

Policy No. : < >

Policyholder : < >

WORKMEDIC

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (NTUC INCOME) and the Policyholder.

The proposal forms, the statements, information, declarations (including health declarations) and the list of the names of the persons to be covered provided by the Policyholder shall form the basis of this contract.

The Schedules, the Terms, Conditions and Exclusions of this Policy, and, any Endorsement issued by us, shall form part of this Policy, and shall also apply to the Policyholder and to the Insured Persons who are covered under this Policy.

Provided the Policyholder pays the premium, we (NTUC INCOME) will pay the Benefits stated in the Schedule of Benefits, subject to proof satisfactory to us of the happening of the event during the Policy Year upon which the Benefits are payable.

All sums payable under this Policy shall be in Singapore currency and the dollar shall mean the Singapore dollar.

Signed in Singapore by order of the Board of Directors.

Authorised Officer

Tan Suee Chieh
Chief Executive

Date of issue: < >

THE SCHEDULE

POLICY NO : < >

POLICYHOLDER : < >

INSURED PERSONS : All employees who satisfy the eligibility criteria in clause 3 and whose names are in the proposal form and/or Schedule of Lives or as provided by the Policyholder

PRODUCT : WORKMEDIC POLICY

SUM ASSURED : Not Applicable

PARTICIPATION : Compulsory

PAYMENT MODE : Yearly

COMMENCEMENT DATE : < >

EXPIRY DATE : < >

POLICY ENDORSEMENT : <include Co-insurance/Deductible/no 12 months waiting period (where applicable)>

SCHEDULE OF BENEFITS

PRODUCT NAME: WORKMEDIC POLICY

BENEFITS	Limits of Compensation
Inpatient Benefits	
1. Daily Room & Board / day*	As Charged excluding all government taxes, subject to a maximum sum of S\$15,000 for Any One Disability for each Insured Person
2. Intensive Care Unit (ICU)	
3. Other Hospital Services	
4. Surgical Benefits	
5. Daily In-Hospital Consultation	
Outpatient Benefits	
6. Pre-Hospitalisation Specialist Consultation (within 90 days prior to Admission)	
7. Pre-Hospitalisation Diagnostic X-ray & Lab-Test (within 90 days prior to Admission)	
8. Post Hospitalisation Treatment (within 90 days of Discharge)	
Death Benefit	S\$3,000 for each Insured Person
Deductible**	Nil
Co-Insurance**	Nil

* Ward Restriction to four-Bedded Government / Restructured Hospitals. The pro-ration factor below shall apply if members are warded into a private hospital or a higher class of ward.

** Deductible or Co-Insurance, whichever higher, shall apply

PRO-RATION FACTORS

Private Hospital	45%
A1 Class in restructured hospital	65%
A2 Class in restructured hospital	75%

TERMS AND CONDITIONS

1. DESCRIPTION OF BENEFITS

The following Benefits are provided under this Policy:

- a. Daily Room & Board
- b. Intensive Care Unit (I.C.U.)
- c. Other Hospital Services
- d. Surgical Benefit
- e. Daily In-Hospital Consultation
- f. Pre-Hospitalisation Specialist Consultation, Pre-Hospitalisation Diagnostic X- ray and Laboratory Test Fee
- g. Post-Hospitalisation Treatment
- h. Death Benefit

a. Daily Room & Board

We shall pay for the Daily Room & Board charges (that is ward charges) incurred for a four-bedded ward in a Restructured Hospital when the Insured Person, on the recommendation of a Registered Medical Practitioner, is confined as a registered patient in a Hospital.

b. Intensive Care Unit (I.C.U.)

