



redefining / insurance

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GST Reg No. M2-0009922-2  
Co. Reg No. 196900406D

# Application Form

**SmartCare Optimum<sup>Enhanced</sup>**

## A. Know Your Client

Confidential Fact Find for	By your Insurance Advisor	
(Client's Name)	(Name of Advisor)	(Account Code)

### Important Notice to Clients

#### For General Agents/Banks

Your insurance advisor is a representative with **AXA Insurance** and can advise you on the products of:

1) AXA Insurance Singapore Pte Ltd 2) \_\_\_\_\_ 3) \_\_\_\_\_

#### For Insurance Brokers/Financial Advisers/Banks

Your insurance advisory is a broker with \_\_\_\_\_.

As an insurance broker, your advisor is able to source for and objectively recommend the products of various insurance companies to best meet your insurance needs. Your advisor is required to disclose to you the insurance companies from which he/she sources the products.

#### Standard Statement Applicable to All Advisors:

Your advisor must have sufficient information before making a suitable recommendation. The information that you provide on your financial situation and your particular needs will be the basis on which advice will be given.

A policy purchased without the proper completion of a "Know Your Client" form may not be appropriate to your needs.

### Application Type

#### Client's Choice

- ☐ I/We wish to disclose all information requested for in this Form. (Please complete and sign "Know Your Client", all sections of "Our Advice and Reasons Why" and "Declaration for Product Summary")
- ☐ I/We wish to receive product advice only. (Please complete and sign "Know Your Client", sections 2 & 3 of "Our Advice and Reasons Why" and "Declaration for Product Summary")
- ☐ I/We do not wish to receive any advice from my/our advisor. (Please complete and sign "Know Your Client" and "Declaration for Product Summary")

I/We acknowledge that the insurance advisor has provided me/us with a copy of the completed "Know Your Client" Form.

#### Advisor's Declaration:

I declare that the information provided to me is strictly confidential and is only to be used for the purpose of fact-finding in the process of recommending suitable insurance products, and shall not be used for any other purposes.

\_\_\_\_\_  
Signature of Client (on behalf of all applicants)

Date:

\_\_\_\_\_  
Signature of Advisor

Date:

## B. Our Advice and Reasons Why

### Section 1 – Analysis and Calculation Worksheet

#### (a) Personal Priorities (Please tick)

Your Health Insurance Concerns	Level of Concerns		
	Low	Medium	High
Cover for hospitalisation expenses	o	o	o
Cover for outpatient medical expenses	o	o	o
Cover for major illnesses (e.g. cancer, kidney dialysis)	o	o	o
Cover for loss of income due to illness or sickness	o	o	o

## (b) Medical Expenses (also known as Hospital / Surgical Expenses)

- (i) Which type of hospital do you or your family members prefer in the event of hospitalisation?
- (ii) What type of hospital ward do you or your family members prefer in the event of hospitalisation?
- (iii) Do you have an existing hospitalisation insurance plan?
- (iv) Is your existing policy an Individual policy or Group Employee Benefits policy?

Private / Public\*

1 / 2 / 4 / 6 bedded\*

Yes / No\*

Individual / Group\*

## Section 2 – Advisor Analysis and Recommendations

Total Health Insurance Budget: \_\_\_\_\_ per year

Advisor's recommendations	Reasons for recommendations	Remarks
Hospital/Surgical Expense Protection o <b>SmartCare Optimum<sup>Enhanced</sup></b>		Replacement Y/N*

Note: If this product is intended to replace any existing health insurance policy, advisor should state the reasons for recommending a replacement.

## Section 3 – Acknowledgement

### Client's Declaration:

I/We understand that the above recommendation(s) is/are based on the facts furnished in the "Know Your Client" Form; and I/we **agree / do not agree\*** with the proposed recommendation(s) (\***Circle as appropriate.**)

If I/we should decide to switch from one health insurance product to another health insurance product, I/we understand that:

- (a) I/We may not be insurable at standard terms
- (b) I/We may have to pay a different premium
- (c) Terms and conditions may defer

### Statement by Advisor:

The recommendations in this document are based on your personal information collected in the "Know Your Client" Form, the prevailing healthcare financing system and information on healthcare costs obtained from sources believed to be reliable and accurate to the best of my knowledge. If there has been any change in your circumstances since completing that form, please notify your advisor as it may affect the needs analysis process. The recommendations may not be appropriate in the event of a partial or inaccurate completion of the "Know Your Client" Form.

