## A Private & Confidential Financial Needs Review

For
Name of Proposer
Ву
Name of Group Marketing Officer or Great Eastern Life Planner*
Qualified to provide financial advisory services for:
Great Eastern
☐ Life Insurance (including group policies) ☐ Health Insurance Policies ☐ Investment-Linked Policies ☐ Collective Investment Schemes

In order for your Group Marketing Officer or Great Eastern Life Planner\* to perform a proper needs analysis with a reasonable basis for recommendation, we urge you to disclose all information requested for in this Group Insurance Fact-Finding Form. Through this approach, you will be able to get clear and adequate information to make a well informed decision.

However, in the event that you are unable to disclose sufficient information for your Group Marketing Officer or Great Eastern Life Planner\* to make a recommendation, please be advised that you will be responsible for the suitability of the product selected.

\*Those who advise on life insurance products are either independent advisers or representatives of one particular company. Your Group Marketing Officer or Great Eastern Life Planner is a representative of **The Great Eastern Life Assurance Company Limited.** 

Page 1/17 GID/MKT/GFFF/200910.V8



## **GROUP INSURANCE FACT – FINDING FORM**

PERIOD OF INSURANCE from

(dd/mm/yyyy)

REQUEST FOR QUOTATION was submitted on

REC	RUEST FOR QUOTATION was subm	nitted on		(dd/mm/yyyy)	
SE	CTION 1: GENERAL INFORM	ATION			
1.1	Name of Company (Proposer) :				
1.2	Nature of Business :				
1.3	Presently Insured?	Yes		No 🗌	
	If <b>yes</b> , name of Current Insurer :				
1.4	Type of Policy :	Term Life Hospital & Surgical Outpatient Speciali Dental Please Specify		Personal Accident Major Medical Outpatient Clinical Others	
1.5	Period of insurance : From  Total number of employees  Number of employees to be insured	(dd/mm/yyyy)	to	(dd/mm/yyyy)	

Note: Personal details must be provided for schemes covering 10 employees or fewer.

Quotation Request Date								
1.6 Participation : (Please co	1.6 Participation : (Please complete <b>Sections 2 - 7</b> for only the Coverage indicated below)							
Insurance Covera	ge	Participation						
		Compulsory	Voluntary *					
Group Term Life Assurance								
Group Living Assurance								
Group Personal Accident								
Group Hospital & Surgical								
Group Major Medical								
- For Employees								
- For Dependants								
Outpatient Specialist								
Outpatient Clinical								
Group Dental Health Plan Policy								
Group Long Term Disability								
to opt for cover(s), regardless of whether premiums are paid by the employee or employer.  Yes  No  1.7 Is there any employee (or dependant) to be insured who is seriously ill, or has (or had) an illness which is one of the following diseases?  • blood disorder  • cancer  • cerebrovascular accidents(stroke)  • chronic liver cirrhosis  • chronic obstructive lung disease  • chronic renal disease, including renal failure  • coronary artery disease  • myocardial infarction ( heart attack ) or heart failure  • rheumatic heart disease  • degenerative disease  • systemic lupus erythematosus								
Age Name of Emp	loyee/Dependant	Nature	of Illness					
	,							
1								
2								
3   Note: If space is insufficient, pleas	e attach senarate st	neet(s).						

Company

Page 3/17 GID/MKT/GFFF/200910.V8

		1					
	npany						
Quo	tation Reques	t Date					
1.8	1.8 Is there any employee (or dependant) in hospital at the time of application?  If yes, please provide the following details:						
		Age	Reason for Hospitalisation				
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
1.9		ployee currently	y not Actively at Work* due	No			
		Age	Medical Condition				
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						

\* Note: Actively at Work shall mean active expenditure of time and energy in the service of the Company at the Company's usual place of business on a regularly full-time basis performing every duty pertaining to his occupation or employment, except that an employee shall be deemed Actively at Work on each day of a regular paid vacation or on a non-working day on which he is not disabled or hospitalised provided he was Actively at Work on the last preceding regular working day.

Note: If space is insufficient, please attach separate sheet(s).

