

The Ministry of Manpower (MOM) has enhanced the mandatory medical insurance (MI) coverage for Work Permit (including Migrant Domestic Workers) and S Pass holders with the objective to protect employers against large bills and to increase transparency and awareness of MI coverage and exclusions.

Prudential Singapore has introduced Group Foreign Worker Medical Insurance (GFWM) to meet the needs of our Enterprise Business clients.

Group Foreign Worker Medical Insurance (GFWM)

	Benefits / plan type	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8	
	Limit Type		Per Policy Year Limit				Per Disability Limit			
	Benefit Limit	\$80,000	\$60,000	\$80,000	\$60,000	\$80,000	\$60,000	\$80,000	\$60,000	
	First Dollar Cover by Insurer	Up to \$80,000	Up to \$60,000	Up to \$15,000	Up to \$15,000	Up to \$80,000	Up to \$60,000	Up to \$15,000	Up to \$15,000	
	Co-payment (after first S\$15,000)		N.A		25%		.А	25%		
	Hospital / Ward Type	4-Bedded Governme			overnment	nt Restructured Hospital				
1	Daily Room and Board Benefit (Maximum of 120 days)									
2	Intensive Care Unit (ICU)/ High Dependency Ward (HDW) (Maximum of 30 days)									
3	Other Hospital Services	As charac	ed up to Per	· Policy Vog	r limit of:	As charc	and up to Pa	er Disability	limit of	
	Surgical Fees**									
4	(<s\$1,500 be="" not="" schedule)<="" subject="" surgical="" td="" to="" will=""><td>\$80,000</td><td>\$60,000</td><td>\$80,000</td><td>\$60,000</td><td>\$80,000</td><td>\$60,000</td><td>\$80,000</td><td>\$60,000</td></s\$1,500>	\$80,000	\$60,000	\$80,000	\$60,000	\$80,000	\$60,000	\$80,000	\$60,000	
5	In-Hospital Doctor's Consultation Benefit (Maximum of 120 days)		for iten	n 1 to 7			for iten	n 1 to 7		
6	Pre (90 days) & Post (90 days) Hospitalisation / Surgery									
7	Emergency Accidental Outpatient Treatment Benefit (Including Accidental Dental Treatment)									

Optional Benefits^	Plan 1 Plan 2 Plan 3 Plan 4 Plan 5 Plan 6 Plan 7 Plan 8							
a. Worldwide Coverage	Extend Benefits under item 1 to 7 to Insured Member without geographical limitation (Only Reasonable and Customary Charges incurred will be paid)							
b. Waiver of Waiting Period for Pre-Existing Condition	Provide Pre-Existing Conditions Waiting Period Waiver (Waiver of 12 months waiting period such that benefits under items 1 to 7 is/are payable even if Sickness or Injury that is due to Pre-existing Conditions, occurs within first 12 months of coverage)							
c. Worldwide Coverage with Waiver of Waiting Period for Pre-Existing Condition	n Coverage under (A) and (B) Applies							
Pro-ration Factor^^	75%							

^{**} Waiver of Surgical Schedule of fee if insured member is admitted to Singapore Government Restructured Hospital. Surgical fee more than S\$1,500 is subject to surgical schedule if insured member is admitted to a private hospital.

^{^^} Pro-ration factor of 75% will apply for Plan 1 to 8 if insured Member stays in a ward higher than his Room & Board Entitlement (i.e private Hospitals or 1-bedded/2 bedded Government Restructured Hospital) as specified in the Benefit Schedule.

Group Foreign Worker Medical Insurance (GFWM) (S\$)

Annual Premium Rate (\$\$)

Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
16 – 50	\$191.84	\$180.94	\$155.87	\$148.24	\$201.65	\$189.66	\$163.50	\$155.87
51 – 69	\$481.78	\$453.44	\$390.22	\$371.69	\$505.76	\$476.33	\$409.84	\$390.22
70 – 74	\$481.78	\$453.44	\$390.22	\$371.69	\$505.76	\$476.33	\$409.84	\$390.22

Options for Extension for Group Foreign Worker Medical Insurance (GFWM)

GFWM including Worldwide Cover

Annual Premium Rate (S\$)

(inclusive of 9% GST)

Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
16 – 50	\$201.65	\$189.66	\$163.50	\$155.87	\$211.46	\$199.47	\$172.22	\$163.50
51 – 69	\$505.76	\$476.33	\$409.84	\$390.22	\$530.83	\$500.31	\$430.55	\$409.84
70 – 74	\$505.76	\$476.33	\$409.84	\$390.22	\$530.83	\$500.31	\$430.55	\$409.84

GFWM including Waiver of Waiting Period for Pre-Existing Condition

Annual Premium Rate (S\$)

(inclusive of 9% GST)

Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
16 – 50	\$211.46	\$199.47	\$171.13	\$163.50	\$222.36	\$208.19	\$179.85	\$171.13
51 – 69	\$529.74	\$499.22	\$429.46	\$408.75	\$555.90	\$524.29	\$451.26	\$429.46
70 – 74	\$529.74	\$499.22	\$429.46	\$408.75	\$555.90	\$524.29	\$451.26	\$429.46

GFWM including Worldwide Cover and Waiver Waiting Period for Pre-Existing Condition

Annual Premium Rate (S\$)

Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
16 – 50	\$220.18	\$208.19	\$178.76	\$170.04	\$232.17	\$218.00	\$188.57	\$178.76
51 – 69	\$553.72	\$521.02	\$449.08	\$427.28	\$582.06	\$548.27	\$470.88	\$449.08
70 – 74	\$553.72	\$521.02	\$449.08	\$427.28	\$582.06	\$548.27	\$470.88	\$449.08

With optional riders for additional benefits

Group Foreign Worker Medical Insurance (GFWM)

Medical insurance for Work Permit and S Pass holders

Optional Riders

OR

OR



Group Outpatient General Practitioner (GP)

Cashless access at GP Panel Clinics



Group Outpatient General Practitioner & Specialist (GP & SP)

- Cashless access at GP Panel Clinics
- Reimbursement of outpatient specialist medical expenses



Group Dental (GDEN)

 Reimbursement of eligible dental expenses



Group Panel Dental (GPPD)

 Enjoy cashless access for dental services at panel dental clinics



Group Accidental Death & Dismemberment (GADD)

 Receive up to \$500,000 due to accidental death and injuries

Group Accidental Death & Dismemberment with Optional Group Accidental Medical Reimbursement

Rider to Group Hospital & Surgical / Group Term Life (S\$)

For Employees Only

Benefits / plan type	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Group Accidental Death & Dismemberment Sum Assured	\$500,000	\$200,000	\$150,000	\$80,000	\$50,000
Optional Benefit: Accidental Medical Reimbursement			\$5,000		

Annual Premium Rate (S\$)

For Employees Only

Group Accidental Death & Dismemberment

(inclusive of 9% GST)

Occupational Class	Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Class 1	16 – 69	\$156.88	\$67.23	\$50.94	\$27.50	\$17.32
Class I	70 – 74 ¹	\$642.79	\$279.13	\$208.83	\$112.05	\$70.29
Class 2	16 – 69	\$186.42	\$81.50	\$61.13	\$32.60	\$20.37
Class 2	70 – 74 ¹	\$766.05	\$338.21	\$253.65	\$135.49	\$84.55
Clare 2	16 – 69	\$245.50	\$109.00	\$82.51	\$43.81	\$27.50
Class 3	70 – 74 ¹	\$1,011.56	\$455.36	\$341.26	\$182.35	\$114.09

Annual Premium Rate (S\$)

For Employees Only

Group Accidental Medical Reimbursement

Occupational Class	Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Class 1	16 – 69			\$37.69		
Class I	70 – 74 ¹			\$157.90		
Class 2	16 – 69			\$46.86		
Class 2	70 – 74 ¹			\$196.60		
Class 3	16 – 69			\$65.19		
Ciass 3	70 – 74 ¹			\$275.05		

¹For renewαls only.

