

### About Raffles Health Insurance (RHI)

RHI is a leading healthcare insurance specialist that offers quality healthcare financing solutions to both Individual and Corporate clients. Regulated by the Monetary Authority of Singapore, RHI is a life insurance company that is a wholly owned subsidiary of the Raffles Medical Group, a fully integrated healthcare organisation in Singapore.

### Contact Us

Raffles Health Insurance Pte Ltd  
(Registration No. 200413569G)

133 Middle Road  
Bank of China Plaza #02-00  
Singapore 188974

Tel: (65) 6298 2266  
Fax: (65) 6557 6910  
Email: sales@raffleshealthinsurance.com  
Web: www.raffleshealthinsurance.com

A member of **RafflesMedicalGroup**

#### Disclaimer

This is for general information only and is not a contract of insurance. The precise terms, conditions and exclusions of this plan are specified in the Master Policy Contract issued to Raffles Medical Group (RMG). The cover for Raffles Preferred Life Protector will automatically cease upon the termination of the Master Policy by either RHI or RMG. This plan does not have any cash value. You should seek advice from a qualified adviser if in doubt. If you choose not to, you will have to take sole responsibility to ensure that this product is appropriate to your financial needs and insurance objectives.

#### Disclosure Statement

This policy is protected under the Policy Owner' 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 your insurer or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg)

### Application Form - Raffles Preferred Life Protector (Voluntary Upgrade)

**Important Note:** Under Section 25(5) of the Insurance Act Cap 142 or any subsequent amendment thereof, you are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

#### Section A: My Particulars (Please underline your family name)

Name: \_\_\_\_\_

NRIC/Passport/FIN number: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Gender:  Male  Female

Nationality: \_\_\_\_\_

Employment Pass  S Pass

Not Applicable

Residential Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Office: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home: \_\_\_\_\_

#### Section B: My Child/Children (Optional\*)

1) Name of child to be insured: \_\_\_\_\_

NRIC/Passport/FIN number: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Gender:  Male  Female

Height (cm) \_\_\_\_\_

Weight (kg) \_\_\_\_\_

Nationality: \_\_\_\_\_

2) Name of child to be insured: \_\_\_\_\_

NRIC/Passport/FIN number: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Gender:  Male  Female

Height (cm) \_\_\_\_\_

Weight (kg) \_\_\_\_\_

Nationality: \_\_\_\_\_

#### Choice of Plan & Sum Insured

(Please select 1 plan only)

- Plan 1 - S\$100,000
- Plan 2 - S\$200,000
- Plan 3 - S\$300,000
- Plan 4 - S\$500,000 plus Hospital Income S\$200
- Plan 5 - S\$1,000,000 plus Hospital Income S\$400

#### Enhance My Plan

(Please tick if you wish to add critical illness benefit)

- Yes, I would like to enhance my plan with Critical Illness Benefit at 30% of sum insured.

#### Choice of Plan & Sum Insured

(Please select 1 plan only)

- Plan 1 - S\$100,000
- Plan 2 - S\$200,000
- Plan 3 - S\$300,000

#### Enhance My Plan

(Please tick if you wish to add critical illness benefit)

- Yes, I would like to enhance my plan with Critical Illness Benefit at 30% of sum insured.

#### Choice of Plan & Sum Insured

(Please select 1 plan only)

- Plan 1 - S\$100,000
- Plan 2 - S\$200,000
- Plan 3 - S\$300,000

#### Enhance My Plan

(Please tick if you wish to add critical illness benefit)

- Yes, I would like to enhance my plan with Critical Illness Benefit at 30% of sum insured.