\_\_\_\_\_  
Signature of Client (on behalf of all applicants)  
Date:

\_\_\_\_\_  
Signature of Advisor  
Date:

## C. Declaration For Product Summary

I hereby confirm that the following documents were given and the contents have been explained to me satisfactorily;

- (a) Your Guide to Health Insurance and;
- (b) Product Summary

\_\_\_\_\_  
Signature of Client (on behalf of all applicants)  
Date:

\_\_\_\_\_  
Signature of Advisor  
Date:

## For Office Use Only – INTERNAL

I understand that the recommendation(s) is/are based on the facts furnished in the "Know Your Client" Form; and I **agree / do not agree\*** with the proposed recommendation(s).

Comments (necessary if in disagreement with recommendation):

Remedial Action

Signature

Name

Position

Date

## D. Application Details

### Important Notes

- Under Section 25(5) of the Insurance Act Cap 142 or any subsequent amendment thereof, you are to disclose in this Application form, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void.
- Please complete this form by answering carefully all questions. It is important that a complete answer be given to every question including dates where applicable in order to avoid unnecessary delay in the processing of this application. Any question not answered on this form will be taken as an answer in the negative. Please complete in BLOCK LETTERS and tick the appropriate boxes.

### Part I – Particulars of Applicant to be Insured

Surname <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Dr		Given name	
NRIC No. / FIN	Nationality	Marital Status	
Date of Birth (ddmmyyyy)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Mailing Address		Postal code	
Have you been in Singapore for more than 182 days at the time of application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tel (H)	(O)	(Mobile / Pager)	
Email	Occupation/Profession/Job nature		

### Part II – Particulars of Family Members to be Insured

	Full name	NRIC/ FIN/ BC No.	Date of Birth (ddmmyyyy)	Gender	Nationality	Height (m)	Weight (kg)
Applicant	Applicant as named under Part 1						
Spouse							
Child 1							
Child 2							
Child 3							

Occupation/Profession of Spouse: \_\_\_\_\_

**Note:** Proposal for children must include at least one parent (If more space is required, please write on separate sheet of paper and attach herewith).

### Part III – Details of Employer

Please complete this section **ONLY** if policy is to be issued to your employer.

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Nature of Employer's Business: \_\_\_\_\_

Is your Employer a GST registered company? ☐ Yes ☐ No If yes, what is the GST Registration no? \_\_\_\_\_

### Part IV – Details of Insurance (Please tick the appropriate box)

**PERIOD OF INSURANCE** From (ddmmyyyy)         To (ddmmyyyy)

Plan	SmartCare Optimum <sup>Enhanced*</sup>			Dental Rider**		Travel Inconvenience Rider	
	Platinum	Gold	Silver	Plan 1	Plan 2	Plan 1	
Annual Premium	(please refer to page 8 for the premium)			\$279 (inclusive of GST)	\$159	Adult: \$220	Child: \$200
Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**ANNUAL PREMIUM DUE** (inclusive of GST): S\$ \_\_\_\_\_

\* Dependant's plan must be equivalent or lower than the main applicant's plan.

\*\* If Dental Rider is chosen, all applicants will have to take up with the exception of children and they must be on the same plan.  
10% family discount is applicable when 3 or more family members sign up

## Part V – Questionnaire

1. Please provide the name and address of your most frequently visited medical practitioner. Please also indicate when each applicant last visited a doctor for any illness.

	Nature of illness/disability	Date of last visit	Type & Result of Treatment / Surgery	Need for any follow up Treatment / Consultation	Name & Address of Doctor / Clinic / Hospital
<b>Applicant</b>					
<b>Spouse</b>					
<b>Child 1</b>					
<b>Child 2</b>					
<b>Child 3</b>					

