SimpleCare application form: Groups

For company use – intermediary details and stamp

Intermediary company:	Fax number:
	Email address:
Contact name:	Official stamp:
Telephone number:	

To be completed by the employer (the **Planholder**). Please complete this form using BLOCK CAPITALS.

A deliberate or reckless misrepresentation by **You** may lead to **Us** voiding **Your** membership. Where **You** make a careless misrepresentation **We** may void **Your Group Plan** or decline or reduce related claim payments. A misrepresentation is an untrue statement of fact relied on by one party, in this case **Us**, in establishing the terms of a contract (**Your Group Plan**). **You** should ensure that **You** complete **Your** application carefully, accurately and fairly. If **You** are unsure on any matter **You** should contact **Us**.

We advise **You** to keep a record of all information **You** supply to **Us** in connection with this application.

If, after completing **Your** application form and before the latest of either **Our** written acceptance, payment of premium or **Your Start Date/Entry Date**, anything occurs which affects the information **You** provided in this form, such as a change in the state of health of any of **Your** employees, **You** must tell **Us** in writing about the change.

If **You** have used an authorised insurance broker **You** understand, acknowledge and agree that by buying this **Plan**, **We** will pay the authorised insurance broker commission during the life of the **Plan** including renewals. **You** also understand that this agreement is necessary for **Us** to proceed with **Your** application.

We reserve the right to decline or accept **Your** application or to accept **Your** application form with special terms.

Please send **Your** completed application form and submit it along with **Your** incorporation certificate (trade license) to **Us** via **Your** intermediary, or direct to Now Health International (Singapore) Pte. Ltd. 4 Robinson Road, #07-01A/02 The House of Eden, Singapore 048543. **You** can also scan and email it to SingaporeSales@now-health.com.

Section 1: Start Date

Cover cannot start until **You** have accepted all of **Our** terms and conditions following **Our** receipt of this application form and **We** have received the correct premium. **You** can apply for cover to start at a future date within 60 days of completion of this application form.

The date the **Group Plan** will start from (dd/mm/yyyy): / /

Section 2: Company details

Company name:	
Company address:	
Company registration number:	
Other countries where **You** do business/have operations:	
Company website address:	Type of business:

Is the Company, any party connected to the Company or any employees, their family members or close associates, a politically exposed person?
Is any party connected to the Company, any employees, their family members or close associates, a politically exposed person? Yes ◯ No ◯

Are all directors included in **Your** intended membership? (If not please list all additional directors) Yes ◯ No ◯

Are all Ultimate Beneficial Owners of the Company included in the intended membership (If not please list all Ultimate Beneficial Owners) (natural persons owning more than 5%): Yes ◯ No ◯

Section 3: Company Plan Administrator details

First name(s):	Family name:
What do **You** like to be called?	

*(If **Your** full name is John Andrew Smith, **You** might like to be called John or Mr Smith or Andy. **We** will address all correspondence to **You** in this way.)*

Job title:	
Address (if different from above):	
Telephone:	Fax:
Email address:	

Section 4: Our environmental policy – Your document delivery settings

You can use **Your** secure online portfolio to view and download **Your Plan** documents, including **Your Certificate of Insurance**

You can use **Your** secure online portfolio to download **Your** virtual membership card.

Add **Your** membership card to **Your** smartphone wallet

Section 5: Group Plan options

For detailed information about the **Group Plan** choices available, please refer to the SimpleCare **Benefit Schedule**. Please indicate **Your Group Plan** choice, **Deductible,** and any additional options.