Company								
<b>Quotation Request Date</b>								
1.10 Are there any employees (or dependants) based outside Singapore?  If yes, kindly provide the following details  Yes  No  I								
Country Base	d In		f Employees ependants)	Sum Insu	red			
	· (or							
Note: If 25% or more of the employees to be covered are not Singapore Citizens or Permanent Residents and are based outside Singapore, Great Eastern Life may not quote for the scheme. This limitation does not apply to:  (i) Singapore Citizens or Permanent Residents based outside Singapore.  (ii) Malaysians or Brunei Citizens  Yes No  1.11 Is any of the employees (or dependants) engaging in hazardous occupation?								
If <b>yes</b> , please provide the follow	wing details							
Nature o	Nature of Work			No. of Employees (or Dependants)				
Examples of Hazardous Occup	ations: welders, electricians, o	diver, sar						
1.12 To the best of your knowledge, engaged in hazardous sports? If yes, please provide the follow		pendant)	Yes	No 				
Nature of	Sports			mployees endants)				

Examples of Hazardous Sports: water skiing, scuba diving, motor racing.

Company	
<b>Quotation Request Date</b>	

## SECTION 2 : GROUP TERM LIFE ASSURANCE INSURANCE/ GROUP LIVING ASSURANCE

#### 2.1 Basis of Coverage

	Category of Employees /	Basis of Coverage/ Sum Insured (S\$)	TICK ON THE APPROPRIATE COLUMI	
	Occupation	Cum msurca (σψ)	GTL	GLA
1				
2				
3				
4				
5				
6				

#### Example 1:

Category of Employees / Occupation

Basic of Coverage

(i) Senior Management (Director, General Manager, Senior Manager)

100,000

(ii) Manager & Executive

50,000

(iii) All Others

25,000

#### Example 2:

Category of Employees / Occupation

Basic of Coverage

(i) All Employees

24 x Basic Monthly Salary

#### 2.2 Details of Employees

Age Band (Age next Birthday)	No. of Employees		Total Sum Insured S(\$)		
	Male	Female	Male	Female	
0-30					
31-35					
36-40					
41-45					
46-50					
51-55					
56-60					
61-65					
Total :					

1								
Compan	у							
Quotatio	n Request	Date						
SECTION 2 : GROUP TERM LIFE ASSURANCE INSURANCE/ GROUP LIVING								
ASSURANCE (continued)								
2.3 Claims Experience for the past 3 years (GTL) :								
Period of Coverage (dd/mm/yyyy)  No. of Employees #  Paid Claims for Period at End of Period								
From	То		Number	Amount(S\$)	Number	Amount(S\$)		
2.4 Claim	s Experienc	e for the past 3 yea	rs (GLA) :					
	Coverage n/yyyy)	No. of Employees #	Paid Claims for Period		Outstanding Claims at End of Period			
From	То		Number	Amount(S\$)	Number	Amount(S\$)		
	art of Period	urrent Non-Medical	As at End of Per		Average Ove	r Period		
	-			•				
Gı	oup Term Lif	e: S\$	up to	o age				
Gı	oup Critical I	llness: S\$	up to	o age				
2.6 Please	e provide a	list of Critical Illnes	s covered if cur	rently insured.				
Note: Great Eastern Life reserves the right to request for more information.								
w. aı	hether the N	the Period of Cover umber of Insured Me the Period. This will a	embers is the nun	nber at 1 July 2008	3 or at 30 June 2	2009 or is an		

Page 7/17 GID/MKT/GFFF/200910.V8

Company	
<b>Quotation Request Date</b>	

### **SECTION 3: GROUP PERSONAL ACCIDENT INSURANCE**

#### 3.1 Basis of Coverage

	Category of Employees / Occupation	Basis of Coverage/ Sum Insured (S\$)
1		
2		
3		
4		
5		
6		

#### Example 1:

#### Category of Employees / Occupation

Basic of Coverage

(i) Senior Management (Director, General Manager, Senior Manager)
 (ii) Manager & Executive
 (iii) All Others
 25,000