2. Most people suffer from at least one of these conditions at some point in their lives. Please indicate if any of the applicants currently, or have ever, been diagnosed, hospitalised, placed under observation, undergone surgical operations or medical treatment, or received medication for any of the conditions below:
- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| (a) Nervous or mental disorders (e.g. epilepsy/fits, prolonged headache or depression)? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Lung trouble, eg. asthma, bronchitis?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Heart trouble, stroke or circulatory disease?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Stomach, bowel, kidney, liver or bladder trouble?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Any form of rheumatism, arthritis or back trouble?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Enlarged glands or any form of cancer, tumor or disorder of the blood?              | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Any condition requiring treatment or drugs (e.g. diabetes)                          | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Physical disabilities or impairment?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Congenital or hereditary condition?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (j) Alcohol or drug problems?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (k) Raised blood pressure or hyperlipidaemia (high cholesterol)?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| (l) Any other illness or abnormalities not mentioned above?                             | <input type="checkbox"/> | <input type="checkbox"/> |
3. In the next 12 months, do any of the applicants have any known or foreseeable need to consult a medical practitioner or health professional for a follow up consultation or to undergo further investigation or surgery? ☐ Yes ☐ No
4. In the last 12 months, have any of the applicants experienced unexplained weight loss, or recurring symptoms for 2 or more weeks (e.g. giddiness, breathlessness, abnormal growth or enlargement, persistent fever, diarrhoea, bodily discomfort or pain?) ☐ Yes ☐ No
5. If the answer to any of the above questions is YES, please provide details below. If surgery was undertaken, please provide the name and nature of the procedure. If more space is required, please write on a separate sheet of paper and indicate that you have done so by ticking here. ☐

	Relevant section of previous part	Nature of Illness / Disability	Duration of Illness/Disability		Type & Results of Treatment / Surgery	Need for any follow-up Treatment/ Consultation	Name & Address of Doctor/Clinic/ Hospital
			From (mmyyyy)	To (mmyyyy)			
<b>Applicant</b>							
<b>Spouse</b>							
<b>Child 1</b>							

	Relevant section of previous part	Nature of Illness / Disability	Duration of Illness/Disability		Type & Results of Treatment / Surgery	Need for any follow-up Treatment/ Consultation	Name & Address of Doctor/Clinic/ Hospital
			From (mmyyyy)	To (mmyyyy)			
Child 2							
Child 3							

Yes No

6. Has any one of the applicants ever,

(a) had a Life, Accident or Health insurance policy declined, postponed, withdrawn or subject to accepted at special terms and conditions or its renewal refused?

☐ Yes ☐ No

(b) made a claim against any Insurer in respect of bodily injury or sickness?

☐ Yes ☐ No

If the answer to any of the questions is YES, please give details: \_\_\_\_\_

## Part VI – Raised Blood Pressure / Hyperlipidaemia (high cholesterol)

If you answered “Yes” to question 2 (k) in the questionnaire, do you wish to be considered for cover for either of these 2 conditions? ☐ Yes ☐ No

If ‘Yes’, please complete the following and provide the required information. If ‘No’, please proceed to Part VII.

Please provide name and address of the treating doctor and clinic.

### A. Raised Blood Pressure

	Are you on medication for raised blood pressure?	Has your blood pressure been managed and under the supervision of a medical practitioner for at least twelve months?
Applicant	Yes / No	Yes / No
Spouse	Yes / No	Yes / No
Child 1	Yes / No	Yes / No
Child 2	Yes / No	Yes / No
Child 3	Yes / No	Yes / No

Please provide the most recent medical report which contains the following information:

\* Systolic & Diastolic Reading

\* Date of reading (must be within the past 6 months)

### B. Hyperlipidaemia (high cholesterol)

	Are you on medication for Hyperlipidaemia (high cholesterol)?	Has your Hyperlipidaemia been managed and under the supervision of a medical practitioner for at least twelve months?
Applicant	Yes / No	Yes / No
Spouse	Yes / No	Yes / No
Child 1	Yes / No	Yes / No
Child 2	Yes / No	Yes / No
Child 3	Yes / No	Yes / No

Please provide the most recent medical report which contains the following information:

\* Total Cholesterol Level Reading (Tchol)

\* Date of reading (must be within the past 6 months)

## Part VII – Personal Data

I confirm that the information I have provided is my personal data and, where it is not my personal data, that I have the consent of the owner of such personal data to provide such information.