5.1 Choice of Group Plan

Benefit		SimpleCare CORE	SimpleCare 100	SimpleCare 250
Annual Maximum Plan Limit		USD 1,000,000/ SGD 1,300,000	USD 1,500,000/ SGD 1,950,000	USD 1,500,000/ SGD 1,950,000
Area of Cover: Worldwide excluding USA				
In-Patient and Day-Patient Co-Insurance	**Treatment in Singapore**			
	(i) Singapore Public Hospital *(ii) Singapore Private Hospital*	*(i) Nil* *(ii) 20%*	*(i) Nil* *(ii) 20%*	*(i) Nil* *(ii) 20%*
	Treatment outside Singapore	Nil	Nil	Nil
In-Patient and **Day-Patient** care		▶	▶	▶
Day-Patient or **Out-Patient** surgery		▶	▶	▶
Cancer Treatment		▶	▶	▶
Organ Transplant		▶	▶	▶
Congenital cover		▶	▶	▶
Rehabilitation		▶	▶	▶
Evacuation and **Repatriation**		▶	▶	▶
Out-Patient fees		▶	▶	▶
Dental Treatment		▶	▶	▶
Please Choose		◯	◯	◯

▶ Full refund ▶ Not covered ▶ Limited cover

Choice of currency	USD ◯	SGD ◯

5.2 Group Plan Deductible*	SimpleCare CORE	SimpleCare 100	SimpleCare 250
Standard Deductible	USD 500/SGD 650	USD 500/SGD 650	USD 500/SGD 650
Optional Deductible			
Nil	○	○	○
USD 150/SGD 195	○	○	○
USD 250/SGD 325	○	○	○
USD 1,000/SGD 1,300	○	○	○
USD 2,500/SGD 3,250	○	○	○
USD 5,000/SGD 6,500	○	○	○
USD 10,000/SGD 13,000*	○	○	○
USD 15,000/SGD 19,500*	○	○	○

5.3 Out-Patient options**	SimpleCare CORE	SimpleCare 100	SimpleCare 250
USD 25/SGD 30 **Out-Patient Per Visit Excess****	N/A	○	○
20% **Co-Insurance Out-Patient Treatment****	N/A	○	○

* If **You** would like to change from the Standard **Deductible** to one of the other options, please tick the appropriate box. Please note that the **Group Plan Deductible** applies to **In-Patient** and **Day-Patient Treatment** is per **Insured Person**, per **Period of Cover**.
USD 10,000/SGD 13,000 or USD 15,000/SGD 19,500 **Deductible** is only available if **You** are covered by more than one health insurance **Plan**. **You** can only select such **Deductible** options if **You** buy this **Group Plan** as a **Secondary Health Insurance Plan**.
Please note an Integrated Shield Plan is not considered as **Primary Health Insurance** for the purpose of purchasing this **Group Plan** as a **Secondary Health Insurance Plan**.

** Please note that **Out-Patient** Options can only be taken if **You** select a **Deductible** option of USD 500/SGD 650 or lower.

5.4 Additional Options	SimpleCare CORE	SimpleCare 100	SimpleCare 250
Removal of Co-Insurance for In/Day-Patient Treatment in Singapore Private Hospitals	○	○	○
Removal of Drugs and Dressings Limit (for compulsory **Group Plans** 3+ employees)	N/A	N/A	○
Wellness & Vaccinations - Option 1 # (combined limit up to USD 150/SGD 195) (for compulsory **Group Plans** 3+ employees)	N/A	○	○
Wellness & Vaccinations - Option 2 # (combined limit up to USD 250/SGD 325) (for compulsory **Group Plans** 3+ employees)	N/A	○	○
Maternity - Option 1 (Normal Pregnancy and Childbirth up to USD 5,000/SGD 6,500) (for compulsory **Group Plans** 10+ employees)	N/A	○	○
Maternity - Option 2 (Normal Pregnancy and Childbirth up to USD 7,000/SGD 9,100) (for compulsory **Group Plans** 10+ employees)	N/A	○	○
Dental Care - Option 1	N/A	○	Already Covered
Dental Care - Option 2	N/A	○	○

Please note Wellness & Vaccinations options can only be taken if **You** select a **Deductible** option of USD500/SGD 650 or lower.

Section 6: Method and frequency of premium payment

Please note that if the payment **You** are to make now is based on an indicative quote the amount due may change once **We** have reviewed this application. **You** will need to both agree and pay the revised premium before cover can start. Please select the frequency and payment type **You** would like to pay **Your** premiums in. Please note that quarterly premiums have a 3% surcharge.

	Annually	Semi-annually	Quarterly	Monthly
Bank transfer	◯	◯	◯	N/A

Bank transfer: Please make sure **You** tell **Us Your** company name in the transfer details and send it to the bank account below. For a USD/SGD policy, premium needs to be paid to the respective bank accounts only.

