



We Protect. *You Decide.*

Great Foreign Worker Medical Insurance



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GREATAMERICAN
INSURANCE GROUP



Great Foreign Worker Medical Insurance Product Summary

Employers are required to purchase and insure their Work Permit and S-Pass Holders with a minimum medical insurance coverage of S\$15,000 per year providing inpatient hospitalization and day surgery. Policy also extends to cover Employment Pass Holders with conditions applicable.

Great Foreign Worker Medical Insurance helps meet your employer's regulatory obligation and provide various options to cover your foreign workers (excluding foreign maids) against cost of hospitalization, surgery and other related expenses due to sickness or accident.

Benefits (S\$)*	Ultimate	Elite	Deluxe	Classic
Hospital Room and Board	4/6 bedded	4/6 bedded	4/6 bedded	4/6 bedded
Intensive Care Unit (including HDW)				
Hospital Miscellaneous Expenses				
Surgeon's Fee				
Anaesthetist Fees	As-Charged (Government, Restructured Hospital charges)	As-Charged (Government, Restructured Hospital charges)	As-Charged (Government, Restructured Hospital charges)	As-Charged (Government, Restructured Hospital charges)
In-Hospital Physician's Visit				
Pre-Hospitalization/Surgery Specialist Consultation (up to 90 days before admission)				
Pre-Hospitalization/Surgery Diagnostic Services (up to 90 days before admission)				
Post-Hospitalization/Surgery Treatment (up to 90 days after discharge)				
Overall Maximum Limit	30,000 (per disability)	20,000 (per disability)	15,000 (per disability)	15,000 (per disability)

Extended Benefits	Ultimate	Elite	Deluxe	Classic
Medical Report Fee	As-Charged	As-Charged	As-Charged	As-Charged
Compassionate Payment	3,000	3,000	3,000	3,000
Repatriation of Mortal Remains	2,000	2,000	2,000	NA
Emergency Outpatient Treatment (per policy year within 31 days of accident provided treatment is sought within 24 hours of accident)	500	500	500	NA

GREAT FOREIGN WORKER MEDICAL INSURANCE PRODUCT SUMMARY

Extended Benefits <i>Continued</i>	Ultimate	Elite	Deluxe	Classic
Outpatient Kidney Dialysis & Cancer Treatment (per policy year)	5,000	5,000	5,000	NA
Wage & Levy Reimbursement	500	500	500	NA
Personal Accident (death due to non-work related only)	10,000	10,000	10,000	NA

Scope of Cover	Ultimate	Elite	Deluxe	Classic
Geographical Scope of Coverage (due to work reasons only)	Worldwide	Worldwide	Worldwide	Singapore
Covers work/non-work related	Yes	Yes	Yes	Yes
Covers in excess of WICA	Yes	Yes	Yes	Yes
Covers GST claim amount	Yes	Yes	Yes	Yes
Covers pre-existing health conditions	WP / S-pass	WP / S-pass	WP / S-pass	WP / S-pass

Proration for admission above entitled coverage

Payable by Insurer

Upgrade to higher wards in government/restructured hospitals	65%
Admission to private hospitals in Singapore	
Overseas Hospitalisation required while on work reasons	
Maximum room and board per day for private and overseas hospitals	S\$200

Annual Premium (S\$ exclude GST)

– Subject to loss ratio not exceed 65% for past 3 years

Group Size	Ultimate	Elite	Deluxe	Classic
1 to 10	235	120	92	75
11 to 20	184	110	75	69
21 to 50	150	98	75	69
51 to 100	115	86	69	64
Above 100	104	75	65	58

Premium (S\$ exclude GST) is based on per insured.

If loss ratio exceeds 65%, please refer to Great American Insurance Company for underwriting.