By providing this information, I understand and give my consent for AXA Insurance Singapore and AXA Life Insurance Singapore (collectively "AXA") and their respective representatives or agents to:

- (a) Collect, use, store, transfer and/ or disclose the information, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling AXA to provide me with services required of an insurance provider, including the evaluating, processing, administering and/ or managing of my relationship and policy(ies) with AXA, and for the purposes set out in AXA's Data Use Statement which can be found at <http://www.axa.com.sg> ("Purposes").
- (b) Collect, use, store, transfer and/ or disclose personal data about me and those whose personal data I have provided from sources other than myself for the Purposes.
- (c) Contact me to share with me information about products and services from AXA that may be of interest to me by post and e-mail and

☐ By text message

## Part VIII – Declaration

1. I/We declare that the above answers are full, complete and true and agree that they shall form part of my/our application which shall be the basis of the contract of insurance.
2. I/We understand that this Policy shall only be effective following full annual premium payment and subject to the acceptance and approval of this application by AXA Insurance Singapore.
3. I/We declare that no such insurance has been terminated in the last 12 months due to breach of any premium payment condition.
4. I/We also agree that in case of any claims, I/we authorise any hospital, physician or other person who has attended to us, or examined us or is authorised to maintain medical records to disclose when requested to do so by AXA Insurance Singapore, any and all information with respect to any illness or injury, medical history or treatment. A photocopy of this authorisation shall be considered as effective and valid as the original.
5. I/We also understand that membership cards issued for the policy are to be used only for visits to outpatient panel clinics. I/We also agree to return the membership card upon request from AXA Insurance Singapore or on termination of the policy.
6. I/We understand that AXA Insurance Singapore reserves the right to request for a copy of the latest medical report from me/us at my/our own expense should further medical information be required.

Date (ddmmvvv)

## Part X – Payment Method

- ☐ CHEQUE – Crossed and made payable to AXA Insurance Singapore Pte Ltd.

Bank: \_\_\_\_\_ Cheque Number: \_\_\_\_\_

- ## CREDIT CARD

**Choose only ONE payment mode**

<b>Single Deduction</b>	<b>0% Interest Free Installment Plan<sup>1</sup></b> (Applicable for Visa and MasterCard Only)
<input type="checkbox"/> AMEX	<input type="checkbox"/> DINERS
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
Issuing Bank: _____	<input type="checkbox"/> OCBC <input type="checkbox"/> DBS <input type="checkbox"/> POSB <input type="checkbox"/> UOB
	Installment Period
	<input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months

Cardholder's Name: \_\_\_\_\_

State Relationship (where cardholder is not the Insured)<sup>2</sup>: \_\_\_\_\_

Card No.: | | | | | | | | | | Expiry date: M | M | Y | Y | Y | Y Card Verification Value Code (CVV)<sup>3</sup>: | | |

Cardholder's Signature: \_\_\_\_\_ Contact No: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Only for participating Banks and subject to their Card Agreement Terms & Conditions. Minimum premium of S\$200 is required for OCBC and S\$500 for DBS/POSB/UOB.

<sup>2</sup> Your security is our concern. If cardholder is not the Insured nor the insured's spouse, parent, parent-in-law, child or sibling, AXA Insurance reserves the right to reject payment via credit card.

<sup>3</sup> CW2 - For Visa & MasterCard, CVW is the last 3-digit no. printed just above the signature panel in reverse italics on the back of your card. For AMEX, it is the 4-digit no. printed on the front of the card above the card number.

## PRODUCT INFORMATION

This is an annual medical insurance plan that covers inpatient and day surgery treatment, outpatient treatment and other benefits set out in the Benefits Schedule below, depending on the plan you have chosen.

