

## UOI DOMESTIC HELPER INSURANCE

From 1 July 2023, the Ministry of Manpower (MOM) will enhance the minimum medical insurance (MI) required for all new and existing Work Permit holders (including migrant domestic workers).

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

• Annual claim limit of at least S\$60,000, inclusive of a first-dollar cover of S\$15,000	YES
• For portion of the bill above \$15,000, the employer must co-pay up to 25% (to the hospital)	YES
• Exclusions are in line with MOM's list of allowable exclusions	NO
• Age -differentiation premium are in 2 age bands: (1) less than 50 years old and (2) more than 50 years old	YES
• Insurer will reimburse the Insurer's portion of the hospital bill to hospital directly upon admissibility of the medical claim.	NO

### Table of Benefits

Section	Benefits	Maximum Limit Per Plan	
		Silver	Gold
1.	<b>Letter of Guarantee to Ministry of Manpower (MOM)</b>  <u>Special Extension</u> (i) Letter of Guarantee Protector Excess to be borne by Insured	\$5,000  No cover	\$5,000  \$250
2.	<b>Personal Accident</b>  (A) Accidental Death (B) Permanent Disablement - Subject to Scale of Compensation (C) Medical Expenses (including treatment for Dengue Fever) (i) Extension: Traditional Chinese Medicine &/or Chiropractic Treatment - Sub-limit (ii) Dental Treatment - Sub-limit	\$60,000 Up to \$66,000  \$1,000  \$100 \$200	\$60,000 Up to \$66,000  \$2,000  \$200 \$300
3.	<b>Bereavement Benefit</b>	\$1,000	\$2,000
4.	<b>Repatriation Expenses</b>	\$10,000	\$10,000

**Table of Benefits (Cont)**

Section	Benefits	Maximum Limit Per Plan	
		Silver	Gold
5.	<b>Hospital &amp; Surgical Expenses</b> (A) Inpatient Care (B) Day Surgery (C) Surgery Charges (D) 90 Days Pre-hospitalization Diagnostic Services (E) 90 Days Post-hospitalization Surgery Treatment (F) Specialist Outpatient Care  Co-payment Scheme <ul style="list-style-type: none"> <li>• First \$15,000 of admissible claim,</li> <li>• Above \$15,000 of admissible claims and up to the maximum limit</li> </ul>	\$60,000 Per annum          No Co-payment 25% Co-payment by Employer	\$60,000 Per annum          No Co-payment No Co-payment
6..	<b>Migrant Domestic Helper's Personal Belongings</b>	\$300	\$500
7.	<b>Reimbursement of Salary Paid</b> Up to 30 days	\$30 per day	\$30 per day
8.	<b>Temporary Alternate Arrangement</b>	\$500	\$800
9.	<b>Termination and/or Rehiring Expenses</b>	\$800	\$1,000
10.	<b>Migrant Domestic Helper's Liability</b> Any one accident and in the policy aggregate	\$5,000	\$10,000
11.	<b>Care Benefit Against Physical Abuse by Migrant Domestic Helper</b>	\$3,000	\$3,000

**Premium Payable\***

Duration: 26 months policy	Silver	Gold
Age 50 years old and below	\$552.70	\$754.56
Age 51 years old and above	\$736.39	\$1,003.84

*\*Premium payable inclusive of 9% GST*

## Brief Description of Cover

The liability of the Company shall not exceed the maximum limits of cover as shown in the Schedule. The Limits of Benefits shown in the Schedule are based on per policy year.

### 1. Letter of Guarantee to MOM

A Letter of Guarantee is provided to MOM in lieu of cash deposit as required by the Security Bond made under Section 12 of Employment of Foreign Manpower (Work Passes) Regulations or Section 21 of Immigration Regulations on Your behalf and is subject to the condition that You and Your guarantor (if any) agree to fully indemnify Us against any amount, costs and expenses which We may incur under the obligation of such Letter of Guarantee.