GREAT FOREIGN WORKER MEDICAL INSURANCE PRODUCT SUMMARY

Important Notes

1. This compulsory medical insurance requirement was introduced in tandem with the withdrawal of healthcare subsidies for foreigners in order to help employers manage potentially high medical bills on their foreign workers. Under the Foreign Workers Act, employers are still responsible for any uninsured medical expenses (inpatient and outpatient) of their foreign workers.
2. The coverage and limits are applicable to all government and restructured hospitals within the entitled ward type specified. Otherwise, coinsurance is applicable.
3. The coverage is subject to the Overall Maximum Limit as stated in the Benefit table.
4. All Extended Benefits are separate benefits and do not form part of the Overall Maximum Limit.
5. The policy covers all pre-existing conditions from policy inception for Work Permit and S-pass holders (excluding foreign maids).
6. Employment Pass holders are subjected to permanent exclusion on pre-existing health conditions and first year on specified illness such as hypertension or cardio-vascular disease, cataracts, all internal tumor/cysts/nodules/polyps of any kind, breast lumps, hemorrhoids and endometriosis.

Description of Cover

1. **Hospital Room and Board** - Expenses for accommodation, general nursing services and meals for eachday of confinement of an insured person as an inpatient in a hospital at the recommendation of a physician.
2. **Intensive Care Unit** - Expenses for daily room and board for an insured person who is confined as an inpatient in the Intensive Care Unit of a hospital.
3. **Hospital Miscellaneous Services and Supplies** - Expenses for any of the following administered services that are medically necessary and consumed by an insured person whilst in a hospital for prescription drugs, diagnostic, laboratory tests, electrocardiograms, radium or isotope therapy, intravenous infusions, physiotherapy, ambulance services, nursing, theatre consumables, other ancillary supplies, use of the operating theatre.
4. **Surgeon's Fee** - Expenses for Surgery performed on an insured person including the surgeon's post-operative visits up to a maximum of 90 days from the date of the surgical operation.
5. **Anaesthetist Fees** - Expenses for the supply and administration of anaesthesia to an insured person during a surgery.
6. **In-Hospital Physician's Visit** - Expenses charged for daily bedside visits of an insured person by the attending physician during the insured person's confinement in the hospital, limited to one visit per day.
7. **Pre-Hospitalisation / Pre-Surgery Specialist's Consultation** - Expenses for an insured person's consultation (including medication) with a specialist following referral by a general practitioner and incurred within 90 days prior to confinement in a hospital or day surgery. If the insured person is not subsequently Hospitalised or surgically treated, the insurer shall not be liable to pay any expenses so incurred which will not be covered by this policy. The insurer shall not be liable for any expenses for outpatient treatment.

Description of Cover Continued

8. **Pre-Hospitalisation/Pre-Surgery Diagnostic Services** - Expenses for diagnostic procedures and laboratory tests on an insured person, which must be recommended in writing by a physician and incurred within 90 days prior to confinement in a hospital or surgery. If the insured person is not subsequently hospitalised or surgically treated after such consultation or examination, the insurer shall not be liable to pay any expenses so incurred which will not be covered by this policy. The insurer shall not be liable for expenses of any clinical treatments (including medications and subsequent consultations after an illness is diagnosed).
9. **Post Hospitalisation/Post-Surgery Treatment** - Expenses incurred for follow-up treatment of the insured person at the same hospital as that which he/she was treated for the disability, within 90 days immediately following discharge from hospital or day surgery, but excluding expenses for drugs prescribed for use beyond 120 days after discharge.

Extended Benefits (Only applicable if stated in the Schedule)

10. **Medical Report Fees** - Expenses incurred for any medical reports requested by the insurer in respect of a claim made under this policy.
11. **Compassionate Payment** - Payment to the insured if an insured person dies from an injury or an illness during or after treatment for such illness in hospital or ward for day surgery.
12. **Repatriation of Mortal Remains** - Repatriation expenses incurred up to the limit stated in the schedule, for the transportation of the insured person's mortal remains to the capital city of his/her home country following injury or illness which results in death; or burial or cremation of the insured person in the locality where death occurs following injury or illness and in the case of cremation, transportation of the insured person's ashes to the capital city of his/her home country.
13. **Emergency Accidental Out-Patient Treatment** - Expenses incurred for treatment as an outpatient for injury caused by accident at any registered clinic or hospital within 24 hours of the accident causing the injury.
14. **Outpatient Kidney Dialysis & Cancer Treatment** - Expenses for kidney dialysis at a registered dialysis centre or unit and cancer treatment (Chemotherapy and Radiotherapy) at an outpatient department of a hospital or registered cancer treatment centre on the recommendation of a physician.
15. **Wages and Levy Reimbursement** - In the event that the insured suffers a loss of service of the insured person caused by his/her hospitalisation (exceeding 5 full days) due to illness or accident, the insured shall be entitled to partial reimbursement for the insured person's wages and Foreign Worker's Levy in respect of the insured person imposed by the Singapore Government, up to a maximum period of 25 days (including Post-Hospitalisation Medical Leave) at S\$20.00 per day or the limit stated in the schedule, whichever is less, provided always that the insurer shall not be liable for any payment in respect of this item of benefit for the first 5 days of the insured person's hospitalisation.
16. **Personal Accident (Death due to Non-work-related)** - Payable as stated in the schedule if an insured person dies from an accident not related to work.