SmartCare Optimum <small>Enhanced</small> Plan	Platinum	Gold	Silver
Annual Policy Limit (\$) <small>Applicable to Part I, II and III</small>	\$1,000,000	\$500,000	\$250,000
PART I: INPATIENT & DAY SURGERY TREATMENT			
Hospital & Surgical Benefits	Per Year		
Bed Type <small>(Standard)</small>	Single	Single	Single
Daily Hospital Room & Board <small>Includes meals &amp; general nursing care <small>Enhanced</small></small>	As-charged	As-charged	As-charged
Intensive Care Unit			
Hospital Miscellaneous Expenses <small>Includes Prescription drugs, Inpatient Diagnostic Procedures &amp; Inpatient Physiotherapy, Operating Theatre Fees &amp; Ancillary Charges</small>			
Ambulance Services			
Surgeon's Fee <small>Includes Inpatient Surgery &amp; Day Surgery</small>			
Anesthetist's Fee			
Inpatient Physician's Visit			
Pre-Hospitalisation/ Surgery Specialist's Consultation <small>Up to 90 days</small>			
Pre-Hospitalisation/ Surgery Diagnostic Services <small>Up to 90 days</small>			
Post-Hospitalisation/ Surgery Treatment <small>Up to 90 days</small>			
Major Organ Transplant			
Living organ donor (insured) transplant benefit <small>NEW</small>			
Congenital Conditions Benefit <small>(24 months waiting period) <small>NEW</small></small>	\$6,000	\$4,000	\$3,000
Inpatient Psychiatric treatment <small>NEW</small>	\$5,000	\$3,000	\$1,000
Miscarriage <small>Due to accident only</small>	\$5,000	\$4,000	\$3,000
Ectopic Pregnancy	\$5,000	\$4,000	\$3,000
Surgical Implants	\$10,000	\$8,000	\$5,000
Medical Report Fees	As-charged	As-charged	As-charged
Parent Accommodation <small>Up to 60 days per year for child below age 12</small>			
Home Nursing <small>Up to 26 weeks</small>			
Community Hospital Confinement <small>Up to 90 days per year <small>NEW</small></small>			
PART II: OUTPATIENT TREATMENT			
Outpatient Benefits	Per Year		
Alternative Treatment <small>NEW</small>	\$500	\$250	Nil
Outpatient Emergency Treatment <small>Due to accident only</small>	As charged	As charged	As charged
Dental Treatment <small>Due to accident only</small>	\$10,000	\$8,000	\$5,000
Cancer Treatment	\$150,000	\$100,000	\$75,000
Kidney Dialysis	\$150,000	\$100,000	\$75,000
Maintenance of Chronic conditions* <small>( 12 months waiting period) <small>NEW</small></small>	Included under Outpatient General Practitioner (Non panel) & Specialst Care		
General Practitioner - Primary Care <small>Enhanced</small>	Per Visit		
General Practitioner (Panel) *	As Charged	As Charged	As Charged
Treatment at an A&E Department	\$100	\$100	\$100
Overseas Treatment	\$70	\$50	\$35
General Practitioner (Non Panel) <small>Maximum of 12 visit for each Period of Insurance</small>	\$70	\$50	\$35
Specialist Care <small>(GP referral required) <small>NEW</small></small>	Per Year		
Specialist Consultation	\$2,000	\$1,000	\$500
Diagnostic Scan, X-Ray and Lab Test	\$2,000	\$1,000	\$500
Pediatrician Consultation <small>(waiver of GP referral letter for child below 36 months)</small>	\$500	\$250	\$150
PART III: OTHER BENEFITS			
Benefits	Specified Sum Basis		
Daily Recovery Benefits <small>after 3 days of hospitalisation, up to 30 days <small>Enhanced</small></small>	\$250	\$200	\$150
Dread Disease Recuperation Benefit <small>Multiple Sclerosis, Heart Attack, Cancer &amp; Stroke</small>	\$20,000	\$15,000	\$10,000
Special Grant	\$10,000	\$8,000	\$5,000
PART IV: ADDITIONAL BENEFITS			
Benefit			
Emergency Medical Evacuation / Repatriation **	Unlimited	Unlimited	Unlimited
Repatriation of Mortal Remain or Local Burial **			

\* Please refer to policy for the list of chronic conditions.

\* Outpatient Panel treatment during the first month upon inception is on reimbursement basis.

\*\* The above benefits are not subject to annual policy limits.

## ANNUAL PREMIUM RATE TABLE (INCLUSIVE OF GST)

The basic annual premium rates for this plan are set out below and all rates are subjected to change without prior notice. The basic annual premium is based on the insured's age next birthday and the applicable rates at the time of renewal. All benefits and premiums shown are in Singapore Dollars and are inclusive of GST. The plan will terminate immediately following the 80th birthday of the Insured.