#### Example 2:

#### Category of Employees / Occupation

Basic of Coverage

(i) All Employees 24 x Basic Monthly Salary

#### 3.2 Details of Employees

	Category of Employees / Occupation	No. of Er	mployees		n Insured (\$)
		Male	Female	Male	Female
1					
2					
3					
4					
	Total :				

Company					
Company					
Quotation Requ	iest Date				
SECTION 2 + C	ROUP PERSONAL	ACCIDENT	NSUBANCE 4	ontinued)	
SECTION 3: G	ROUP PERSONAL	L ACCIDENT I	NSURANCE (C	ontinuea)	
3.3 Claims Exp	erience for the past 3	years :			
Period of Covera (dd/mm/yyyy)	No. of Employees #	Paid Claim	s for Period		ng Claims of Period
From To		Number	Amount(S\$)	Number	Amount(S\$)
# As at Start	of Period	As at End of F	Period	Average Ove	er Period
Note: Gre	eat Eastern Life reserve	s the right to requ	est for more inform	ation.	
# Note: If fo	or example, the Period o	of Coverage is fro	om 1 July 2008 to 1	30 Juna 2009 w	ve need to know
whe	ether the Number of Ins	ured Members is	the number at 1 Ju	lly 2008 or at 30	June 2009 or is
	average over the Period re accurately.	d. This will allow (	Great Eastern Life	to assess the cla	aims experience
	•				
	VEORMATION - In compu				
Occupationa		uting the premium	rate, Great Eastern	Life will adopt th	ne following
Оссиратопа	I Classifications:	uting the premium	rate, Great Eastern	Life will adopt th	ne following
Class 1			•	•	ne following
	l Classifications:	r other similar non-h	nazardous occupation	n	
Class 1	Clerical, administrative o	r other similar non-he degree of risk is in ndustrial environme gular light to mediur	nazardous occupation ivolved e.g. supervisi	n on of manual worl	kers, totally
Class 1 Class 2	Clerical, administrative o  Occupations where some administrative job in an in  Occupations involving re	r other similar non-he degree of risk is in ndustrial environme gular light to mediur ess or accident	nazardous occupation ovolved e.g. supervisi nt m manual work but n	n ion of manual worl o substantial haza	kers, totally
Class 1 Class 2 Class 3 Class 4	Clerical, administrative o  Occupations where some administrative job in an ir  Occupations involving re increase the risk of sickn  High risk occupations involving involving re increase the risk of sickn	r other similar non-heedegree of risk is in ndustrial environme gular light to mediuness or accident volving heavy manual	nazardous occupation ivolved e.g. supervisiont m manual work but n al work including hot	n ion of manual worl o substantial haza works	kers, totally ard which may
Class 1 Class 2 Class 3 Class 4 SECTION 4 : C	Clerical, administrative of Occupations where some administrative job in an interest of sicknumber of the compations involving resincrease the risk of sicknumber of the compations involved the compations in the compation of the c	r other similar non-he degree of risk is in ndustrial environme gular light to mediumess or accident volving heavy manual.	nazardous occupation ivolved e.g. supervisiont m manual work but n al work including hot	n ion of manual worl o substantial haza works	kers, totally ard which may
Class 1 Class 2 Class 3 Class 4  SECTION 4 : G	Clerical, administrative o  Occupations where some administrative job in an ir  Occupations involving re increase the risk of sickn  High risk occupations involving involving re increase the risk of sickn	r other similar non-he degree of risk is in ndustrial environme gular light to mediuness or accident volving heavy manual & SURGICAL	nazardous occupation ivolved e.g. supervisiont m manual work but n al work including hot	n ion of manual worl o substantial haza works	kers, totally ard which may
Class 1  Class 2  Class 3  Class 4  SECTION 4 : G	Clerical, administrative of Occupations where some administrative job in an interest of sicknown of the compations involving respectively. High risk occupations involving respectively. High risk occupations involving respectively.	r other similar non-he degree of risk is in ndustrial environme gular light to mediumess or accident volving heavy manual & SURGICAL ICE	nazardous occupation volved e.g. supervision m manual work but n al work including hot	n ion of manual worl o substantial haza works	kers, totally ard which may
Class 1  Class 2  Class 3  Class 4  SECTION 4 : G  M  4.1 Transferab  (a) Is you	Clerical, administrative of Occupations where some administrative job in an interest of sicknown of the compations involving respectively. High risk occupations involving respectively.	r other similar non-he degree of risk is in ndustrial environme gular light to mediumess or accident volving heavy manual & SURGICAL ICE Scheme (TMIS)	nazardous occupation volved e.g. supervision m manual work but n al work including hot	o substantial haza	kers, totally ard which may  OR
Class 1  Class 2  Class 3  Class 4  SECTION 4 : G  M  4.1 Transferable  (a) Is you  (b) Would	Clerical, administrative of Occupations where some administrative job in an interest of sicknown of the compations involving respectively. High risk occupations involved the compations involved the compation in the compati	r other similar non-he degree of risk is in ndustrial environment gular light to mediumess or accident volving heavy manual & SURGICAL ICE Scheme (TMIS) a TMIS ? be on a TMIS ?	nazardous occupation volved e.g. supervision m manual work but n al work including hot	o substantial haza works  GROUP MAJ	kers, totally ard which may  OR
Class 1  Class 2  Class 3  Class 4  SECTION 4 : G  M  4.1 Transferable  (a) Is you  (b) Would  If your answ	Clerical, administrative of Occupations where some administrative job in an interest of compations involving respectively. Compations involving respectively. High risk occupations involving respectively. High risk occupations involved the Medical Insurance of the Compation of the Medical Insurance of the Medical Insuran	r other similar non-he degree of risk is in ndustrial environme gular light to mediumess or accident volving heavy manual & SURGICAL ICE Scheme (TMIS) a TMIS? be on a TMIS? answer the follow	nazardous occupation ivolved e.g. supervisiont m manual work but not all work including hot insurance/	o substantial haza works  GROUP MAJ	kers, totally ard which may  OR