Description of Cover Continued

The amount payable under this policy in respect of medical service benefits will not exceed the actual cost of medically necessary services. The maximum liability of the insurer for any item of benefit shall not exceed the limits of cover less any deductible that is for the account of the insured. The limits of cover and the deductibles (if any) are shown in the schedule.

If the insured person is entitled to claim compensation under the Work Injury Compensation Act, or any other group or individual insurance policies, governmental programme or insurance provided by law, the benefits payable under this policy will be limited to the balance of the expenses actually incurred but which are not covered by such compensation.

Key Provisions

Age limit – Subject to insurability for group member whose age is between 17 and 70 years old (both inclusive).

Eligibility – All present full-time employees must hold a valid Employment Pass, S-pass and Work Permit during the period of insurance and in active service.

Cancellation – The policyholder may cancel the policy at any time with notification in writing stating the effective date of cancellation of the said policy. Insurer will return to the policyholder a proportionate part of the premium corresponding to the unexpired period of insurance, less 20% thereof. No premium shall be refunded where any claim has been made under this policy.

Policy administration - Policy is administrated on headcount (otherwise stated) with updated name list and/or most recent levy statement to be submitted for policy adjustment upon renewal. If there is a refund of premium by the insurer to the insured, refund amount shall not exceed 25% of the total premium of the policy. There shall be no premium refund if the total claims experience exceed 60%.

Non-guaranteed premium - Premium payable for this policy is not guaranteed and may be revised at each renewal date, at the full discretion of Great American.

General Exclusions

This Hospital & Surgical Benefit does not cover, and Great American will not be liable to the insured or any insured person for or in connection with any:

1. Any period of hospital confinement unless the entire confinement and all the special hospital services so rendered and performed had been recommended and approved by a physician and in accordance with the diagnosis and treatment of the condition for which the hospital confinement was required.
2. All Employment Pass holder's pre-existing health conditions are excluded unless declared by the insured person in the application form and specifically accepted by Great American during underwriting stage and endorsed thereon.
3. Hospitalisation primarily for diagnosis, x-ray examinations, general physical or medical check-up. Routine physical examinations, health check-ups or any other tests where there is no objective indication of impairment of normal health or any treatment of a preventive nature including vaccinations, acupuncture, or any treatment which is not medically necessary.

General Exclusions *Continued*

4. Charges for telephone, television, radio, newspaper, guests' meals and other ineligible non-medical items whilst confined as an Inpatient or for day surgery.
5. Outpatient treatment, dental care and its related treatment except as specifically covered under this policy.
6. Pregnancy, childbirth, abortion, miscarriage, infertility and all complications arising therefrom except as specifically covered under this policy.
7. Investigations into and treatment of infertility, surgical, mechanical or chemical contraceptive methods of birth control, assisted reproduction, sterilization (or its reversal) or any consequence of any treatment for them.
8. Treatment of varicocele, impotence or any consequence of it.
9. Sickness or disease directly or indirectly arising from sexually transmitted disease, Acquired Immune Deficiency Syndrome (AIDS), any AIDS related condition, or infection by Human Immunodeficiency Virus (HIV).
10. Treatment which arises from, or is in any way attributable to, sex change.
11. Costs arising under any legislation or covered under any corresponding insurance relating to occupational death, Injury, or Illness.
12. Treatment for Congenital Conditions and any physical birth defects arising out of or resulting therefrom.
13. Non-hospital nursing care or ambulatory care, rest cures or sanatoria care, treatment arising from any geriatric, psycho geriatric or psychiatric condition, and treatment of alcohol dependence syndrome or substance abuse.
14. Suicide or attempted suicide, self-inflicted injuries or any attempt thereat while sane or insane.
15. Circumcision unless medically necessary, eye tests, refractive errors of the eyes, provision of implants, medical appliances and prosthetic devices, including spectacles, hearing aids, wheelchairs and lenses.
16. Sickness or injury arising from racing of any kind (except on foot), professional sports, parachuting, skydiving, hang gliding, bungee jumping and violation or any attempt of violation of the law or resistance to lawful arrest.
17. Flying or other aerial activity except as a fare-paying passenger in a fully licensed aircraft operated by a licensed commercial air carrier or recognized Charter Company.
18. Treatment arising from any consequence (whether direct or indirect) of nuclear or chemical contamination, war, invasion, losses by terrorist acts using chemical/biological substances, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, direct participation in riot, strike and civil commotion, insurrection or military or usurped power, or active duty in any of the armed forces.