Age	Platinum	Gold	Silver
1	\$1,592	\$1,309	\$1,121
2	\$1,630	\$1,340	\$1,148
3	\$1,639	\$1,348	\$1,155
4	\$1,653	\$1,360	\$1,165
5	\$1,664	\$1,367	\$1,172
6	\$1,678	\$1,379	\$1,181
7	\$1,687	\$1,388	\$1,189
8	\$1,697	\$1,395	\$1,195
9	\$1,709	\$1,405	\$1,204
10	\$1,723	\$1,417	\$1,213
11	\$1,733	\$1,425	\$1,221
12	\$1,745	\$1,435	\$1,229
13	\$1,755	\$1,443	\$1,236
14	\$1,778	\$1,463	\$1,253
15	\$1,803	\$1,482	\$1,270
16	\$1,824	\$1,500	\$1,285
17	\$1,847	\$1,518	\$1,300
18	\$1,882	\$1,547	\$1,326
19	\$1,906	\$1,568	\$1,343
20	\$1,928	\$1,585	\$1,358
21	\$1,952	\$1,605	\$1,375
22	\$1,973	\$1,623	\$1,390
23	\$2,007	\$1,651	\$1,413
24	\$2,033	\$1,671	\$1,432
25	\$2,037	\$1,675	\$1,435
26	\$2,055	\$1,690	\$1,448
27	\$2,059	\$1,693	\$1,450
28	\$2,085	\$1,714	\$1,468
29	\$2,116	\$1,741	\$1,491
30	\$2,162	\$1,778	\$1,523
31	\$2,174	\$1,788	\$1,531
32	\$2,220	\$1,825	\$1,563
33	\$2,276	\$1,871	\$1,603
34	\$2,332	\$1,917	\$1,642
35	\$2,373	\$1,952	\$1,671
36	\$2,429	\$1,997	\$1,711
37	\$2,487	\$2,045	\$1,752
38	\$2,568	\$2,111	\$1,808
39	\$2,654	\$2,182	\$1,869
40	\$2,695	\$2,216	\$1,898

Age	Platinum	Gold	Silver
41	\$2,758	\$2,268	\$1,943
42	\$2,865	\$2,356	\$2,019
43	\$2,930	\$2,409	\$2,063
44	\$2,971	\$2,443	\$2,093
45	\$3,094	\$2,544	\$2,180
46	\$3,243	\$2,668	\$2,284
47	\$3,396	\$2,793	\$2,393
48	\$3,558	\$2,925	\$2,506
49	\$3,720	\$3,059	\$2,620
50	\$3,922	\$3,224	\$2,762
51	\$4,122	\$3,390	\$2,903
52	\$4,325	\$3,556	\$3,046
53	\$4,525	\$3,721	\$3,188
54	\$4,750	\$3,906	\$3,346
55	\$5,018	\$4,126	\$3,535
56	\$5,269	\$4,332	\$3,711
57	\$5,545	\$4,559	\$3,906
58	\$5,769	\$4,744	\$4,064
59	\$6,101	\$5,017	\$4,298
60	\$6,402	\$5,263	\$4,509
61	\$6,843	\$5,626	\$4,820
62	\$7,176	\$5,901	\$5,055
63	\$7,469	\$6,142	\$5,261
64	\$7,801	\$6,415	\$5,494
65	\$8,129	\$6,684	\$5,726
66	\$8,458	\$6,955	\$5,958
67	\$8,745	\$7,190	\$6,160
68	\$9,127	\$7,504	\$6,429
69	\$9,510	\$7,820	\$6,698
70	\$9,948	\$8,179	\$7,006
71	\$10,604	\$8,718	\$7,469
72	\$11,260	\$9,258	\$7,931
73	\$12,352	\$10,156	\$8,700
74	\$13,664	\$11,235	\$9,625
75	\$15,304	\$12,583	\$10,779
76	\$16,178	\$13,302	\$11,396
77	\$16,725	\$13,752	\$11,781
78	\$17,053	\$14,021	\$12,012
79	\$17,272	\$14,201	\$12,165
80	\$17,272	\$14,201	\$12,165



## KEY PRODUCT PROVISIONS

The following are some key provisions found in the policy contract of this plan. This is only a brief summary and you are required to refer to the actual terms and conditions in the contract. Please consult your Insurance advisor should you require further explanation.

### 1. Waiting Period

As shown in the benefits table applicable to your plan, some benefits are subject to a waiting period starting from the date such benefit becomes available under your plan. No benefit for treatment received during the waiting period will be payable.

Unless otherwise agreed by AXA, the following benefits will not be payable during the specified waiting periods:

Benefits	Waiting Period (from date of commencement of cover for the member)
All except Outpatient General Practitioner & Specialist Care	30 days (This does not apply to accidental injuries)
Living organ donor (insured) transplant	24 months waiting period
Congenital conditions	24 months waiting period
Maintenance of Chronic conditions	12 months waiting period
Dread Disease Recuperation	90 days

### 2. Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the contract. The following is a list of some of the exclusions for this plan. The exclusions for this plan, include, but are not limited to, the following conditions.