Section C: Health Declaration		Applicant	Child 1	Child 2
Questions		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.	Does the life to be insured had any unexplained weight loss in the past one year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has the life to be insured been told or treated for cancer, diabetes, asthma, high blood pressure, chest pain, heart disorder, blood or protein in urine, gout, gastric ulcer, epileptic fits, mental disorder, liver disorder, hepatitis B, sexually transmitted disease, HIV infection (AIDS), congenital disorder, or any other illness or physical deformity not listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the life to be insured had or have intention of undergoing any medical procedure or surgery, medical test or investigation (excluding yearly voluntary health screening) carried out on the recommendation of a doctor and is waiting for any medical test or investigation results?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has the life to be insured sought any medical advice or treatment in the past or intend to seek medical advice or treatment in the foreseeable future for any medical condition, disability/deformity, symptoms or injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is the life to be insured on any regular follow up for any medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the life to be insured have any parents or siblings who suffered from heart disease, high blood pressure, stroke, cancer, diabetes or kidney disease before age 60?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>For Plan 5 - S\$1,000,000 Sum Insured</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No

#### Section D: Payment Details

Please complete the following authorisation portion for us to proceed with the premium deduction. I hereby confirm that I am the cardholder of the following credit card and I am instructing your company to charge the premium to my credit card:

Payment Frequency:  Annual (Credit Card: Visa/Master only)  
 Monthly (Giro Only)\*

Total Premium : SGD \_\_\_\_\_

Credit Card Expiry Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

#### Section E: Declaration and Authorisation

I hereby declare and confirm that

(a) The answers given in this proposal are complete and true, and whether written by me or by anyone else on my behalf, I/We hereby accept full responsibility for them; and agree that they shall form part of my proposal, which shall be the basis of the contract of insurance.

(b) I have not withheld any material information in completing this proposal. I understand that my/our application will be subject to acceptance by Raffles Health Insurance Pte Ltd, and that I/We will not be insured under any of the insurance plan(s) for which I/We are subject to acceptance until Raffles Health Insurance advises I/We the terms and conditions on accepting insurance on I/Ls, and that Raffles Health Insurance reserves the right to decline insurance or impose special terms, and conditions. I/We hereby authorise Raffles Medical Group to release to you any information concerning my medical condition or history.

I/We are aware that I/We can seek advice from a qualified advisor before I/We sign this proposal form. Should I/We choose not to, I/We take sole responsibility to ensure that this product is appropriate to my financial needs and insurance objectives.

**I/We have read Your Guide to Life Insurance and/or Your Guide to Health Insurance (if applicable) found on www.lia.org.sg.**

**WARNING:** If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the insurance advisor/agent but was not included in the proposal. Please check to ensure that you are fully satisfied with the information declared in this proposal.

Signature of Applicant: \_\_\_\_\_

Date Signed (dd/mm/yyyy): \_\_\_\_\_

# RAFFLES Preferred LIFE PROTECTOR



Exclusively for our Raffles Health Screening Patrons

A member of **RafflesMedicalGroup**

\* Your child/children will be eligible for the application of coverage only if you, as the Proposer, is covered under the same Raffles Preferred Life Protector insurance plan.

Plan early to avoid non-insurability later in life, and have peace of mind knowing that your health is the key to safeguarding your family's future.

With affordable premiums as low as S\$6\* per month for a comprehensive protection of S\$100,000, you can ensure that your loved ones are well protected.

A Voluntary Group Term Life product specially arranged by Raffles Medical Group and underwritten by Raffles Health Insurance Pte Ltd.

\*Based on Plan 1 for a 25-year-old male for death and total permanent disability sum insured of S\$100,000.

## Key Benefits

### Our Coverage for You

- You will be covered for death and total permanent disability with an option to enhance your plan to include a critical illness cover.

### 5 Different Plan Types

- Choose the plan type most suited to your budget. Coverage ranges from S\$100,000 to S\$1,000,000\*.

### Available for Kids

- Your kids can be covered too, as long as you meet the minimum requirements.

### Daily Hospital Income\*\*

- Up to S\$400 daily hospital income when you are admitted to Raffles Hospital.

### Ease of Application

- Hassle-free application process. Just a few simple questions to be answered.

### Important Note:

\* S\$1,000,000 coverage is only applicable for Raffles General and Raffles Life Style Packages patrons.

\*\* Applicable for Raffles Preferred Life Protector Plan 4 & 5 only.