General Exclusions *Continued*

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| 19. The use, or any treatment arising therefrom, of any drugs not licensed by an official governmental control agency of the country in which the drug is given, or drugs used in any circumstances other than in accordance with their licensed indications. |
| 20. Experimental medical treatment. |
| 21. Any treatment directed towards developmental delay and/or learning disabilities in children. |
| 22. Cosmetic (aesthetic) or plastic surgery or treatment, or any treatment which relates to or is needed because of previous cosmetic treatment, provided that this exclusion does not apply to reconstructive surgery if: <ul style="list-style-type: none">(a) it is carried out to restore function or appearance after an accident or following surgery for a medical condition, (provided that the accident or surgery occurred while the insured person was covered under this policy); and(b) it is done at a medically appropriate stage after the accident or surgery; and(c) the cost of the treatment is approved by Great American in writing before it is done. |
| 23. The removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons, treatment of obesity, weight reduction or weight improvement. |
| 24. Sleep apnoea. |

Policy Owners' Protection Scheme

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 Great American Insurance Company, Singapore Branch or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).



Foreign Worker Medical Insurance Proposal Form (Corporate)

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

Note to the Applicant:

- This **Proposal** Form is for the **Applicant** to complete and submit to **Great American** (together with all required information and documents) for the purpose of applying for Great Foreign Worker Medical Insurance Policy.
- Please answer ALL questions fully. If there is insufficient space in this form for you to complete any of your answers, please attach a separate signed and dated sheet with your complete answer and identify the question number concerned.
- In this **Proposal** Form:
 - (a) **"Applicant"** means the entity intended to be the insured, defined as the insured in the policy.
 - (b) **"Great American"** means the Singapore Branch of Great American Insurance Company.
 - (c) **"Policy"** means Great Foreign Worker Medical Insurance Policy, a sample of which is available on request. For avoidance of doubt, references to the **Policy** shall not bind **Great American** to issue one.
 - (d) The words **"Insured Person(s)"** and **"Insured"** have the same meanings as defined in the Policy.

Name of Intermediary _____ Account No. _____

Section 1 – Details of Applicant

Name of Company _____	Registration No. _____
Name of Contact Person _____	Contact No. _____
Mailing Address _____	Postal Code _____
Email _____	Nature of Business _____
Current Insurer _____	
Period of Insurance (DD/MM/YYYY)	
From _____	To _____
Loss Ratio (last 3 years) _____	

Questionnaire

Yes No

1. Are there any insured members that currently suffer from an illness, injury or are undergoing treatment by any doctor or on medical leave? If yes , please provide details. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any member suffered or is currently suffering from any serious condition such as cancer, renal failure, heart disease, and/or diabetes? If yes , please provide details. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

FOREIGN WORKER MEDICAL INSURANCE PROPOSAL FORM (CORPORATE)

Section 2 – Plan Selection

Insured	Number of Workers	Ultimate	Elite	Deluxe	Classic	Extension to Johor, Msia	Premium (\$\$ excl GST)
WP / S-Pass		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EP							
Total (\$\$)							

Note: Extension to Johor, Malaysia is subject to 10% premium loading.

