

Exclusively designed for



Wellness Assure Plan Application Form



Thank you for your interest in **Wellness Assure Plan**. Please complete the Application Form and fax it to **6742-7653** OR mail to Chartis Singapore Insurance Pte. Ltd.: c/o 29 Tai Seng Ave #06-01 Natural Cool Lifestyle Hub Singapore 534119. For enquiries, please call our Hotline at **6838-9075**.

Summary of Benefits – Coverage	Sum Insured (per person) (S\$)	
	GOLD	SILVER
1. Daily Hospital Cash - For each day of hospitalization up to max. 365 days per accident or illness	\$200 per day	\$150 per day
2. Double Daily Hospital Cash – Due to Critical Illness - For each day of hospitalization due to heart attack, stroke or major cancer, up to max. 90 days per specified critical illness	2 times of \$200 = \$400 per day	2 times of \$150 = \$300 per day
3. Triple Daily Hospital Cash – Intensive Care Unit - For each day of hospitalization in Intensive Care Unit, up to max. 90 days per accident or illness	3 times of \$200 = \$600 per day	3 times of \$150 = \$450 per day
4. Health Tonic Benefit - Lump sum benefit that is payable if the insured is hospitalized for more than 7 consecutive days due to an accident or illness	\$400 per accident or illness	\$300 per accident or illness

YES, I wish to sign up for Wellness Assure Plan! (Please tick your choice of coverage)

Age banded - Monthly premium (inclusive of 7% GST)	Gold Plan	Silver Plan
Age 21-29	<input type="checkbox"/> S\$26.00	<input type="checkbox"/> S\$19.50
Age 30-34	<input type="checkbox"/> S\$28.80	<input type="checkbox"/> S\$21.60
Age 35-39	<input type="checkbox"/> S\$38.50	<input type="checkbox"/> S\$28.90
Age 40-44	<input type="checkbox"/> S\$40.80	<input type="checkbox"/> S\$30.60
Age 45-49	<input type="checkbox"/> S\$45.10	<input type="checkbox"/> S\$33.80
Age 50-54	<input type="checkbox"/> S\$54.60	<input type="checkbox"/> S\$40.90
Age 55-59	<input type="checkbox"/> S\$78.30	<input type="checkbox"/> S\$58.70
Age 60-65 (renewal only)	<input type="checkbox"/> S\$106.00	<input type="checkbox"/> S\$79.50

Please note that the premium will increase when the Insured moves to the next age band. Premiums are not guaranteed and may be adjusted with any subsequent changes in GST, or adverse claims experience of the entire portfolio. You must be between 21 and 59 years old to apply and this plan is renewable up to attaining age 65. **Any pre-existing conditions will not be covered. Any illness or critical illness that is contracted or commences within 30 days from the Policy Effective Date will also not be covered. The specific terms, conditions and exclusions applicable to Wellness Assure Plan are set out in the Policy.** This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Visit www.chartisinsurance.com.sg or www.sdic.org.sg for more information.

Statement pursuant to the Insurance Act or any amendments thereof: You are to disclose in this Application, fully and faithfully, all the facts that you know or ought to know, otherwise the policy issued may be void and you may receive nothing from the policy.

My Personal Details

Name (as in NRIC): Mr/Mrs/Mdm/Ms/Dr _____ NRIC No: _____

Date of Birth: ____/____/____ (DD/MM/YYYY) Gender: Male / Female Occupation: _____

Address: _____ Postal Code: _____

Mobile: _____ Office: _____ Home: _____

My Spouse's Details (if enrolling)

Name (as in NRIC): Mr/Mrs/Mdm/Ms/Dr _____ NRIC No: _____

Date of Birth: ____/____/____ (DD/MM/YYYY) Mobile: _____ Occupation: _____

My Payment Method:

I hereby authorise **Chartis Singapore Insurance Pte. Ltd.** to charge the monthly premium to my Visa / MasterCard / AMEX.

Cardholder's Name: _____

Credit Card account: _____ - _____ - _____ **Card expiry date:** ____/____ (MM/YY)

Note: For payment via GIRO, please complete a separate GIRO authorization form and return it together with the application form via mail.

Declaration:

- I/We warrant that the information given above is true and shall form the basis of the contract of insurance if the application is accepted by **Chartis Singapore Insurance Pte Ltd.** Where a third party's credit card is used, I/We declare that the cardholder has authorized and consented to such use in the Letter of Authorisation.
- I/We understand that the coverage will be effected the next day following the acceptance of this Application Form by **Chartis Singapore Insurance Pte Ltd.**
- I/We declare that I am/We are in good health and free from physical impairment. I/We shall declare any material medical conditions and any material changes to my/our health. I/We have been informed and understand that all pre-existing conditions will not be covered.
- I am/We have been informed and are aware that I/We may seek advice from a qualified insurance advisor before I/We sign this Application form. Should I/We choose not to, I/we take sole responsibility in ensuring that this product is appropriate to My/Our financial needs and insurance objectives.
- If I am/We are switching policy, I/We should consider whether this will result in any cost and whether the benefits under the new policy are more suitable.
- I/We hereby declare that I/We are ordinarily resident in Singapore as defined by Insurance Act (Cap. 142(Amendment of First Schedule) Order 2010).
- I/We agree that any information collected or held by **Chartis Singapore Insurance Pte. Ltd.** (whether contained in the Application or otherwise obtained) may be used and disclosed by **Chartis Singapore Insurance Pte. Ltd.** to its associated individuals/companies or any independent third parties (within or outside Singapore) for any matters relating to this Application, any policy issued and to provide advice or information concerning products and services which **Chartis Singapore Insurance Pte. Ltd.** believes may be of interest to me/us and to communicate with me/us for any purposes.

Applicant's Signature

Underwritten by: **Chartis Singapore Insurance Pte. Ltd**
Co. Reg. No. 201009404M
Chartis Building, 78 Shenton Way #07-16, Singapore 079120

Date



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