Company	
<b>Quotation Request Date</b>	

# SECTION 4 : GROUP HOSPITAL & SURGICAL INSURANCE/ GROUP MAJOR MEDICAL INSURANCE (continued)

#### 4.2 Basis of Coverage (GHS/GMM)

Plan	Category of Employees / Occupation	Plan: Room & Board Benefit (S\$ Per Day)
1		
2		
3		
4		

#### 4.2 (A) For GMM (if the basis of coverage differs from GHS)

Plan	Category of Employees / Occupation	Plan: Room & Board Benefit (S\$ Per Day)
1		
2		
3		
4		

**Important Note**: Dependants can be covered under a Group Hospital & Surgical Policy/ Group Major Medical Policy.

Their Plan should be the same as the employee's Plan.

#### 4.3 Age Profile of Employees

Age Bond (Age Next Birthday)	# of Employees			
Age Band (Age Next Birthday)	Male	Female		
16-30				
31-35				
36-40				
41-45				
46-50				
51-55				
56-60				
61-65				
Total				

Page 10/17 GID/MKT/GFFF/200910.V8

Company	
<b>Quotation Request Date</b>	

# SECTION 4 : GROUP HOSPITAL & SURGICAL INSURANCE/ GROUP MAJOR MEDICAL INSURANCE (continued)

#### 4.4 Details of Insured Members (Singaporean and Singapore PR)

	No. of Employees			
	Plan 1	Plan 2	Plan 3	Plan 4
Employee Only				
Employee & Spouse				
Employee & Child(ren)				
Employee & Family				

#### 4.4 Details of Insured Members (Foreigners\* Only)

	No. of Employees			
	Plan 1	Plan 2	Plan 3	Plan 4
Employee Only				
Employee & Spouse				
Employee & Child(ren)				
Employee & Family				

<sup>(\*</sup> refers to all foreigners holding Employment Pass, S Pass and Work Permit, working in Singapore)

4.4 (A) For GMM (if basis of coverage differs from GHS)

	No. of Employees			
	Plan 1	Plan 2	Plan 3	Plan 4
Employee Only				
Employee & Spouse				
Employee & Child(ren)				
Employee & Family				