You are advised to read the policy contract for the full list of exclusions.

(a) Pre-existing conditions, which refers to an Injury or an Illness which, prior to the date on which an Insured Person is first Covered under the Policy:

- (i) has been diagnosed;
- (ii) for which Insured Person has received medication, advice or treatment;
- (iii) which Insured Person should reasonably, based on Our appointed Physician's opinion, have known about; or
- (iv) for which Insured Person has experienced symptoms even if Insured Person has not consulted a Physician.

This exclusion does not apply to Outpatient General Practitioner and Outpatient Specialist Care Benefit.

(b) Congenital Conditions or genetic defects including hereditary conditions existing from the time of birth regardless of the time of discovery of such anomalies or defects (unless they are covered under the Congenital Conditions Benefit.

(c) Routine or preventative physical examinations, investigation, medical check-up, vaccinations, treatments or follow-up consultations.

### 3. Policy Renewal / Renewal Premium

(a) This is a yearly renewable Policy. On or before the expiry of your Policy, and subject to our acceptance, you may renew this Policy by paying the premium applicable at the time of renewal. This shall not apply in the event that the Policy expires, or is terminated or cancelled in accordance with terms of this Policy and you should subsequently wish to reapply for insurance cover under this Policy.

(b) Premium rates are not guaranteed and the premium payable at renewal shall be determined at each renewal based on the Insured Persons' Age Next Birthday, the premium rates then in effect, and any other factors which may materially affect the risk insured.

### 4. Cancellation Clause

We have the right to terminate this Policy at any time by giving you at least thirty (30) days' written notice of such termination and upon such termination you will be granted a pro-rated refund of the total premium paid corresponding to the unexpired Period of Insurance provided that no claims have been made during the Period of Insurance.

### 5. Changes in Circumstances

If there is any change in circumstances affecting the risk, the Insured must give the Company immediate written notice. In particular, the Insured must notify the Company of any changes in occupation/business or health.

### 6. Country of Residence

In the event the Insured intends to remain outside Singapore for more than ninety (90) days, the Insured shall notify the Company in writing prior to the departure. The Company will advise the Insured as to whether the Insured will be covered while outside Singapore, and the Company's terms and conditions for extending such cover.

### 7. Reasonable & Customary Charges

The benefits payable under this plan shall be the lower of the actual charge incurred or the Reasonable and Customary Charges. This is defined as the charges for medical treatment which do not exceed the general level of fees and charges made by others similar professional standing in the same locality where the charges are incurred, when furnishing like or comparable treatment, services or supplies for a similar illness or injury and which in accordance with accepted medical standards, could not have been omitted without adversely affecting the Insured Person's medical condition.

### 8. Free look period

You have a free-look period of 14 business days from the date that you receive this Policy to review it. You are deemed to have received the Policy within 3 days after we have dispatched it. If you decide that this Policy does not suit your needs, you may request to cancel it by giving us clear, written instructions and returning the Policy documents to us within the free-look period. Provided that no claims have been made during this period, we shall refund the premiums paid by you in full without interest. This free-look period shall not apply to policies with terms of less than 1 year. It will also not apply to policy renewals.

### 9. Distribution cost

Details of any distribution costs, charges and expenses will be made available upon your request.

## F. Product Summary for SmartCare Optimum<sup>Enhanced</sup> - Dental Rider

Dental Rider	Plan 1	Plan 2
<b>Overall Annual Limit</b>	<b>\$1,000</b>	<b>\$500</b>
<b>Co-pay / Co-insurance</b>	<b>20%</b>	<b>20%</b>
<b>Restorative dental services</b> i) Oral examinations ii) Prophylaxis(teeth cleaning) iii) Fluoride application <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">             } One visit              per Period of              Insurance           </div>	As Charged	As Charged
<b>Other Dental Treatment:</b> Extractions, Fillings, Root Canal Treatment, Bridgework, Crowns, Implants, X-Ray, Sealant, Inlays and Onlays, Treatment of gum disease		
Annual Premium per pax. (inclusive of GST)	\$279	\$159

### KEY PROVISIONS - DENTAL RIDER

#### 1. Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the contract. All exclusions under the main policy will also apply to the rider. Some exclusions are listed below:

- (a) Orthodontic treatment and dentures.
- (b) Treatment consisting of cosmetic or plastic Surgery or for beautification not necessitated by Injury or Illness.
- (c) Expenses for toothbrushes, toothpaste, dental floss, mouthwash, and other consumables for intraoral hygiene.