### Free Look Period

We will give you a period of 14 days to review the Policy. If you then decide that the Policy does not suit your needs, you may return it to us for cancellation within 14 days from the date you receive it and we will refund you the premium you paid us less any expenses incurred in underwriting your application.

## Exclusively for our Raffles Health Screening Patrons

Benefits Schedule	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Death					
Total & Permanent Disability	S\$100,000	S\$200,000	S\$300,000	S\$500,000	S\$1,000,000
Hospital Income Benefit <sup>2</sup> (per day)	NA	NA	NA	S\$200	S\$400
Entry ANB*	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
30 Days to 25	6.00	12.00	18.00	NA	NA
26 to 40	8.00	16.00	24.00	40.00	80.00
41 to 45	8.00	16.00	24.00	40.00	80.00
46 to 50	12.50	25.00	37.50	62.50	125.00
51 to 55	20.00	40.00	60.00	100.00	200.00
56 to 60	33.00	66.00	99.00	165.00	330.00
61 to 65	50.00	100.00	150.00	250.00	500.00
66 to 70	120.00	240.00	360.00	600.00	1,200.00

\* Age next birthday. Rate stated as per monthly premium in S\$.

<sup>2</sup> Limit: up to 90 days per disability from date of admission.

For Renewal Only

## Enhance your plan with added Critical Illness Benefit

Benefits Schedule	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Death					
Total & Permanent Disability	S\$100,000	S\$200,000	S\$300,000	S\$500,000	S\$1,000,000
Critical Illness Benefit <sup>3</sup>	S\$30,000	S\$60,000	S\$90,000	S\$150,000	S\$300,000
Hospital Income Benefit <sup>2</sup> (per day)	NA	NA	NA	S\$200	S\$400
Entry ANB*	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
30 Days to 25	8.00	16.00	24.00	NA	NA
26 to 40	12.00	24.00	36.00	60.00	120.00
41 to 45	14.00	28.00	42.00	70.00	140.00
46 to 50	21.00	42.00	63.00	105.00	210.00
51 to 55	31.00	62.00	93.00	155.00	310.00
56 to 60	48.00	96.00	144.00	240.00	480.00
61 to 65	90.00	180.00	270.00	450.00	900.00
66 to 70	170.00	340.00	510.00	850.00	1,700.00

\* Age next birthday. Rate stated as per monthly premium in S\$.

<sup>2</sup> Limit: up to 90 days per disability from date of admission.

<sup>3</sup> Accelerated cover for 30 critical illnesses.

For Renewal Only

List of 30 major critical illness: Heart Attack, Heart Valve Surgery, Stroke, Loss of Speech, Coronary Artery By-Pass Surgery, Major Cancers, Major Burns, Kidney Failure, Surgery to Aorta, Fulminant Hepatitis, Terminal Illness, Major Organ/Bone Marrow Transplantation, Paralysis (loss of use of limbs), Muscular Dystrophy, Multiple Sclerosis, End Stage Lung Disease, Primary Pulmonary Hypertension, End Stage Liver Failure, HIV Due to Blood Transfusion and Occupationally Acquired HIV, Alzheimer's Disease/Severe Dementia, Blindness (loss of sight), Motor Neurone Disease, Deafness (loss of hearing), Parkinson's Disease, Coma, Aplastic Anaemia, Benign Brain Tumor, Major Head Trauma, Bacterial Meningitis, Angioplasty and Other Invasive Treatment for Coronary Artery. Please refer to the product summary for the definitions and exclusions on the above 30 major critical illness.

This is a yearly renewal plan. Please note that the premium rates are not guaranteed and may be revised at each renewal date, depending on the claims experience and at our discretion. The annual premium is based on the Insured Person's age next birthday and the applicable rates at the time of renewal.

## We protect you right from the beginning

In times of crisis, be it an illness or sudden death, Raffles Preferred Life Protector is able to provide you and your loved ones affordable coverage, giving you comprehensive protection right from the start.

Let your health pave the way. It can save you dollars and cents. Raffles Preferred Life Protector is your answer to affordable premiums, and to avoid costly premium loadings later on.

Give your family the financial security they need.

Speak to one of our advisors today!