Compan	· · · · · · · · · · · · · · · · · · ·					
Compan	n Request	Date				
Quotatio	Roquoot	Dato	I			
SECTIO			AL & SURGICAL ANCE (continued		GROUP	MAJOR
				<i>a</i>		
	ms Experier Coverage	nce for the past		s for Period	Outs	standing Claims
	m/yyyy)	Employees		s ioi Feilou	at l	End of Period
From	То		Number	Amount(S\$)	Numbe	er Amount(S\$)
4.5 Claii	ms Exnerier	nce for the past	3 years (GMM)			
	Coverage	No. of		s for Period		standing Claims End of Period
(dd/mı	m/yyyy)	Employees	#	ı	at	End of Period
From	То		Number	Amount(S\$)	Numbe	er Amount(S\$)
	at Start of Perio		As at End of Perio		Average	Over Period
Note: Grea			ight to request for mo			
# No						eed to know whether the r is an average over the
			at Eastern Life to asses	•	ence more ad	ccurately.
			ule of Benefits (if curre			
SECTIO			HEALTH PLAN I JP OUTPATIENT		UP OUTF	PATIENT
5.1 Bas			as appropriate)			_
J.1 Das	or oover	age (picase tick				
Category	Category of Employees		Outpatient Clinical	Outpati Special		Dental
(i)						
(ii)						
(iii)						
Dependa	int (where	applicable)				
# of Head	dcount					

Company	
Quotation Request Date	

## SECTION 5 : GROUP DENTAL HEALTH PLAN POLICY/ GROUP OUTPATIENT CLINICAL/ GROUP OUTPATIENT SPECIALIST (continued)

#### 5.2 Basic of Coverage (Dental Health Only)

Dental Benefit Plan Type	Annual Limit	No of Employees	Category of Employees / Occupation

#### 5.3(A) Claims Experience for the past 3 years (Outpatient Clinical):

Period of C	Coverage	No of Employees #	Paid Claim	s for Period		ng Claims at of Period
From	То		Number	Amount (S\$)	Number	Amount (S\$)

#### 5.3(B) Claims Experience for the past 3 years (Outpatient Specialist)

Period of	Coverage	No of Employees #	Paid Claims for Period		No of Employees # Paid Claims for Period Ou			Claims at End Of Period
From	То		Number	Amount (S\$)	Number	Amount (S\$)		

Con	nany.						
	npany tation	Request Da	nte .				
Quo	tation	Troquest De					
SEC	TION		P DENTAL HEALT CAL/ GROUP OUT				TIENT
5.3(0	C) Clai		ce for the past 3 year		SPECIALIST		
Period of Coverage No		No of Employees #	Paid Claims for Period		Outstanding Claims at End Of Period		
F	rom	То		Number	Amount (S\$)	Number	Amount (S\$)
# No wher over	te: If fo ther the the Per	r example, the Number of In riod. This will 6: GROUI	reserves the right to re e Period of Coverage sured Members is the allow Great Eastern L P LONG TERM DI please provide the de	is from 1 Jul number at ife to assess	y 2008 to 30 Jur 1 July 2008 or at 1 the claims expe	30 June 2002 erience more a	or is an average ccurately.
6.2	6.2 What is the age limit for:						
	6.2.1	Entry?	55		60		
	6.2.2	Renewal?	60		65		
6.3	What i	s the waiting	period required?				
	3 mon	ths	6 months				
6.4	4 What is the benefit duration required?						
	For 1	year 🗌	For 5 years	] -	To Age 60	To A	ge 65

	npany					
Quo	tation Request Da	ate				
056	OTION A ODOLU		o TERM DI	A DU ITY INGLID	ANOE (	
SEC	FION 6 : GROUI	PLON	G TERM DR	SABILITY INSURA	ANCE (continued)	
6.5	Are benefits payab	le for pa	rtial disability?	Yes	No	
	If so, definition of p	artial dis	ability:			
	се, ае					
6.6	Basis of Coverage	•				
	Category of Emp	olovee/	No. of	Total Month	nly Salary (S\$)	Basis of Coverage/ Sum Insured (S\$)
	Occupatio	n	Employees		T	(or % of Monthly
				Minimum	Maximum	Salary)
1						
2						
3						
4						
5						
6						
	Detelle of Empley					
6.7	Details of Employ	ees				
	Age Band		No. of E	mployees	Total Sum	Insured S(\$)
(Aç	ge Next Birthday)		Male	Female	Male	Female
	0-30					
	31-35					
	36-40					
	41-45					
	46-50					
	51-55					
	56-60					
	61-65	1				