#### Applicable to Gold Plan only

However, We agree to waive partial of Our rights to obtain indemnification from the Insured in the event of forfeiture of the Letter of Guarantee which has been effected in lieu of the cash deposit required by Ministry of Manpower, due to breach of the conditions of the Security Bond imposed under section 12 of Employment of Foreign Manpower (Work Passes) Regulations or section 21 of Immigration Regulations by the Insured Person.

It further extends to cover the unexplained disappearance of the Insured Person resulting in the inability of the Insured to repatriate the Insured Person. The Insured must prove that he/she has made reasonable efforts to locate the Insured Person and the disappearance of the Insured Person is not arising out of any circumstance caused directly or indirectly by the Insured and/or Insured's family members or tenants residing with the Insured.

### 2. Personal Accident

#### (A) Accidental Death

A lump-sum benefit will be payable to Your migrant domestic helper's legal personal representative in the event of an Accident resulting in Death.

However, this benefit will cease from the time Your migrant domestic helper leaves Singapore for home leave and the cover will resume upon her return to Singapore provided her work permit is still valid.

#### (B) Permanent Disablement

A lump-sum benefit (subject to the Schedule of Benefits) will be payable to Your migrant domestic helper or her legal personal representative in the event of an Accident resulting in Permanent Disablement.

#### (C) Medical Expenses

Reimburse You for the actual medical expenses necessarily incurred by Your migrant domestic helper for out-patient treatment (including day surgery) arising from an Accident.

This benefit also extends to cover treatment by Traditional Chinese Medicine and/or Chiropractic Treatment and also dental treatment arising from an accident subject to the sub-limit stated in the Table of Benefits above.

The limit stated is the maximum limit for any one accident and in the aggregate one period of insurance.

**3. Bereavement Benefit**

A lump-sum benefit will be payable to Your migrant domestic helper's legal personal representative upon her death during the Period of Insurance.

**4. Repatriation Expenses**

Reimburse You for the reasonable expenses incurred for repatriating the body or ashes of the deceased migrant domestic helper from Singapore to her home country in the event of death due to an Accident, Sickness or Illness.

**5. Hospital &/or Surgical Expenses**

**(A) Inpatient Care**

The Company shall reimburse You the charges for all medically necessary treatment and services incurred, provided by or in the order of a Physician to the Insured Person when admitted as a registered in-patient to a Public Hospital. Cover includes Hospital accommodation, meal charges, nursing care, diagnostic, laboratory or other medically necessary facilities and services, intensive care unit charges, specialist consultations or visits and all drugs, dressings or medications prescribed by the treating Physician for in-hospital use. The costs of non-medically necessary goods or services including such items as telephone, television and newspapers are not covered.

**(B) Day Surgery**

The Company shall reimburse the actual charges for all medically necessary surgical procedures and related treatment provided by or on the order of a Physician to the Insured Person at a Hospital. It excludes all non-surgical procedures and related treatment.

**(C) Surgery Charges**

The Company shall reimburse the actual fees charged by the Surgeon or Surgeons for the operation, theatre and anesthetist charges.

**(D) 90 Days Pre-Hospitalization Diagnostic Services**

The Company shall reimburse the actual charges for the specialists' fees for consultation, pathology and radiography following referral from a general practitioner, incurred within ninety (90) days prior to Hospital confinement or surgical operation for each Sickness or Illness.

**(E) 90 Days Post-Hospitalization Surgery Treatment**

The Company shall reimburse the actual charges for follow-up treatment by the same attending Physician or Surgeon up to a period of ninety (90) days immediately following discharge from Hospital or after day-surgery is performed in a Hospital.

**(F) Specialist Outpatient Care**

The Company shall reimburse the actual charges for the specialist consultation and referral fee including the cost of a second opinion prior to hospitalization provided such consultation is recommended in writing by the attending Physician and incurred ninety (90) days prior to inpatient treatment or surgery.

The admissible claim payout is subject to Pro-ration Factor.

**6. Migrant Domestic Helper's Personal Belongings**

Reimburse Your migrant domestic helper for loss or damage to her personal belongings caused by fire, water following bursting or overflowing of water tank(s), apparatus or pipe(s), flood or theft accompanied by actual forcible and violent entry into or exit from Your residence in Singapore, provided Your residence is not left unoccupied for more than 60 consecutive days.