We shall pay for the daily charges incurred when the Insured Person, on the recommendation of a Registered Medical Practitioner, is confined to the Intensive Care Unit.

c. Other Hospital Services

If the Daily Room & Board or I.C.U Benefits are payable by us, we shall also pay the charges incurred during the Insured Person's Hospital confinement when the following services are rendered to and utilized by the Insured Person:

- Use of Operating Room
- Drugs and Medicines consumed in the Hospital
- Dressings, Ordinary Splints and Plaster Casts
- Laboratory Examinations
- Electrocardiograms
- Basal Metabolism Tests
- Physical Therapy
- Anaesthesia and Oxygen and their administration
- X-ray Examinations
- Intravenous Infusions
- Administration of Blood or Blood Plasma, but not the cost of Blood or Blood Plasma

d. Surgical Benefit

We shall pay for the charges incurred for surgical operations performed in a Hospital or clinic by a Registered Medical Practitioner.

e. Daily In-Hospital Consultation

We shall pay for the consultation fees charged by a Registered Medical Practitioner

for consultation provided to the Insured Person during the Insured Person's Hospital confinement.

f. Pre-Hospitalisation

We shall pay the charges for the below services rendered to the Insured Person on the recommendation of a Registered Medical Practitioner provided the charges are incurred within 90 days before the Insured Person is admitted into a Hospital or undergoes day surgery for the treatment of the same medical condition for which the Insured Person was hospitalised. We shall not pay if hospitalisation or surgery is not required by the Insured Person.

i. Specialist Consultation Fee

The consultation fees charged by a Specialist for consultation provided to the Insured Person.

ii. Pre-Hospitalisation Diagnostic X-ray and Laboratory Test Fee

The diagnostic X-ray and laboratory test fees incurred in a Hospital, clinic or laboratory.

g. Post-Hospitalisation Treatment

We shall pay the charges incurred for follow-up treatment of the Insured Person's medical condition for which the Insured Person was hospitalised, if treated by the same Registered Medical Practitioner who recommended the Insured Person's admission, if such charges are incurred within 90 days immediately following the Insured Person's discharge from the Hospital.

h. Death Benefit

We shall pay if the Insured Person dies due to any cause and provided the death shall occur while the cover in respect of the Insured Person is in force, we shall pay the Death Benefit as stated in the Policy Schedule.

2. BENEFIT PAYABLE & LIMITS

- i. Provided the Policyholder has paid the premiums and this Policy and the Insured Person's cover are valid and in force at all material times, we will pay the applicable Benefits if during the period of cover, the Insured Person incurs any hospital or surgical charges, fees or expenses in Singapore arising from any illness or injury suffered or dies within the Republic of Singapore.
- ii. Benefits payable under this Policy shall be limited to the balance of any amount of charges or expenses not covered by any benefits payable under the Work Injury Compensation Act or any other indemnity insurance covering the Insured Person or that calculated from the Schedule of Benefits.

For the avoidance of doubt, in the event that the Insured Person is inadequately covered or not covered under an insurance scheme required under the Work Injury Compensation Act, this policy shall pay only the amount in excess of the benefits payable under the Work Injury Compensation Act.

We shall pay the Benefits:

- a. provided the charges are Reasonable and Customary charges for Medically Necessary Services;
- b. provided the claimable amounts are based on amounts actually charged for claims payable on a reimbursement basis;
- c. subject to a maximum sum of S\$15000 for Any One Disability for each Insured Person;
- d. subject to the pro-ration factor percentage as stated in the Schedule of Benefits if the Insured Person is admitted into a private hospital or higher class ward than what the Insured Person is entitled to under this Policy. The same pro-ration factor is also applied to the Reasonable and Customary charges for Medically Necessary Services incurred in the private hospital or higher class ward;
- e. if a minimum period of six (6) consecutive hours has lapsed from the time the Insured Person is admitted into a Hospital. No minimum period is required if such confinement is in connection with a surgical operation, or if the Hospital makes a charge for Room & Board;
- f. subject to any Deductible and Co-payment, whichever is higher, shall apply to this Policy. In which case, we will pay an amount less the Deductible and Co-payment (if applicable). The Policyholder shall pay any Goods or Services Tax; and
- g. in the event of death, provided that the Insured Person dies within the Republic of Singapore.

iii. 12 Months Waiting Period

We shall not pay any Benefit under this Policy for a period of 12 months from the Commencement Date if the Insured Person's death, illness or injury is caused by or arose out of a Pre-existing Condition of the Insured Person unless the Insured Person has been continuously insured for a period of 12 months without any lapse in coverage under the Policyholder's Group Hospital and Surgical Insurances with previous insurer before effecting this Policy.