	USD account	SGD account
Bank	Citibank N.A. Singapore Branch	Citibank N.A. Singapore Branch
Bank code	N/A	7214
Branch code	N/A	001
Bank account name	Now Health International (Singapore) Pte. Ltd	Now Health International (Singapore) Pte. Ltd
Address	8 Marina View 21-01 Asia Square Tower 1 Singapore 018960	8 Marina View 21-01 Asia Square Tower 1 Singapore 018960
Account no.	0857607104	0857607074
Swift code	CITISGSG	CITISGSG

Section 7: Medical Insurance Details

7.1 Do **You** currently provide private medical insurance for **Your** group members? Yes ◯ No ◯
If yes, please give details below:

Policy no.: | Date cover expires/expired (dd/mm/yyyy): / /

Name of Insurer:

7.2 Do **You** intend to continue with the existing insurance? Yes ◯ No ◯

7.3 Do **You** intend to buy this **Group Plan** as a **Secondary Health Insurance Plan** for **Your** group members? Yes ◯ No ◯

If **You** buy this **Group Plan** as a **Secondary Health Insurance Plan**, **You** must provide a copy of the **Certificate of Insurance** of **Your Group** members' **Primary Health Insurance** policy. If **You** have more than one health insurance policy, this **Group Plan** will be the health insurance policy that pays last. Please note an Integrated Shield Plan is not considered as **Primary Health Insurance** for the purpose of purchasing this **Group Plan** as a **Secondary Health Insurance Plan**.

Section 8: Underwriting Options

Full Medical Underwriting (FMU) ◯

Capped Cover
(for compulsory **Group Plans** 5 to 19 employees) ◯

Medical History Disregarded (MHD)
(for compulsory **Group Plans** 10+ employees) ◯

Full Medical Underwriting (FMU) is the process where the **Underwriters** assess the declared details in deciding if any special terms apply.
For FMU, all members (employees and **Eligible Dependants**) are required to complete a SimpleCare application form for group employees and send it to Now Health International (Singapore) Pte. Ltd. 4 Robinson Road, #07-01A/02 The House of Eden, Singapore 048543.

Capped Cover is the process where the **Underwriters** assess the declared medical details and decide if **We** can offer **Your** members limited cover for a declared pre-existing **Medical Condition** after the **Waiting Period** has been fulfilled. All members (employees and **Eligible Dependants**) are required to complete a SimpleCare application form for group employees and send it to Now Health International (Singapore) Pte. Ltd. 4 Robinson Road, #07-01A/02 The House of Eden, Singapore 048543.

Medical History Disregarded (MHD) is when we may be able to cover **Your** employees without asking detailed questions about their medical history up-front. MHD is available for compulsory groups of 10 or more employees.

We need a full membership list as follows and it must include these details for each person to be covered (A template is available from www.now-health.com or by calling +65 6880 2300).

1. First name(s)
2. Family name
3. What do they like to be called?
   *(If **Your** employee's full name is John Andrew Smith, he might like to be called John or Mr Smith or Andy. **We** will address all correspondence to him in this way.)*
4. Gender
5. Date of birth (dd/mm/yyyy)
6. Occupation
7. Employee category
8. **Entry Date** – first day of cover (dd/mm/yyyy)
9. **Country of Residence**
10. Nationality
11. Email address
12. Telephone no.
13. Relationship to primary insured
14. **Dependants** to be included
15. Start date of employment (employees only)

Section 9: Group Medical Declaration

9.1 Please complete this section if you currently provide or have provided medical insurance previously to your **Group** members. Otherwise, please go to Section 9.2.

Details of any claims over USD 20,000/SGD 26,000 for any one **Medical Condition** in the last three years:

9.2 Details of any planned **Treatment** for cancer, heart surgery, **In-Patient** psychiatric conditions, congenital conditions, renal failure or back surgery:

Please note: If a **Medical Condition** is declared, **We** reserve the right to review **Our** terms.

