

Application Form

SmartCare Optimum Enhanced

A. 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 (All fields are mandatory)					
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)	Height (m)	Weight (kg)	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)
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 Annual Premium	SmartCare Optimum Enhanced*				Dental Rider**	
	Platinum (please refer to brochure for the premium)	Gold (please refer to brochure for the premium)	Silver (please refer to brochure for the premium)	Bronze (please refer to brochure for the premium)	Plan 1 (please refer to brochure for the premium)	Plan 2 (please refer to brochure for the premium)
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

Note: Dental Rider can be taken together with Platinum, Gold, Silver and Bronze plans.

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
Applicant					
Spouse					
Child 1					
Child 2					
Child 3					

	Applicant		Spouse		Child 1		Child 2		Child 3	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3. In the next 12 months, does any person 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In the last 12 months, has any person experienced unexplained weight loss, or recurring symptoms for 2 or more weeks (eg. giddiness, breathlessness, abnormal growth or enlargement, persistent fever, diarrhoea, bodily discomfort or pain)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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. Yes No

	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)			
Applicant							
Spouse							
Child 1							
Child 2							
Child 3							

6. Has anyone named in this form ever, Yes No

i) had a Life, Accident or Health insurance policy declined, postponed, withdrawn or subject to be accepted at special terms and conditions or its renewal refused?

ii. made a claim against any insurer in respect of bodily injury or sickness?

If the answer to any of the questions is YES, please give details here: _____

7. Is this insurance you are applying for to replace any existing Health plan with other insurer?

If yes to Question 7, your Financial Planner is required to explain the following to you. Please tick both and confirm the below declaration.

I confirm that my Financial Planner has explained to my satisfaction the implications associated with this switch/ replacement and based on his/ her recommendation, I agree to proceed with the switch/ replacement of my existing Health Plan.

My Financial Planner has explained to me the implications associated with this switch/ replacement. I am aware that the implications that may arise from a switch/ replacement could outweigh any potential benefit such as:

- The new policy may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at higher cost and, the new policy may be less suitable for me.
- If I am switching to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may lose coverage for those conditions.
- If I am replacing my existing plan by upgrading to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may not be given the enhanced benefits for those conditions.

Part VI – 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 HSBC Life (Singapore) Pte. Ltd. (“HSBC Life”) 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 HSBC Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling HSBC Life 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 HSBC Life, and for the purposes set out in the Data Use Statement which can be found at www.hsbclife.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 HSBC Life that may be of interest to me by post

By telephone

By fax

By text message

Part VII – 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 are aware that I/we can seek advice from a qualified Financial Planner 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/our financial needs and insurance objectives.
3. 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 HSBC Life (Singapore) Pte. Ltd.
4. I/We declare that no such insurance has been terminated in the last 12 months due to breach of any premium payment condition.
5. 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 HSBC Life (Singapore) Pte. Ltd., 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.
6. 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 HSBC Life (Singapore) Pte. Ltd. or on termination of the policy.
7. I/We understand that HSBC Life (Singapore) Pte. Ltd. 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.
8. I/We agree that I/We are obliged to disclose in this proposal form the same medical history that I/We previously stated in past declarations, if any, in addition to the new conditions that have arisen after signing the previous proposal forms, if any.

Signature of Client
(for and on behalf of all persons to be insured)

Name of Client

Date (ddmmyyyy)

Part VIII – Payment Method

You may choose from a range of payment modes for your products, please visit www.hsbclife.com.sg/payment/how-to-pay to view the payment modes available.

B. Product Summary for SmartCare Optimum Enhanced

To be retained by client

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.

This policy is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy.

