

## **Group Student Medical Insurance Frequently Asked Questions (FAQs)**

**1. What does the medical insurance cover?**

The Policy provides cover for necessary and reasonable medical expenses incurred as a result of hospitalization and/or surgery arising from illness or injury.

**2. Do I get my insurance certificate for the medical cover?**

This is a group student medical insurance Policy, no individual insurance certificate will be given to Insured Members.

**3. Which wards can I stay in and which Singapore Government/Restructured Hospitals can I go to for treatment?**

You can seek treatment up to B1 ward at Singapore Government/Restructured Hospitals which are:

- Alexandra Hospital
- Changi General Hospital
- Khoo Teck Puat Hospital
- KK Women's & Children's Hospital
- National University Hospital
- Singapore General Hospital
- Tan Tock Seng Hospital
- Ng Teng Fong General Hospital

**4. Will I be covered if I stay in a higher ward or private hospital?**

There is co-insurance, payable by the Insured Member, if he/she is hospitalized in a ward higher than B1 in Singapore Government / Singapore Government Restructured Hospital or in a private hospital in Singapore or hospitalized in a hospital outside Singapore.

Co-insurance is the percentage amount of eligible medical expenses that Insured Member needs to bear and The Company will pay the remaining eligible medical expenses, subject to the maximum limit stated in the benefits schedule.

**5. Will I be covered if I go back to my home country or travel during vacation?**

No. The Policy covers 24 hours coverage in Singapore and overseas (if Insured Member is involved in school-related activities).

**6. I am a part-time student who opted to be covered. Am I covered during work?**

No, Insured Member will not be covered for illness or injury sustained during work.

**7. Are pre-existing conditions covered?**

The pre-existing illnesses and conditions will only be covered after twelve (12) months of continuous insurance commencing from the effective date of cover.

Outpatient Kidney Dialysis and Cancer Treatment benefits arising from conditions being a pre-existing condition will be permanently excluded under the Policy.

**8. What should I do if I need to stay in the hospital or have surgery? Do I have to pay the medical costs first?**

This is a medical expenses reimbursement plan that helps to reduce the financial burden of the Insured Member in event he/she is hospitalized.

Insured Member needs to settle the medical bills and any cash deposits directly with the hospital and retain all original bills and receipts to be submitted to The Company.

**9. Can I claim for outpatient services or treatment for illness?**

Hospital/GP outpatient services for illness (eg. consultation for common cold or fever) are not covered.

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### **10. Is outpatient treatment after an accident covered?**

Yes, treatment must be sought in a hospital or clinic within 24 hours from time of accident and must be supported by attending doctor's statement. Eligible expenses incurred thereafter for follow-up treatment will be reimbursed up to 31 days from the date of the Accident.

### **11. How and when do I make a claim?**

Please submit the following documents within 30 days from the date of discharge from hospital through Insured Member's private education institution/school:

- Completed and duly signed Hospital & Surgical Claim Form;
- Final, original hospital bills / outpatient bills/ receipts;
- Discharge summary / medical report

### **12. How will I be reimbursed?**

Insured Member will receive the claim amount in cheque or via GIRO payment to his/her designated bank account stated on the claim form.

If Medisave savings was used, The Company will credit the respective amount to CPF Board accordingly.

### **13. How long does it usually take to process my claim?**

Upon submission of all required documents, approved claims will be settled within 30 days.

### **14. How will I be notified of the result of my claim?**

Insured Member will be notified through his/her private education institution/school.

### **15. When will my insurance end?**

Cover ceases for the Insured Member :-

- on the date of termination of the Policy; or
- on his/her 65<sup>th</sup> birthday; or
- on the premium due date if the Insured fails to pay the required premium for the Insured Member; or
- on the date on which the Insured Member enters full-time military, naval, air or police service except during National Service reservist duty or training, or ceases to be a student with the Insured; or
- Insured Member dies, regardless of the cause of death; or
- when The Company terminates the Policy due to war (declared or undeclared), whichever occurs first.

The liability of this Policy shall cease on the last day of the cover for the Insured Member.

No premium refund for early termination of the Insured Member cover or Policy before the expiry date.

### **16. If I terminate my cover, can I get a refund?**

There is no premium refund for early termination of the Insured Member or Policy before the expiry date.

#### **For more information, please contact:**

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The Policy is subjected to the terms and conditions of the Group Student Medical Insurance Policy issued by Liberty Insurance Pte Ltd.