Section 10: Eligibility

Please define the member category:

Name of category e.g. directors, managers, general employees	All members	Number of members
	◯	
	◯	
	◯	
	◯	
	◯	

Compulsory ◯ or Voluntary ◯ Start Date for New Employees:

Employees only ◯ or Employees and **Dependants** ◯ ◯ First date of employment

Expatriates ◯ and/or Local Nationals ◯ ◯ After _____ month(s) probation period

If cover choices vary according to the job position and there are more than five employees for each level, please provide details.
For **Dependants** aged between 18 to 28 **We** may require written confirmation from their place of study that they are in full-time education.

If **We** have accepted the **Group Plan** on the basis that it is compulsory group and subsequently find out that the **Group Plan** is on a voluntary basis; **We** reserve the right to adjust the premium.

Section 11: Important notes

Buying health insurance products that are not suitable for **You** may impact **Your** ability to finance **Your** future healthcare needs. **You** should seek advice from **Us** or a qualified adviser if in doubt before **You** sign this application form. Should **You** choose not to, **You** are taking sole responsibility to ensure that this product is appropriate to **Your** financial needs and insurance objectives.

Quotations are valid for 30 days subject to the above details remaining the same and are issued in accordance with Now Health International **Group Plan** terms, conditions and exclusions.

The premiums quoted have been calculated based on each person's age at the date of the quotation. Premiums may be subject to change if the age of any person increases prior to the actual **Start Date** of **Your** Now Health International **Group Plan** or if the number of members eligible to participate in the **Group Plan** is different to the original census provided that Now Health International quoted on. Cover cannot start until **You** have accepted all of **Our** terms and conditions following **Our** receipt of this application form and **We** have received the correct premium.

The premiums quoted have been based on Body Mass Indexes being within normal limits.

Pre-Existing Medical Conditions (not applicable for M HD Groups)

Your Plan does not cover **You** for **Treatment** of **Pre-Existing Medical Conditions** and **Related Conditions** unless accepted by **Us** in writing.

A Pre-Existing Medical Condition means any disease, injury or illness for which:

1. **You** have received **Treatment**, test or investigations for, been diagnosed with or been hospitalised for; or
2. **You** have suffered from or experienced symptoms; whether the **Medical Condition** has been diagnosed or not, at any time before your **Start Date/Entry Date** into the **Plan.**

Data Privacy

We and **Your Underwriters** collect personal information about **You** and **Your Dependants** (including health, bank account and occupation) in the course of considering **Your** application and, if a **Plan** is issued to **You**, conducting **Our** relationship with **You**. This information will be processed for the purposes of underwriting **Your** insurance coverage, managing any **Plan** issued and administering claims. **Your** information may be passed to Now Health group companies administering **Your Plan, Underwriters**, **Medical Practitioners**, Medical Assistance Companies and Claims Administrators for these purposes, including those located outside Singapore. The same duty of confidentiality is required of any third parties to whom the administration of **Your Plan** may be subcontracted, including those based outside Singapore. **Your** personal details will not be disclosed to other organisations without **Your** consent.

You have a right of access to, and correction of, information that **We** hold about **You**. Please contact **Us** if **You** would like to exercise either of these rights. Some of the information **We** collect about **You** may be classified as "sensitive" – that is information about racial or ethnic origin and physical or mental health.

Data protection laws impose specific conditions in relation to sensitive information, including, in some circumstances, the need to obtain **Your** explicit consent before **We** process the information.

Important note: We regard the rights above as best practice but the legal requirements may differ in the country in which You reside. Please contact Us for additional information regarding regulations in Your jurisdiction.

By signing this Application Form **You** consent to the processing and transfer of information (including sensitive information) described in this notice. Without this consent **We** will not be able to consider **Your** application.

Now Health International group companies providing IPMI products may contact **You** by letter, SMS or email with details of other IPMI or related products and services, which may be of interest to **You**. If **You** wish this to happen please tick this box ◯. **You** may opt out of future marketing by contacting **Us** at any time. A list of Now Health group companies, their contact details and **Our** Data Privacy Policy is available at www.now-health.com.