Total:

·	_						
Quotatio	n Request	Date					
SECTIO	N 6 : GRO	UP LONG TE	ERM DISAI	BILITY IN	SURANCE	E (continued)	
6.8 Clair	ms Experie	nce for the past	3 years :				
Period of Coverage (dd/mm/yyyy)		No. of Employees #	Paid	Paid Claims for Period		Outstanding Claims at End of Period	
From	То		Numb	Number Amount(S\$)		Number Amount(	
# Δο	at Start of F	Period	Δe at l	End of Perio	м <u>П</u>	Average O	ver Period
						_	ver i enod
Note		astern Life reser		•			
# No	ote: If for ex	ample, the Perio	d of Coverag	ge is from 1 obers is the	July 2008 to	30 June 2009, v July 2008 or at	ve need to know 30 June 2009 or
	is an a	verage over the	e Period. Th			stern Life to as	
	experie	nce more accura	itely.				
SECTIO	N 7 : NEE	DS ANALYSI	S & PROD	UCT RE	COMMEND	DATION	
Please tick	k the approp	riate box to indic	ate the priori	ty of your c	ompany's ne	eds:	
Company	's Priorities		ligh I	Med			
Cover for					Low	Advisor's Red	commendation
Cover for 0	autnationt m	adiaal r			Low	Advisor's Red	commendation_
expenses	outpatient m	edical [			Low	Advisor's Rec	commendation
•	outpatient me	L				Advisor's Red	commendation
Cover hos expenses	pital & surgio	cal [				Advisor's Rec	commendation
Cover hos expenses	·	cal [			Low	Advisor's Rec	commendation
Cover for C	pital & surgio	cal [ ses [				Advisor's Rec	commendation
Cover for of Cover for it (e.g. cancer,	pital & surgion dental expen major illness kidney failure, o	cal [ ses [ es [				Advisor's Rec	commendation
Cover for of Cover for I (e.g. cancer,	pital & surgio dental expen major illness	cal [ ses [ es [ ne due [				Advisor's Rec	commendation
Cover for Cover for I to sickness	pital & surgion dental expen major illness kidney failure, o	cal [ ses [ esc.) [ ne due [				Advisor's Rec	commendation
Cover for a Cover	pital & surgion dental expen major illness kidney failure, of loss of incomes or accident	cal [ ses [ esc.) [ ne due [				Advisor's Rec	commendation
Cover for Cover for I to sickness	pital & surgion dental expen major illness kidney failure, of loss of incomes or accident	cal [ ses [ esc.) [ ne due [				Advisor's Rec	commendation

Comp	any						
Quota	ation Request Date						
SECT	ION 8 : DECLARATIO	NS					
	TON 6 : DEGEARATIO	110					
	here is true and complete, submitted in connection wi	and agree that if a contr th this application shall for	cnowledge and belief, the information given ract of insurance is effected, all information form the basis of such contract between the any Limited (Great Eastern Life).				
	I / We understand that Great Eastern Life reserves the right to modify/withdraw their quotation if there is any material change in the information provided including, in particular,						
	(a) the age distribution,						
	(b) the nature of occupa	tion and business,					
	(c) members who are se	eriously ill. or who are er	gaging in hazardous occupation / sports				
	` ,	•					
-	Signature of Authorised Of	ficer	Company				
-	Name / Nric						
	Name / INDC						
-	Designation						
-	Date		Company Stamp (if applicable)				
	Date		Company Stamp (ii applicable)				
		fficer of the Company, a	viewed this Group Insurance Fact-finding and that I / we have explained all the				
-	Signature of Group Market Great Eastern Life Planner		Name / Nric				
-	Designation / Rank		Account Number				
-	Contact Number		Email Address				
-	Group Manager (GMR)		GMR Box Number				

Date