SmartCare Optimum Enhanced Plan	Platinum	Gold	Silver	Bronze
Annual Policy Limit (S\$) <i>Applicable to Part I, II and III</i>	S\$1,000,000	S\$500,000	S\$250,000	S\$150,000
PART I: INPATIENT & DAY SURGERY TREATMENT				
Hospital & Surgical Benefits	Per Year			
Bed Type <i>(Standard)</i>	Single	Single	Single	Single
Daily Hospital Room & Board <i>Includes meals & general nursing care</i>	As-charged	As-charged	As-charged	As-charged
Intensive Care Unit				
Hospital Miscellaneous Expenses <i>Includes Prescription drugs, Inpatient Diagnostic Procedures, Inpatient Physiotherapy, Operating Theatre Fees & Ancillary Charges</i>				
Ambulance Services				
Surgeon's Fee <i>Includes Inpatient Surgery & Day Surgery</i>				
Anesthetist's Fee				
Inpatient Physician's Visit				
Pre-Hospitalisation/ Surgery Specialist's Consultation <i>Up to 90 days</i>				
Pre-Hospitalisation/ Surgery Diagnostic Services <i>Up to 90 days</i>				
Post-Hospitalisation/ Surgery Treatment <i>Up to 90 days</i>				
Major Organ Transplant				
Living Organ Donor (Insured) transplant benefit <i>(24 mths waiting period)</i>				
Congenital Conditions Benefit <i>(24 mths waiting period)</i>	S\$6,000	S\$4,000	S\$3,000	S\$3,000
Inpatient Psychiatric treatment	S\$5,000	S\$3,000	S\$1,000	S\$1,000
Miscarriage <i>Due to accident only</i>	S\$5,000	S\$4,000	S\$3,000	S\$3,000
Ectopic Pregnancy	S\$5,000	S\$4,000	S\$3,000	S\$3,000
Surgical Implants	S\$10,000	S\$8,000	S\$5,000	S\$5,000
Medical Report Fees	As-charged	As-charged	As-charged	As-charged
Parent Accommodation <i>Up to 60 days per year for child below age 12</i>				
Home Nursing <i>Up to 182 days</i>				
Community Hospital Confinement <i>up to 90 days per year</i>				
PART II: OUTPATIENT TREATMENT				
Outpatient Benefits	Per Year			
Alternative Treatment	S\$500	S\$250	Nil	N.A
Outpatient Treatment <i>Due to accident only</i>	As charged	As charged	As charged	
Dental Treatment <i>Due to accident only</i>	S\$10,000	S\$8,000	S\$5,000	
Cancer Treatment	S\$150,000	S\$100,000	S\$75,000	
Kidney Dialysis	S\$150,000	S\$100,000	S\$75,000	
Maintenance of Chronic conditions [#] <i>(12 mths waiting period)</i>	Included under Outpatient General Practitioner (Non panel) & Specialist Benefit			
General Practitioner - Primary Care	Per Visit			
General Practitioner <i>(Panel)*</i>	As Charged	As Charged	As Charged	N.A
Treatment at an A&E Department	S\$100	S\$100	S\$100	
Overseas Treatment	S\$70	S\$50	S\$35	
General Practitioner <i>(Non Panel) Maximum of 12 visits for each Period of Insurance</i>	S\$70	S\$50	S\$35	
Specialist Care <i>(GP referral required)</i>	Per Year			
Specialist and Pediatrician Consultation <i>(for Pediatrician Consultation, GP referral letter is waived for child below 36 months)</i>	S\$2,000	S\$1,000	S\$500	N.A
Diagnostic Scan, X-Ray and Lab Test	S\$2,000	S\$1,000	S\$500	
PART III: OTHER BENEFITS				
Benefits	Per Day			
Daily Recovery Benefits <i>(at least 3 consecutive days of hospitalisation, up to 30 days)</i>	S\$250	S\$200	S\$150	S\$150
Benefits	Specified Sum Basis			
Dread Disease Recuperation Benefit Multiple Sclerosis, Heart Attack of Specified Severity, Major Cancer & Stroke with Permanent Neurological Deficit	S\$20,000	S\$15,000	S\$10,000	S\$10,000
Special Grant	S\$10,000	S\$8,000	S\$5,000	S\$5,000
PART IV: ADDITIONAL BENEFITS				
Benefits				
Emergency Medical Evacuation / Repatriation**	Unlimited	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.

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 Financial Planner 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 HSBC Life, 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 refer 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] Any Inpatient stay or outpatient visits for routine or preventative physical examinations, investigation, medical check-up, vaccinations, treatments or follow-up consultations.

3. Policy Renewal / Renewal Premium

This is a short-term accident and health policy and we are not required to renew this policy. We may terminate this policy by giving you thirty (30) days' notice in writing.

- (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.
- (c) We will not change the terms of Your Policy alone simply as a result of Your personal claims. However, we will make changes only to reflect any past or foreseeable changes in medical practice or procedures and overall claims experience of all Insured Persons covered under the same plan as You. The purpose of such changes will be to seek, as far as possible, to maintain substantially the same level and type of cover in place while ensuring that the plan remains affordable.