By electing to participate in the Plan via online or other acceptance procedure, You are declaring that You agree with the data processing practices described herein. You also consent to the collection, processing and use of Personal Data (as defined under the applicable data protection law) by the Now Health group companies as well as the transfer of Personal Data to the third parties mentioned herein for the purpose of providing the services set out under the terms of this Plan. These third parties may be located in countries which may not be designated jurisdictions for data transfer as per applicable Data Protection Laws.

A parent or guardian should complete the consent for any member that is under the age of eighteen (18). If you accept the above, please sign, date and check the "I consent" box below which confirms that you have the prior and express consent of all persons to be covered pursuant to this application form, to submit this application on their behalf.

◯ I consent ◯ I do not consent

Now Health International may contact **You** with details of other products and services which may be of interest to **You**. **You** may be contacted by post, telephone or email if appropriate.

◯ I consent ◯ I do not consent

Section 12: Declaration and authorisation

I hereby apply for cover on behalf of all the persons named in this application form for a Now Health International **Group Plan** as specified above.

I have received and read the **Benefit Schedule**, Terms and Conditions, Definitions, **Benefits** and exclusions of this **Group Plan**. I understand that the Application Form, Group Agreement, **Certificate of Insurance**, **Benefit Schedule** and the Members' Handbook incorporating the **Group Plan** terms and conditions make up the contract between **Us** and all form part of the **Group Plan** Agreement. I am aware that cover shall be provided in accordance with the Agreement.

- I declare that the information given in this application is true and that disclosure in respect of each person included in this application is complete, even if some of the information provided is not in my own handwriting. I understand it is unlawful for me to knowingly provide false, incomplete or misleading facts or information to Now Health International for the purpose of defrauding or attempting to defraud Now Health International. Penalties may include imprisonment, fines, denial of coverage, rescission of **Benefits** and legal damages.
- I understand that I must notify Now Health International (Singapore) Pte. Ltd. of any changes in the facts contained in this application form, such as a change in the state of health of any person named in it, before the latest of either written acceptance, payment of premium or the **Start Date**/**Entry Date**.
- I declare that I have read and understood the "Your Guide to Health Insurance" Booklet, Group Agreement and the Members' Handbook which contains Product Information and Key Product Provisions, details of my rights and **Your** obligations to me:
  - cancellation and termination rights
  - complaints procedures
  - law and jurisdiction of the **Group Plan**
  - language of the **Group Plan** and **Our** service
  - compensation arrangements
  - **Plans** are underwritten by Sompo Insurance Singapore Pte. Ltd. and Now Health International (Singapore) Pte. Ltd. is acting on behalf of Sompo Insurance Singapore Pte. Ltd. for the purposes of issuing and administering **Group Plans**, receiving premiums and paying claims.
- I have consent from all those covered under this **Group Plan** to administer policy additions and deletions and review claim payment reports on their behalf.
- I understand that Now Health International cannot be liable and therefore will not pay claims if my **Group Plan** is lapsed should Now Health International be unable to collect my premium for whatever reason and I do not provide Now Health International with an alternate method of payment within seven days of Now Health International requests for alternative methods of payment.
- I understand that if any of the persons named in this application are able to claim any costs from another insurance policy for the cost of any treatment or benefits received, Now Health International will only be liable for a proportional share of the total costs.
- I have read the important notes.
- I agree to the declaration above and understand that cover is provided in accordance with the terms and conditions of the Now Health International **Group Plan** and **Group** Agreement.

Signature (Authorised person/Plan Administrator):	**Date** (dd/mm/yyyy): / /
Signature & Name of Adviser: /	**Date** (dd/mm/yyyy): / /

Plan Owners' Protection Scheme

This plan is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your plan 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 your insurer or visit the General Insurance Association of Singapore (GIA)/Life Insurance Association of Singapore (LIA) or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Now Health International (Singapore) Pte. Ltd.(No.201317502C) is a general insurance agent of Sompo Insurance Singapore Pte. Ltd. and is registered with the Agents' Registration Board of the General Insurance Association of Singapore (GIA).

Registered at 16 Raffles Quay #33-03 Hong Leong Building Singapore 048581.

Visit www.sompo.com.sg to find out more about Sompo Singapore.