Group Outpatient General Practitioner

Rider to Group Hospital & Surgical / Group Term Life 1 (S\$)

For Employee or Dependant

Benefits / Plan Type	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6		
a. Panel Registered Medical Practitioner			Casi	hless				
b. Non-Panel Registered Medical Practitioner (Covers treatment in Singapore only)		Re	imburse up	to \$30 per v	isit			
c. Singapore Government Polyclinic	Full Reimbursement							
d. Accident & Emergency Department in Singapore Hospitals	Reimburse up to \$120 per visit ENHANCED (capped at 3 visits per policy year)							
e. Paediatrician Direct Access		Re	eimburse up	to \$30 per v	isit			
f. Overseas Registered Medical Practitioner		Rei	imburse up t	:o \$100 per \	/isit			
g. Registered Traditional Chinese Medicine (TCM) Practitioner (Consultation and Medicine)	Reimburse up to \$30 per visit (Capped at 6 visits per policy year)							
h. Tele-consultation with Panel Provider (Tele-consultation and Medicine)	As Charged ^{NEW}							
Co-Payment per visit (applicable for all benefits)	NIL	\$5	\$10	NIL	\$5	\$10		

Annual Premium Rate (S\$)

Group Outpatient General Practitioner

For Employee or Dependant

Plan Type	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Annual Premium	\$309.68	\$271.99	\$238.37	\$260.78	\$223.09	\$189.47

 $^{^{\}rm 1}\,\text{GP}$ and SP are to be taken up together if they are taken up as a rider to GTL.

Rider: GFWM

Group Outpatient Specialist

Rider to Group Hospital & Surgical / Group Term Life¹ (S\$)

For Employee or Dependant

Benefits / Plan Type	Plan 1	Plan 2	Plan 3	Plan 4
a. Specialist Consultation, Diagnostic X-Ray and Laboratory tests at Singapore Govt Restructured Hospital (GRH) (Recommended by a Registered Medical Practitioner)	\$2,000 per policy year	\$1,500 per policy year	\$1,000 per policy year	
b. Specialist Consultation, Diagnostic X-Ray and Laboratory tests at Private Hospital (PTE) (Recommended by a Registered Medical Practitioner)	\$800 per policy year	\$400 per policy year	\$200 per policy year	Overall \$500 per policy year
c. All other Diagnostic X-Ray and Lab Test (GP or SP referral required)	\$800 per policy year	\$400 per policy year	\$200 per policy year	
d. Psychiatric Treatment ^{NEW} (Recommended by a Registered Medical Practitioner)	\$500 per policy year	\$500 per policy year	\$500 per policy year	

Annual Premium Rate (S\$) Group Outpatient Specialist

For Employee or Dependant

Plan Type	Plan 1	Plan 2	Plan 3	Plan 4
Annual Premium	\$232.13	\$194.43	\$177.11	\$138.41

 $^{^{\}rm 1}\,\text{GP}$ and SP are to be taken up together if they are taken up as a rider to GTL.

Group Dental

Rider to Group Hospital & Surgical (S\$)

For Employee or Dependant

1 to 9

Annual Premium Rate (\$\$) Group Dental

For Employee or Dependant

Plan Type	Plan 1 only
Annual Premium	\$290.33

Group Panel Dental

Rider to Group Hospital & Surgical (S\$)