Section 3 - Particulars of All Insured Person(s)

For Employment Pass holders and on named-basis administration

Name (As per FIN/Passport/WP)	Gender (M/F)	Date of Birth (DD/MM/YYYY)	NRIC/Passport/ FIN No.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Section 4 - Payment Option

☐ Cheque - Bank Name _____ Cheque No. _____
To be crossed and made payable to "Great American Insurance Company"

☐ Bank Transfer - Beneficiary Name: Great American Insurance Company
Bank Name: DBS Bank Limited Singapore
Bank Address: 12 Marina Boulevard, DBS Asia Central MBFC Tower 3, Singapore 018982
SGD Account No.: 0039330324
Swift Code: DBSSSGSG

Section 5 – Declaration / Warranty

I hereby warrant and declare on behalf of all **Insured Person(s)** as follows:

- (a) I/We hereby declare that I/we have received, read and understood, or have been advised of and understand, the contents of the brochure and any information or material relating to Great Foreign Worker Medical Insurance Policy.
- (b) I/We understand and agree that no insurance is in force until an application is accepted by the company and a policy is issued.
- (c) I/We are aware of and agree to abide by the policy's terms, conditions and exclusions.

False Information

Please note that any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Policy Owners' Protection Scheme

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 Great American Insurance Company, Singapore Branch or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

Personal Data Protection

1. In order to process, evaluate, administer and/or manage your application, relationship, account and/or policy with Great American Insurance Company, Singapore Branch ("**Great American**"), Great American will necessarily need to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes (i) information set out in this statement and any other personal information provided by you or already in the possession of Great American as previously provided by you; and (ii) your claims.
2. Such personal data will be collected, used, disclosed and/or processed by "Great American" for the purpose(s) of:
 - (a) considering whether to provide you with the insurance you applied for including considering whether to accept any renewal request;
 - (b) processing your application for underwriting and insurance;
 - (c) administering and/or managing your relationship, account and/or policy with Great American;
 - (d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
 - (e) carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by Great American;
 - (f) carrying out your instructions or responding to any enquiries by you;
 - (g) dealing in any matters relating to the services and/or products which you are entitled to under a policy which you are applying for or have applied for; (including the mailing of correspondence, statements, invoices, reports or notices to you, which could involve disclosure of certain personal data about you to bring about delivery of the same as well as on the external cover of envelopes/ mail packages);
 - (h) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your renewal request, your claims or any other matter relating to your policy, and whether or not there is any suspicion of the aforementioned; and/or
 - (i) complying with applicable law in administering and managing your relationship with Great American. (collectively the "**Purposes**")

Section 5 – Declaration / Warranty Continued

3.

We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the above purposes, and thereafter using, disclosing and/or processing such personal data for one or more of the above purposes.
4.

Your personal data may/will be disclosed by Great American to affiliates of Great American and third parties such as third party service providers, reinsurers or agents (including its lawyers/law firms) (“Relevant Parties”), which may be sited outside of Singapore, for one or more of the above purposes, and such Relevant Parties would be processing your personal data for Great American in relation to one or more of the above purposes.
5.

By signing below, you:

(a)

consent to Great American collecting, using, disclosing and/or processing your personal data for the purposes as described above;

(b)

consent to Great American collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the purposes as described above;

(c)

consent to Great American disclosing your personal data to the Relevant Parties, for the purposes as described above; and

(d)

consent to Great American transferring your personal data out of Singapore to the Relevant Parties, for the purposes as described above.

☐ I have read and agree to the above.

Declaration and Signature

The undersigned authorized principal, partner or director of the **Applicant** hereby declares that to the best of his/her knowledge and belief, the statements set forth herein and all attachments and schedules hereto are true and complete, and immediate notice will be given should any of the above information alter between the date of this **Proposal** and the proposed inception date of the **Policy**. Although the signing of this **Proposal** does not bind the undersigned on behalf of the **Applicant** or any potential Insured to effect insurance, the undersigned agree on behalf of all potential insured that this **Proposal** and all attachments and schedules hereto and the said statements herein shall be the basis and will be incorporated in the **Policy** should one be issued.

Signature of Applicant (for and on behalf of Insured's Person)

Date