**7. Reimbursement of Salary Paid**

Reimburse You for the salary paid to Your migrant domestic helper for the period whilst she is hospitalized as a result of an Accident, Sickness or Illness

**8. Temporary Alternate Arrangement**

Reimburse You for the fees incurred for making temporary alternate arrangement such as putting the elderly in day care centre or hospice or Your child(ren) in childcare centre if Your migrant domestic helper is hospitalized for more than 3 consecutive days due to an Accident, Sickness or Illness.

**9. Termination and/or Replacement Expenses**

Reimburse You for the reasonable expenses incurred for terminating the service of Your migrant domestic helper upon confirmation from a registered Physician or Surgeon that she is medically unfit to continue to work.

We will also reimburse You for the reasonable expenses incurred for hiring a new migrant domestic helper to replace the deceased or medically unfit migrant domestic helper and such replacement must be made within 30 days from the date of termination of the existing migrant domestic helper.

**10. Migrant Domestic Helper's Liability**

Covers Your legal liability in respect of any bodily injury to or property damage of third party as a result of Your migrant domestic helper's accidental negligence in the course of her employment with You in Singapore.

**11. Care Benefit Against Physical Abuse by Migrant Domestic Helper**

Reimburse You for the reasonable medical expenses incurred by You or Your family member(s) who is/are residing with You for medical treatment due to physical abuse by Your migrant domestic helper.

**Important Definitions**

1. Accident or Accidental shall mean any injury resulting solely and directly from accidental external violent and visible means.
2. The Company/ We/ Us/ Our/ Ourselves shall mean United Overseas Insurance Limited.
3. Insured/ You/ Your/ Yourself shall mean the employer of the migrant domestic helper as described in the Schedule..
4. Insured Person shall mean the migrant domestic helper employed by the Insured as described in the Schedule.
5. Hospital shall mean an establishment which meets all the following requirements:
  - (a) Holds a licence as a hospital (if licensing is required in the state or government jurisdiction);
  - (b) Operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;
  - (c) Provides 24-hour a day nursing service by registered or graduated nurses;
  - (d) Has a staff of one or more licensed Physician available at all times;



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- (e) Provides organized facilities for diagnosis and major surgical facilities and
  - (f) Is not primarily a clinic, nursing, rest or convalescent home or similar establishment and is not other than incidentally, a place for alcoholics or drug addicts.
6. Physician or Surgeon shall mean a practitioner of occidental medicines registered under the Medical Register of the Ministry of Health, Singapore
7. Sickness or Illness shall mean a physical condition marked by a pathological deviation from the normal healthy state.
8. Pre-existing Condition means any Sickness, Illness, condition or symptom which existed prior to the effective date of this Policy:
- (a) for which treatment, or medication, or advice or diagnosis has been sought or received; or
  - (b) which originated or was known to exist by the Insured or the Insured Person prior to the effective date of this Policy whether or not treatment or advice or diagnosis was sought or received

**Major exclusions**

This Insurance generally does not cover:

- (a) Pre-existing Condition unless the foreign domestic worker has been continuously insured with UOI for more than 12 months;
- (b) Any Benefits arising directly or indirectly from intentional self-inflicted injuries;
- (c) Any Benefits arising directly or indirectly from suicide or attempted suicide (while sane or insane);
- (d) Consequential loss of any kind or description whatsoever;
- (e) War and kindred risks;
- (f) Acts of terrorism.

**Important Notice and Disclaimers**

The above is provided for general information only and is not a contract of insurance. Full details of the terms, conditions and exclusions of this insurance are provided in the policy contract and will be sent to you upon acceptance of your application by UOI. You may wish to seek advice from a qualified adviser before making a commitment to purchase the product. In the event that you choose not to seek advice from a qualified adviser, you should consider carefully whether this product is suitable for you. The insurance products and services stated herein are provided by UOI.

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)).

**The above information is not a contract of insurance. The specific terms, conditions and exclusions applicable to this product are set out in the policy, which will be issued to you upon acceptance of your proposal.**

**For more information, please call UOI at 6222 7733 or your Insurance Advisor.**