For Employee or Dependant

1 Consultation \$15.00 2 Medicine & Analgesics, antibiotics, sterilisation and disposables \$15.00 3 X-Ray Intraoral \$12.00 Panorex \$32.00 4 Test & Laboratory Biopsy and examination of tissue \$48.00 5 Prophylaxis Routine (Scaling & Polishing) \$40.00 Complex (Scaling, Polishing) \$16.00 6 Filling (Tooth - Coloured Material or Amalgam) for Posterior Teeth Only Three or more surfaces Reinforced Pin \$9.00 7 Filling (Tooth - Coloured Adaterial) - for Anterior Teeth and Buccal (one surface) filling of Premolars only filling of Premolars	Bene	efits / Procedures	Panel (Cashless)	Non-Panel (Reimbursement, Max per visit)
Miscellaneous Treatment and disposables 3 X-Ray Intraoral Bitewing Panorex \$12.00 Panorex \$32.00 4 Test & Laboratory Biopsy and examination of tissue \$48.00 5 Prophylaxis Routine (Scaling & Polishing) Complex (Scaling, Polishing & Fluoride) 6 Filling (Tooth – Coloured Material or Amalgam) for Posterior Teeth Only Two surfaces Three or more surfaces Reinforced Pin 7 Filling (Tooth – Coloured Material) – for Anterior Teeth and Buccal (one surface) Two surfaces Two surfaces \$30.00 \$40.00 Three or more surfaces \$32.00 \$32.00 Three or more surfaces \$32.00 \$40.00 Three or more surfaces \$32.00 \$40.00 Three or more surfaces \$40.00 Three or more surfaces \$40.00 Two surfaces \$40.00 \$40.00	1 Consultation			\$15.00
Bitewing \$12.00 Panorex \$32.00 4 Test & Laboratory Biopsy and examination of tissue \$48.00 5 Prophylaxis Routine (Scaling & Polishing) \$40.00 Complex (Scaling, Polishing & Fluoride) \$60.00 6 Filling (Tooth – Coloured Material or Amalgam) for Posterior Teeth Only Two surfaces \$24.00 Three or more surfaces \$32.00 Reinforced Pin \$9.00 7 Filling (Tooth – Coloured Material) – for Anterior Teeth and Buccal (one surface) Two surfaces \$30.00 Two surfaces \$40.00				\$15.00
Panorex \$32.00 4 Test & Laboratory Biopsy and examination of tissue \$48.00 5 Prophylaxis Routine (Scaling & Polishing) \$40.00 Complex (Scaling, Polishing & Fluoride) \$60.00 6 Filling (Tooth - Coloured Material or Amalgam) for Posterior Teeth Only Two surface \$16.00 Three or more surfaces \$24.00 Three or more surfaces \$32.00 Reinforced Pin \$9.00 7 Filling (Tooth - Coloured Material) - for Anterior Teeth and Buccal (one surface) Two surfaces \$30.00 Two surfaces \$30.00 Three or more surface \$40.00	3 X-Ray	Intraoral		\$12.00
4 Test & Laboratory Biopsy and examination of tissue \$48.00 5 Prophylaxis Routine (Scaling & Polishing) \$40.00 Complex (Scaling, Polishing & Fluoride) \$60.00 6 Filling (Tooth - Coloured Material or Amalgam) for Posterior Teeth Only Two surface \$16.00 Three or more surfaces \$32.00 Reinforced Pin \$9.00 7 Filling (Tooth - Coloured Material) - for Anterior Teeth and Buccal (one surface) \$30.00 Two surfaces \$30.00 Two surfaces \$40.00		Bitewing		\$12.00
5 Prophylaxis Routine (Scaling & Polishing) Complex (Scaling, Polishing & Fluoride) 6 Filling (Tooth – Coloured Material or Amalgam) for Posterior Teeth Only Two surfaces Three or more surfaces Reinforced Pin 7 Filling (Tooth – Coloured Material) – for Anterior Teeth and Buccal (one surface) Two surfaces Two surfaces \$30.00 \$40.00		Panorex		\$32.00
Complex (Scaling, Polishing & Fluoride) 6 Filling (Tooth – Coloured Material or Amalgam) for Posterior Teeth Only Two surfaces Three or more surfaces 7 Filling (Tooth – Coloured Material) – for Anterior Teeth and Buccal (one surface) Two surfaces Two surfaces Two surfaces Two surfaces \$30.00 \$40.00	4 Test & Laboratory	Biopsy and examination of tissue		\$48.00
6 Filling (Tooth – Coloured Material or Amalgam) for Posterior Teeth Only Two surfaces Three or more surfaces Reinforced Pin 7 Filling (Tooth – Coloured Material) – for Anterior Teeth and Buccal (one surface) Two surfaces As Charged \$16.00 \$24.00 \$32.00 Reinforced Pin \$9.00 Two surface Two surface Two surfaces \$40.00	5 Prophylaxis	Routine (Scaling & Polishing)	\$40.00	\$40.00
Material or Amalgam) for Posterior Teeth Only Two surfaces Three or more surfaces Reinforced Pin 7 Filling (Tooth – Coloured Material) – for Anterior Teeth and Buccal (one surface) filling of Premolars only		Complex (Scaling, Polishing & Fluoride)		\$60.00
Posterior Teeth Only Two surfaces \$24.00 Three or more surfaces \$32.00 Reinforced Pin \$9.00 7 Filling (Tooth – Coloured Material) – for Anterior Teeth and Buccal (one surface) filling of Premolars only	Material or Amalgam) for Posterior Teeth Only 7 Filling (Tooth – Coloured Material) – for Anterior Teeth and Buccal (one surface)	One surface	As Charged	\$16.00
Reinforced Pin \$9.00 7 Filling (Tooth – Coloured Material) – for Anterior Teeth and Buccal (one surface) filling of Premolars only				\$24.00
7 Filling (Tooth – Coloured Material) – for Anterior Teeth and Buccal (one surface) filling of Premolars only		Three or more surfaces		\$32.00
Material) – for Anterior Teeth and Buccal (one surface) filling of Premolars only		Reinforced Pin		\$9.00
Teeth and Buccal (one surface) filling of Premolars only		One surface		\$30.00
filling of Premolars only Three surfaces \$50.00		Two surfaces		\$40.00
		Three surfaces		\$50.00
8 Pulpotomy Pulpotomy \$40.00	8 Pulpotomy	Pulpotomy		\$40.00
Pulp Cαp \$20.00		Pulp Cap		\$20.00