#### 2. Rider Renewal / Renewal Premium

- (a) This is a yearly renewable rider. On or before the expiry of your Policy, and subject to our acceptance, you may renew this Rider together with the Policy by paying the premium applicable at the time of renewal. This shall not apply in the event that the Policy expires, or is terminated or cancelled in accordance with terms of this Policy and you should subsequently wish to reapply for insurance cover under this Policy.
- (b) Premium rates are not guaranteed and the premium payable at renewal shall be determined at each renewal.

#### 3. Cancellation Clause

- (a) You have the right to cancel this Rider at any time by giving written notice of 14 days to Us. No refund of premium will be granted.
- (b) You have the right to terminate Cover under this Rider for any Insured Person at any time by giving written notice of fourteen (14) days to Us. No refund of premium will be granted.

## G. SmartCare Optimum<sup>Enhanced</sup> - Travel Inconvenience Rider

Travel Inconvenience Rider	Plan 1
<b>Personal Accident</b>	
Accidental Death & Permanent Disablement	
Adult up to 70 years old	\$150,000
Adult above 70 years old	\$75,000
Child	\$75,000
Tuition Grant for each dependant child	\$3,000
<b>Travel Inconvenience</b>	
Trip Cancellation	\$5,000
Replacement of Travellers	\$500
Financial Collapse of Travel Agency	\$1,000
Trip Curtailment	\$5,000
Travel Delay (pays \$100 for every 6 hours of delay)	\$1,000
Travel Diversion (pays \$100 for every 6 hours of delay)	\$1,000
Overbooked Flight	\$100
Travel Misconnection (for at least 4 consecutive hours)	\$100
Trip Postponement	\$800
Baggage Delay (pays \$200 for every 6 hours of delay whilst overseas and \$200 if delay occurs in Singapore)	\$1,000
Loss of Baggage and Personal Belongings (max. \$800 per item)	\$3,000
Loss of Laptops, Wireless Handheld Device and Mobile Phones	\$1,000
Loss of Personal Money & Travel Documents (up to \$500 for loss of money whilst overseas)	\$2,000
Fraudulent Use of Lost Credit Card	\$1,000
Purchase of Essential Items (up to \$50 per item)	\$250
Emergency Phone Charges (up to \$50 per day)	\$150
Rental Vehicle Excess	\$500
Personal Liability	\$1,000,000
<b>Travel Security</b>	
Hijacking (pays for every 6 hours of detention in a public transport)	\$2,500
Hostage & Kidnap Benefit (pays \$500 for every 24 hours of detention)	\$5,000
Full Terrorism Cover	Covered
<b>Annual Premium - Global - Adult (no GST)</b>	<b>\$220</b>
<b>- Child (no GST)</b>	<b>\$200</b>

### KEY PROVISIONS - TRAVEL INCONVENIENCE RIDER

#### 1. Eligibility of Cover

- Citizens and permanent residents of Singapore, holders of valid employment pass, work permit, long-term social visit pass, student pass and dependent pass.
- An insured must be at least 18 years old at the commencement of the trip to be eligible for an individual adult cover.
- 'Child' means unmarried and dependent person under the age of 18, or up to 25 years old if still studying full-time in a recognised institution of higher learning during the policy period.

#### 2. Commencement of Coverage

- All trips must commence from Singapore.
- Policy must be effected before departure from Singapore.

#### 3. Maximum Duration of Trip

- Maximum duration for the Annual Multi-Trip is 92 days.

#### 4. Main Exclusions

- War and related risks, government acts, nuclear hazards and direct participation in terrorist acts.
- Professional sports, racing, motor sports, mountaineering, underwater activities, flying as a pilot or crewmember or other hazardous pursuits except leisure scuba diving.
- Unreasonable care and attention; self-inflicted injury or illness, alcoholism or drug abuse; HIV or HIV related illness.
- Pre-existing conditions – injury or an illness occurring within 182 days prior to the commencement of the trip.

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 your insurer or visit the GIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