Exclusion (xvii) under Clause 20 below will not be operative if the Insured Person has been continuously insured for a period of 12 months without any lapse in coverage under the Policyholder's Group Hospital and Surgical Insurances with previous insurer before effecting this Policy.

3. Eligibility

Subject to insurability, all employees, aged between 16 and 69 (age as on the last birthday), who are Actively at Work, are eligible to be covered under this Policy provided they are Foreign Employees holding valid Work Permits and S Passes covered under a valid security bond issued by the Ministry of Manpower.

4. Misstatement

Without prejudice to NTUC Income's rights against the Policyholder for non-disclosure, misrepresentation or fraud, if any relevant fact relating to any Insured Person is found to have been misstated and if such misstatement affects the scale of Benefits or any provisions of this Policy, the true facts shall be used to determine whether cover would have been in force under the provisions of this Policy and whether the Benefits are payable. Any excess premium shall be refunded to the Policyholder and any shortfall in the premium shall be paid by the Policyholder.

5. Full Disclosure

The Policyholder and/or any Insured Person must disclose to us fully and truthfully all material facts and circumstances that may influence the cover provided under this Policy up to the date of issue, commencement of cover or upon renewal in respect of the Policyholder and any Insured Person.

Any non-disclosure or misrepresentation will allow us to declare this Policy or cover for an Insured Person void from the start and no Benefits shall be payable by us under the Policy or in respect of that Insured Person.

6. Fraud

If any part of a claim shall be found to be false or fraudulent or if fraudulent means or devices are used by the Policyholder and/or any Insured Person to obtain any Benefit under this Policy, all Benefits are forfeited. We shall have the discretion to terminate this Policy, to refuse the renewal of this Policy, to impose terms and conditions as we may require and/or to take any action as we think necessary.

7. Policy Year

The Policy Year under this Policy is for a period of one (1) year, starting from:

- (i) Commencement Date; or
- (ii) the Effective or Renewal Date specified in the Renewal Certificate (in cases where the policy is renewed), (Policy Year").

The Renewal Date is the date on which the Policy is renewed for a further Policy Year.

This Policy may be renewed on the anniversary of the Commencement Date, the anniversary of a Renewal Date or such other dates as may be agreed in writing between the Policyholder and NTUC Income, subject to our consent and the payment of the renewal premium.

We may, in our absolute discretion, decide not to renew this Policy without giving any reason.

8. Premium

The premium rate is not guaranteed and may be reviewed and varied by us from time to time:

- a. when there is a substantial change in the risks being insured; or

b. by adjusting the premium rate on the Renewal Date.

Once the premium rate is varied, the new premium rate shall apply in respect of all Insured Persons under this Policy from the Renewal Date.

Short period extensions of this Policy (less than 12 months), if agreed by NTUC Income, shall be computed from the expiry date, and based on the renewal premium rate and terms.

The premium payable by the Policyholder for the Policy Year is not guaranteed. If the total number of Insured Persons covered changes during the Policy Year, we may review and vary the premium payable based on the total number of Insured Persons covered and their respective period of cover. The difference in premium shall be met by an additional payment or refund.

The Policyholder is required to pay the premiums within 30 days from the date of invoice for this Policy.

9. Limits of Compensation & Right of Recovery

The Policyholder shall be liable to pay us any amount paid by us if the amount exceeds the maximum amount provided in the Schedule.

If we pay for medical charges not payable under this Policy, we shall have the right to recover the amount of the charges from the Policyholder and/or the Insured Person. The Policyholder shall fully indemnify and reimburse us for such amount within 30 days from the date of notice given by us requesting for reimbursement.