Rider: GFWM

Group Panel Dental

Rider to Group Hospital & Surgical (S\$)

Ben	efits / Procedures	Panel (Cashless)	Non-Panel (Reimbursement, Max pe visit)
9 Root Canal Treatment (X-ray of the tooth involved with the diagnostic wire or wires in place must accompany claim for payment)	Single root canal filling		\$150.00
	Double root canal filling		\$220.00
	Three or more canals		\$350.00
10 Extractions	Routine (Simple) – each tooth		\$30.00
11 Surgical Extractions	Erupted tooth or root	As Charged	\$120.00
	Soft tissue impaction		\$160.00
	Part bony impaction		\$250.00
	Completely bony impaction		\$320.00
12 Alveoplasty	Per quadrant, in connection with extractions		\$30.00
	Per quadrant, not in connection with extractions		\$42.00
	For a complete Alveoplasty involving more than one quadrant		\$160.00
13 Excision of tumour	Excision of tumour		\$76.00
14 Repair of Prosthetic Appliance	Repair of broken complete or partial denture		\$20.00
	Repair of denture and replace broken tooth		\$40.00
	Adding tooth to partial denture to replace extracted tooth		\$27.00
	Add tooth to partial denture plus clasp		\$54.00
15 Space Maintainers	Fixed band type (uni or bilateral)		\$135.00
	Removal in Acrylic (uni or bilateral)		\$67.00
16 Fracture of jaw (X-ray of the fracture must accompany claim for payment)	Simple	N.A.	\$500.00
	Compound	N.A.	\$600.00
17 Overall Dental Limit (per policy year)		\$2	,000.00

Annual Premium Rate (\$\$)
Group Panel Dental

For Employee or Dependant

Plan Type	Plan 1 only
Annual Premium	\$391.59

Pre-contract Disclosure Form

This policy meets the following Ministry of Manpower's (MOM) enhanced medical insurance requirements:

- Annual claim limit of at least \$\$60,000, inclusive of a first-dollar cover of \$\$15,000.
- For portion of the bill above S\$15,000, employer must co-pay up to 25% (to the hospital). 1
- Age-differentiated premiums are in 2 age bands: (1) ≤50 years old and (2) >50 years old.
- Exclusions are in line with MOM's list of allowable exclusions. 2
- Insurers will reimburse portion of the hospital bill to hospitals directly upon admissibility of the medical claim. 2

¹ Applicable to GFWM Plans 3,4,7 and 8 only.

² Implemented on/after 1st July 2025 in accordance with MOM's Stage 2 requirement under enhanced MI for Work Permit and S Pass Holders.

Important Information for You

In this document, "you" refers to you, the applicant. "We", "our" or "us" refers to Prudential Assurance Company Singapore (Pte) Limited ("Prudential" or "PACS").

About Us

We are a registered insurer under the Insurance Act (Cap 142) and an exempt financial adviser under the Financial Advisers Act (FAA) (Cap 110).

- As a registered insurer, we provide and sell insurance products such as life policies, long-term accident & health policies* and investment-linked policies.
- · As an exempt financial adviser, we are authorised to provide financial advisory services, as listed below

*"Accident & Health (A&H) policies" include any policy that provides financial benefits in the event of an accident, illness or disability.

Financial Advisory Services

We provide the following financial advisory services in respect of life policies:

(a) providing advice either directly, through publications or writings (in electronic, print or other form), other than —

- in the manner specified in paragraph (b); or
- advising on corporate finance within the meaning of the Securities and Future Act (Cap. 289)
- (b) providing advice by issuing or promulgating research analyses or research reports (in electronic, print or other form).
- (c) arranging of any contract of insurance.

