred in the foreign hospital, whichever is lower. In such cases, you may not be fully reimbursed for such claims incurred.

3. Will I be covered if I go back to my home country or travel during vacation?

Yes, you will be covered as long as you are a registered student of your school pursuing a course of study. Hospitalisation and/or surgery expenses incurred will be covered up to the reasonable and customary cost of treatment in Singapore Government/Restructured Hospital, whichever is lower, subject to the policy limits applicable.

***Cover does not apply:**

- 1) *when you travel expressly for treatment outside Singapore.*
- 2) *when you are out of Singapore for a period exceeding ninety (90) consecutive days at a time*

4. I am a part-time student who opted to be covered. Am I covered during work?

No, you will not be covered for illness or injury sustained during work.

5. Are pre-existing conditions covered?

For students on compulsory scheme, pre-existing conditions are covered. However, do take note that the above list of **Exclusions** will be applicable.

6. What should I do if I need to stay in the hospital or have surgery? Do I have to pay the medical costs myself?

Please settle the medical bills directly with the hospital and retain all **ORIGINAL** bills to be submitted to the insurance company. Please note that you may have to pay the cash deposit determined by the hospital and should you choose to stay in a higher class of ward or a private hospital, your claim may not be fully covered.

For pre or post hospitalisation / surgery and emergency outpatient treatment, please pay first and claim reimbursement.

7. Are outpatient services or treatment for illness covered?

GP outpatient services for illness (eg. common cold, fever etc) are not covered.

8. Is outpatient treatment after an accident covered?

Yes, only if treatment is sought at a clinic or hospital within 48 hours from the time of accident. Follow-up treatment by the same physician is covered up to 31 days from date of accident.

9. How do I make a claim?

Please submit the following documents to us through your school:

- Income Claim Form available from your school
- Original Final Hospital Bill & other medical bills
- Inpatient Discharge Summary/Day Surgery Authorisation Form

10. When I utilize my Medisave/Medishield Integrated Plan to pay for my treatment, how will my claim be reimbursed (for Singapore citizens and PRs only)?

Payment made by Medisave will be refunded to the respective Medisave Account holder and Medishield Integrated Plan.

11. When do I need to submit the claim?

You should submit the claim or give notice that you will be making a claim as soon as possible but within 30 days from discharge. For late submission/notification, please provide a valid reason.

12. I have submitted my hospitalisation/surgery claim earlier. I wish to submit follow-up treatment bills. What should I do?

Please inform your school when submitting the bill that it is for follow-up treatment so that we are able to trace your records. The claim form is not required.

13. How long does it usually take to process my claim?

Upon receipt of all required documents including **ORIGINAL** bills, approved claims will be settled within 6 to 8 weeks.

14. How will I be notified of the result of my claim?

You will be notified through your school. Reimbursement for approved claims will be via cheque payment to you through your school.

15. When will my insurance end?

The insurance will end when one of the following occurs, whichever happens first:

- when you cease to be a registered student of your school
- exhaustion of the policy limit applicable to you during the policy year
- expiry of the insurance policy

16. If I have questions or need assistance, who should I contact?

AEGIS Insurance Agencies Pte Ltd Tel:

(65) 6837 0306

Email : customerservice@aegisic.com

Website : www.aegisic.com

Important - The information contained in this FAQ is subject to the actual terms and conditions of the policy contract your school has with **NTUC Income Insurance Co-operative Limited**.