10. Cancellation of Policy

Either the Policyholder or NTUC Income may cancel this Policy by giving the other party 30 days written notice. Once the notice period has expired, all cover under this Policy shall terminate. NTUC Income may also cancel the cover on any Insured Person for failing to comply with the terms and conditions of this Policy by giving 30 days written notice to the Policyholder.

If this Policy is cancelled by NTUC Income, there shall be a pro-rated refund of premiums to the Policyholder for the unexpired part of the Policy Year under this Policy. If NTUC Income cancels the cover on any Insured Person for failing to comply with the terms and conditions of this Policy, NTUC Income shall not refund any premiums.

If this Policy is cancelled by the Policyholder, the following short period rates are applicable for the period of cover prior to termination of this Policy, and the premiums will be refunded accordingly to the Policyholder:

<u>Period of Cover Not Exceeding</u>	<u>Short period rates</u>
1 week	1 month
1 month	3 months
2 months	4 months
3 months	6 months
4 months	7 months
6 months	9 months
8 months	10 months

For a period of cover exceeding 8 months, the annual premium rates will apply.

Notwithstanding the above provisions in this clause 10, no refund of premium will be given if any claim has been submitted under this Policy.

11. Grace Period

The Policyholder is allowed a grace period of 30 days from the date of invoice (or renewal invoice) to pay the first premium (or renewal premiums).

If the premium due is not payable by the end of the grace period, this Policy shall be terminated as from the date of expiry of the grace period and NTUC Income shall be discharged from all liability under this Policy from that date. NTUC Income will be entitled to charge premium for the period of cover provided prior to the termination of this Policy based on the short period rates stated in Clause 10, whether or not a claim has been made during this period.

12. Termination of Cover of Insured Person

The cover for an Insured Person under this Policy shall terminate and all Benefits shall cease for that Insured Person if any of the following occurs:

- a. the date on which this Policy is terminated;
- b. at the end of this Policy Year during which the Insured Person reaches the maximum age of 69 years;
- c. when the Insured Person ceases to be eligible as an Insured Person as stated in Clause 3;
- d. at the expiry of the period for which the last premium payment is made on account of the Insured Person's cover;
- e. upon payment of the death benefit for the Insured Person;
- f. non-payment of the premium after the grace period;
- g. non-disclosure or misrepresentation as described in clause 5 above;
- h. fraud as described in clause 6 above; and
- i. once the Insured Person is on temporary leave of absence, vacation without pay, sick or injured for more than 6 months.

13. Change of Terms and Conditions

We may vary the premiums, benefits and/or cover or amend the privileges and conditions of this Policy by giving the Policyholder 30 days' prior written notice at his last known address.

14. Non-Assignment

This Policy is non-assignable and NTUC Income shall not be bound to recognize any equitable or other claim or interest in this Policy.

15. Geographical Limits

This Policy covers an Insured Person if the Insured Person suffers any illness or injury or dies within the Republic of Singapore.

16. Governing Law

This Policy is governed by and interpreted according to the laws of the Republic of Singapore.

17. Arbitration

Any dispute as to any matter arising under, out of, or in connection with this Policy shall be referred to and finally determined by arbitration in accordance with the Arbitration Rules of the Singapore International Arbitration Centre for the time being in force, which rules are deemed to be incorporated by reference in this Clause 17.

18. Exclusion of Third Party Rights

Any person who is not a party to this Policy shall have no right under the Contracts (Rights of Third Parties) Act (Cap. 53B) to enforce any of its terms.

19. Limitation

The Benefits payable under this Policy shall be limited to the balance of any amount of charges or expenses not covered by any benefits payable under the Work Injury Compensation Act or any other indemnity insurance covering the Insured Person or that calculated from the Schedule of Benefits.