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. Claims Conditions

There are stipulated time limits, procedures and submission of documents which have to be complied with for claim submission.

- i) We require written notice to us as soon as possible and in any event, within thirty (30) days after the occurrence of any event which may give rise to a claim under this Policy.
- ii) A claim form is obtainable from us upon request and we will require all necessary supporting documents covering the nature and extent of loss, within sixty (60) days after the occurrence of the event giving rise to the claim.
- iii) Costs related to obtaining the necessary certificates, receipts, information and evidence required for assessing the claim, are to be borne by the policyholder, and given to us in the form we require.

For further information, you can visit or contact us at the following designations:

Website: www.hsbc.life.com.sg/customer-care/file-a-claim

Telephone: (+65) 6880 4888

6. Changes in Circumstances

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

7. Country of Residence

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

8. Reasonable & Customary Charges

This refers to charges for medical care which shall be considered by us or by our medical advisers to be reasonable and customary to the extent that they do not exceed the general level of charges being made by others of similar standing in the locality where the charges are incurred when giving like or comparable treatment.

We will base that calculation on a combination of our global experience, statistical information provided by local health authoritative body and information collected from medical specialists and surgeons practicing in the country or area where the treatment is received.

For the avoidance of doubt when comparing treatment, we will take into account the complexity of the procedure and the standard of the medical facility where the treatment is received.

If the charges are higher than is customary, we will only pay the amount which is, in our experience, customarily charged and you will have to pay the rest. If your treatment requires more than one specialist or surgeon present at the same operative (surgical) session, we shall review the medical necessity in the management of such surgical problem or medical condition in terms of the different trained skills and complexity of the services provided as an identification to cover the total services. No additional benefits or cost is payable for surgical assistants.

For medical treatment and services incurred in Singapore, we shall also reference the guidelines and published fee benchmarks provided by Singapore Ministry of Health (MOH). In the event that the particular eligible treatment or service is not stated on the MOH published fee benchmark, we reserve the right to base the reference charge or proportionately reduce any claim to reflect the average charge of 2 physicians in the same specialty for the same surgical intervention or treatment. In the event of any differences in opinions between our medical advisers or physicians and your physicians, our medical advisers or physicians opinion shall prevail.

9. 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.

C. Product Summary for SmartCare Optimum Enhanced - DentalRider

Dental Rider	Plan 1	Plan 2
Overall Annual Limit	S\$1,000	S\$500
Co-pay / Co-insurance	20%	20%
Restorative dental services i) Oral examinations ii) Prophylaxis(teeth cleaning) iii) Fluoride application <div style="margin-left: 150px;"> } One visit per Period of Insurance </div> Other Dental Treatment: Extractions, Fillings, Root Canal Treatment, Bridgework, Crowns, Implants, X-Ray, Sealant, Inlays and Onlays, Treatment of gum disease	As Charged	As Charged

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 fourteen (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.

Our Note to You:

Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. It is usually detrimental to replace an existing accident and health insurance policy with a new one. A penalty may be imposed for early policy termination and the new policy may cost more or have less benefits at the same cost. In the event that you decide that the policy is not suitable after purchasing the policy, you may terminate the policy in accordance with the free-look provision and HSBC Life (Singapore) Pte. Ltd. may recover from you any expense incurred by HSBC Life (Singapore) Pte. Ltd. in underwriting the policy.

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 name of Scheme member) or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

This page has been intentionally left blank

Pre-contract disclosure for medical insurance plans for Work Permit and S Pass Holders

Product Name: SmartCare Optimum Enhanced

Plan: Platinum / Gold / Silver / Bronze

This product provides coverage for the following features that comply with the Ministry of Manpower’s (MOM) enhanced Medical Insurance requirements¹:

	Yes/No
Annual claim limit of at least \$60,000, inclusive of a first-dollar cover of \$15,000	Yes
For portion of the bill above \$15,000, the employer must co-pay up to 25% (to the hospital)	No
Exclusions are in line with MOM’s list of allowable exclusions ²	No
Age-differentiated premiums are in 2 age bands: (1) ≤50 years old and (2) >50 years old	No
Insurers will reimburse our portion of the hospital bill to hospitals directly upon admissibility of the medical claim	No, except for the LOG cases



¹ Scan the QR code for MOM’s press release on the enhanced medical insurance.

² Refer to Annex of the press release for the list of allowable exclusions.