Your Financial Consultant and Wealth Manager

Your Financial Consultant and Wealth Manager is our representative and is authorised to conduct the following regulated activities under the Financial Advisers Act:

- Advising on investment products (Life Policies)
- Arranging contracts of insurance in respect of Life Policies

Before making a suitable recommendation to you, your Financial Consultant and Wealth Manager must have sufficient information about you and your needs. The information that you provide in this document, such as your financial goals, financial situation and specific needs will be the basis on which advice and recommendation will be given.

Personal Data

You can refer to Prudential's Privacy Notice, available on our website: https://www.prudential.com.sg/Privacy-Notice, for information on the purposes for which we collect, use and disclose your personal data. It also explains how you can contact us to feedback on, get access to, correct and withdraw the use of your personal data.

If you are an European Union ("EU") resident individual (i.e. your residential address is based in any of the EU countries), you can refer to Prudential General Data Protection Regulation ("GDPR") Privacy Notice, available on our website: https://www.prudential.com.sg/GDPR-Notice). The GDPR Privacy Notice contains information on the rights available to you under the GDPR.

Underwriting Guidelines

Period of Insurance:

Duration of coverage is for 12 months. Coverage starts from stated effective date upon clearance of required MAS Notice 314 and Compliance checks.

Age Eligibility:

- 1) Employees
 - All benefits, except Group Crisis Cover Accelerated (GCCA) and Group Pre-Crisis Guard (GPCG), are available to eligible employees of age 16 to 69 inclusive, and renewable up to age 74.
 - GCCA and GPCG is available to eligible employees of age 16 to 64 inclusive, and renewable up to age 69.
- 2) Dependants
 - A) The Insured Member's spouse who is:
 - Below 70 years old at his last birthday, and up to 74 years old at his last birthday; and
 - Not an Insured Member under this Policy; or
 - B) The Insured Member's natural or step-child from a legal marriage or legally adopted child who is:
 - Two (2) weeks old; or
 - Up to 25 years old at his last birthday, is single and unemployed. (Note: National Service Personnel are not covered)
 - *Based on age last birthday.

Eligibility and Participation Requirements:

- All full time and work-active employees, directors, partners and proprietors.
- Eligible dependants can select Group Term Life (GTL) and Group Hospital & Surgical (GHS) and its supplementary benefits. Dependant's plan must be the same as Employee's plan.
- The Company can choose GTL and/or GHS and/or Group Foreign Worker Medical (GFWM) as their basic core plan(s).
- If dependant's coverage is taken up, it will apply to all eligible employees in the same classification except for GFWM.
- Except for Group Panel Dental (GPPD) supplementary benefit, all plans under PRUTreasures Flexi II is available for a minimum of 2 employees, up to a maximum of 200 employees. GPPD is available for a minimum of 5 employees.
- Insurance cover must be provided to all specified categories of employees on a compulsory basis. All benefits are applicable for Occupational Class 1 to 3 only.
- For employees holding a Singapore Ministry of Manpower's S Pass or work permit, the Company can choose any plan under GFWM.
- Coverage is only applicable to groups with the majority of employees (at least 50%) working in Singapore, and the rest of the employees based in the following countries:
- i. Brunei
- ii. Indonesia (Jakarta only)
- iii. Japan
- iv. Malaysia
- v. Macau
- vi. Philippines(Manila only)
- vii. People's Republic of China (except Xinjiang and Tibet)
- viii South Korea
- ix Taiwan
- x. Thailand

An individual is considered a resident of Singapore or a resident of the above countries on the basis that the individual does not travel or work outside of Singapore or the above countries for more than 180 cumulative days in any 365 consecutive days.

Underwriting Guidelines

- Plan selection for GTL, GCCA and GPCG must be the same if GCCA and GPCG (where applicable) is taken up
- GPCG can only be taken up if GCCA is taken up with GTL.
- If dependant coverage is taken up, it will apply to all eligible employees in the same classification.
- Plan selection for Employees' and Dependants for GTL, GCCA and GPCG (where applicable) must be the same.
- Crossing of plans between GTL and Group Accidental Death & Dismemberment (GADD) is allowed. i.e GADD's plan selection/Sum Assured can be higher than GTL.
- Plan selection for GHS and Group Extended Major Medical (GEMM) must be the same if GEMM is taken up.
- GP and SP are to be taken up together as a rider to GTL and GHS.
- GP can be taken up on stand-alone basis as a rider to GHS.
- GDEN and GPPD cannot be selected concurrently.