20. Exclusions

This Policy shall not pay any Benefits relating to any of the following or for any illness or injury arising therefrom:

- i. Any services, supplies, treatment, surgery or hospitalisation relating to pregnancy, contraception, childbirth, elective and therapeutic abortions, miscarriage, birth control, infertility and impotence, in-vitro fertilization (IVF), reproductive assistance and their complications.
- ii. Congenital abnormalities, hereditary conditions and disorders;

iii. Plastic and cosmetic surgery, cosmetic treatment and conditions relating to skin, acne, scars, hair, refractive errors of the eye and body weight, height or shape including enhancement of bodily function or appearance.

iv. Non-medical services and supplies, such as extra bed, television, radio, telephone, and internet.

v. Intentional self-inflicted injuries or injuries resulting from attempted suicide, regardless of the state of mind.

vi. Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex or infection by Human Immunodeficiency Virus (HIV) and sexually transmitted diseases.

vii. Psychological and mental conditions, such as and without limitation, neuroses, psychoses, depression, personality disorders, autism, drug addiction, alcohol dependence and gambling addiction.

viii. Dental treatment and surgery and supplies for dental conditions, unless necessitated by damage to sound natural teeth as a result of an Accident occurring during the period of insurance.

ix. Implants and prostheses of any kind; purchase or home or outpatient use of special braces, appliances, equipment, machines and other devices, such as wheel- chair, bed, walking or home aids of any kind, dialysis machine, oxygen machine and any other Hospital-type equipment.

x. Services, supplies and treatment relating to health check-ups and screening, health promotion, prevention of illness, promotion of health or enhancement of bodily function or appearance, and genetic testing and counselling; anti-viral treatment for chicken pox and viral hepatitis and Hormone Replacement Therapy (HRT), unless necessitated by surgical menopause or severe osteoporosis.

xi. Optional services, supplies and treatment that are not reasonably required for treatment of an illness or injury or outside the scope of treatment.

xii. Rest cures, hospice care, home or outpatient nursing or palliative care, chiropractic care, convalescent care in convalescent, community hospital, nursing homes, sanatoria or similar establishments; outpatient rehabilitation services, such as physiotherapy, occupational therapy; speech therapy, heat therapy; counselling; Chiropractitional; alternative or complementary treatments, such as Traditional Chinese Medicine (TCM); stay in any healthcare establishment for social or non-medical reasons; confinement, isolation or quarantine for infectious diseases unless treatment is necessary.

xiii. 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; injuries arising directly or indirectly from strike, riot, civil commotion.

xiv. Sex change operations

xv. Treatment for drug addiction or alcoholism

xvi. Vaccination and Immunisation

xvii. Treatment of any of the following categories of any other serious illnesses which the patient

has received medical treatment during the 12 months before his/her commencement date of cover:

- a. Blood Disorder
- b. Cancer
- c. Cerebrovascular accidents (stroke)
- d. Chronic liver cirrhosis
- e. Chronic obstructive lung disease
- f. Chronic renal disease, including renal failure
- g. Coronary artery disease
- h. Degenerative disease
- i. Ischaemic heart disease
- j. Rheumatic heart disease
- k. Systemic lupus erythematosus

Clause 20(xvii) will not be applicable if the Insured Person falls within the exception stated in Clause 2(ii) above.

21. CLAIMS

The Policyholder or Insured Person shall within 30 days from a Hospital discharge, give written notice to us of the claim. For death claim, notice must be given within 3 months from the death of the Insured Person.

All claims shall be made on our prescribed forms and submitted to us together with the original copies of receipts and itemized bills. Any information required by us for assessing the claim shall be furnished by the Policyholder at the Policyholder's expense.

22. DEFINITIONS

"We, us, our or NTUC Income" means NTUC Income Insurance Co-operative Limited.

"Policyholder" means the owner of this Policy named in the Schedule.

"Insured Person" means an individual who has satisfied the eligibility criteria to be covered under this Policy, is named in the proposal form, Schedule of Lives, or provided by the Policyholder, and is insured under this Policy including a person subsequently named in an Endorsement or added to a class or designation of persons in an Endorsement.

"Accident" means an incident caused by accidental, violent, external and visible means.

"Actively at Work" means a person who can report for work at the place assigned by the Policyholder and can perform, as is expected by the Policyholder, all the regular duties of his employment with the Policyholder. This includes periods when the person is on leave but not on medical grounds. If the person is not actively at work on the eligibility date, he will only be eligible when he returns to active service at work and in good health.

"Any One Disability" means all complications and conditions arising from the same illness or injury provided always that if there is any recurrence or relapse of such complications or conditions and the first consultation with a Registered Medical Practitioner for the recurrence or relapse is made 30 days after the latest discharge from Hospital, it shall be considered a new disability.

“Co-insurance” means the amount specified in the Schedule of Benefits as a percentage of the Benefits payable (less the Deductible) which must be borne by the Policyholder and/or Insured Person in the event of claim.

“Commencement Date” means the date from which cover under this Policy begins and is specified in the Schedule.

“Deductible” means the minimum amount specified in the Schedule of Benefits which is to be borne by the Policyholder for medical expenses incurred during the Policy Year before any Benefit is payable in the event of a claim.

“Emergency” means a serious injury or condition of sudden onset which requires immediate medical intervention to prevent death or serious impairment of health.

“Endorsement” means any written statement or notice issued and signed by NTUC Income to confirm and record changes to the terms and conditions of the Policy.

“Foreign Employee” means a person who is not a citizen or permanent resident of Singapore and who seeks or is offered employment in Singapore.

“Hospital” means any lawfully operating institution in Singapore, which has 24-hour nursing services by registered graduate nurses, one or more Registered Medical Practitioner available at all times and organized facilities for diagnosis and major surgery and shall not primarily be a clinic, a place for alcoholics or drug addicts, a nursing, rest or convalescent home or home for the aged or a similar establishment.

“Medically Necessary Services” mean medical services or supplies (including but not limited to treatments, tests, consultation or surgery) which are necessary and appropriate for the diagnosis or treatment of an injury or sickness based on generally accepted western medical practice in Singapore. Medical services or supplies will not be considered Medically Necessary Services if :

- a. They are provided only as a convenience to the Insured Person or medical provider; or
- b. They are not appropriate for treating the Insured Person’s diagnosis or symptoms;
- c. They exceed (in scope, duration or intensity) the level of care that is necessary to provide safe, adequate and appropriate diagnosis or treatment; or
- d. They are experimental.

The fact that any particular doctor may prescribe, order, recommend or approve medical services or supplies do not, in itself, make that Medically Necessary Services.

“Pre-existing Condition” means any medical condition, illness or injury or impairment:

- i. for which treatment, medication, advice or diagnosis has been sought or received or which ought to have been sought or received by; or
- ii. which originated or was known to exist, whether or not treatment, medication, advice or diagnosis was sought or received;

before the Commencement Date or the effective date of cover of an Insured Person, as the case may be, but does not include any congenital abnormalities, hereditary conditions and disorders.

“Reasonable and Customary Charges” mean charges that do not exceed the general level of charges made by providers of medical services of similar standing in the locality where the charges

are incurred, when providing like or comparable treatment, services or supplies for a similar illness or injury.

“Registered Medical Practitioner” means a doctor qualified by degree in western medicine who is legally licensed in Singapore to render medical or surgical services who is other than the Insured Person or a member of his/her immediate family.

“Restructured Hospital” means a hospital in Singapore that is run as a private company wholly-owned by the government and subject to broad policy guidance by the government through the Ministry of Health, Singapore, and that receives an annual government subsidy for the provision of subsidised medical services to the patients.

“Schedule of Lives” means the Schedule of Lives attached to this Policy stating the names and other particulars of the Insured Persons or the class or designation of persons covered under this Policy.

“Specialist” means a Registered Medical Practitioner possessing the necessary additional qualifications and expertise to practise in Singapore as a recognised specialist of diagnostic techniques, treatment and prevention, in a particular field of medicine like psychiatry, neurology, pediatrics, endocrinology, obstetrics, gynaecology and dermatology.

“X-ray” means straight X-rays, mammogram, contrast studies and/or ultrasound.