Pre-Existing Conditions – GHS:

- Shall not pay if the loss or disability arises out of a pre-existing condition, unless the insured member has been insured under this policy continuously for 12 months.
- All pre-existing conditions are permanently excluded for outpatient kidney dialysis or outpatient cancer treatment benefits.

Pre-Existing Conditions – GEMM:

- Shall not pay if the loss or disability arises out of a pre-existing condition for which the insured member received medical treatment, diagnosis, consultation or prescribed drugs during the 24 months preceding the policy effective date of the coverage.
- All pre-existing conditions are permanently excluded for outpatient kidney dialysis or outpatient cancer treatment benefits.

Pre-Existing Conditions - GTL:

• Shall not pay if the loss or disability arises out of a pre-existing condition, unless the insured member has been insured under this policy continuously for 12 months.

Pre-Existing Conditions – GCCA:

• Shall not pay if the loss or disability arises out of a pre-existing condition.

Premium:

- Premium rates are in Singapore Dollars.
- The premium rates are based on age last birthday of individual employees (for all lines of covers), or dependants (for GTL, GCCA and GPCG).
- Payment of premium is to be made annually
- We have the right to vary the premium, please refer to the respective policy document for details.

Underwriting Guidelines

Medical Underwriting:

GTL

PREMIUMS

The premium for this Policy is not guaranteed. We have the right to vary the premium:

- a. on any Policy Anniversary Date;
- b. on any Premium Due Date (provided that the prevailing rate charged has been in effect for at least 12 months from the Policy Effective Date); or
- c. where the risk being insured under this Policy has substantially changed.
- •We will let you know of this premium rate change at least 31 days in advance of such changes.
- Employee and Dependant (16 to 64 age last birthday) selecting Plan 1 of GTL will require underwriting. The employee and dependant will be covered and invoiced at Plan 2 sum assured while pending for fulfillment of underwriting.
- Employee and Dependant (from 65 age last birthday onwards) selecting GTL will require underwriting. The employee and dependant will not be covered or invoiced while pending for fulfillment of underwriting.
- Employee and Dependant (from 70 to 74 age last birthday) will require underwriting at each renewal.
- Upon medical underwriting assessment due to any of above reason(s), all applications (GTL, GCCA or GPCG) from sub-standard life that require premium loading will be declined.

GCCA

- Employee and Dependant (16 to 64 age last birthday) selecting Plan 1 of GCCA will require underwriting.
- Upon medical underwriting assessment due to any of above reason(s), all applications (GTL, GCCA or GPCG) from sub-standard life that require premium loading will be declined.

GPCG

- All employee and Dependant will require underwriting, regardless of age or plan selected.
- Upon medical underwriting assessment due to any of above reason(s), all applications (GTL, GCCA or GPCG) from sub-standard life that require premium loading will be declined.

Required Documents:

- PRUTreasure Flexi II Proposal Form.
- A copy of the duly completed and signed MAS Notice 314 Declaration on Parties Relevant to the Policyholder Form.
- A copy of IC/passport of all Authorised Signatories in MAS Notice 314 Form.
- Business Profile report from the Account & Corporate Regulatory Authority (ACRA), must be dated with 6 months from policy start date/renewal date.
- A copy of the duly completed and signed Declaration of Entitlement to Claim Input Tax on Insurance Policy (if required).
- Health Declaration Form when Medical Underwriting is required.

Occupational Class

Class 1	Clerical, administrative or other similar non-hazardous occupations
Class 2	Occupations where some degree of risk is involved, e.g. supervision of manual workers, totally administrative job in an industrial environment
Class 3	Occupations involving regular light to medium manual work but no substantial hazard which may increase the risk of sickness or accident
Class 4	Occupations involving heavy manual work or exposure to hazardous conditions (Not covered)

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Information is correct as at 21 March 2025. Approval code: 450/503/25

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Prudential Assurance Company Singapore (Pte) Limited. (Reg. No. 199002477Z)
30 Cecil Street, #30-01, Prudential Tower, Singapore 049712
Tel: 1800 835 9733
Part of Prudential plc