

A Private & Confidential Financial Needs Review

For

Name of Proposer

By

Name of Group Marketing Officer or Great Eastern Life Planner*

Qualified to provide financial advisory services for:



- 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**.



GROUP INSURANCE FACT – FINDING FORM

Kindly complete fully in block letters and ink.

PERIOD OF INSURANCE from

to

(dd/mm/yyyy)

(dd/mm/yyyy)

REQUEST FOR QUOTATION was submitted on

(dd/mm/yyyy)

SECTION 1: GENERAL INFORMATION

1.1 Name of Company (Proposer) :

1.2 Nature of Business :

1.3 Presently Insured?

Yes No If **yes**, name of Current Insurer :

1.4 Type of Policy :

Term Life Personal Accident Hospital & Surgical Major Medical Outpatient Specialist Outpatient Clinical Dental Others

Please Specify

Period of insurance : From

to

(dd/mm/yyyy)

(dd/mm/yyyy)

1.5 Total number of employees

Number of employees to be insured :

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

Company	
Quotation Request Date	

1.6 Participation : (Please complete **Sections 2 - 7** for only the Coverage indicated below)

Insurance Coverage	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		

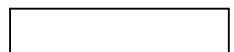
Please note : **Voluntary** * - Participation is voluntary if employees or dependants are given the choice to opt for cover(s), regardless of whether premiums are paid by the employee or employer.

- 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? Yes No
- 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

If **Yes**, kindly provide the following details :

	Age	Name of Employee/Dependant	Nature of Illness
1			
2			
3			

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



Company	
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1.8 Is there any employee (or dependant) in hospital at the time of application? Yes No
 If **yes**, please provide the following details :

	Age	Reason for Hospitalisation
1		
2		
3		
4		
5		
6		
7		
8		

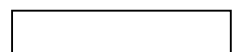
Note: If space is insufficient, please attach separate sheet(s).

1.9 Is there any employee currently not Actively at Work* due to a medical condition? Yes No
 If **yes**, kindly provide the following details

	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	
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1.10 Are there any employees (or dependants) based outside Singapore? Yes No
 If **yes**, kindly provide the following details

Country Based In	No. of Employees (or Dependants)	Sum Insured

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

1.11 Is any of the employees (or dependants) engaging in hazardous occupation? Yes No
 If **yes**, please provide the following details

Nature of Work	No. of Employees (or Dependants)

Examples of Hazardous Occupations: welders, electricians, diver, sandblaster, offshore workers.

1.12 To the best of your knowledge, is there any employee (or dependant) engaged in hazardous sports? Yes No
 If **yes**, please provide the following details

Nature of Sports	No. of Employees (or Dependants)

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

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

2.1 Basis of Coverage

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

Example 1:

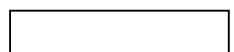
Category of Employees / Occupation	Basic of Coverage
(i) Senior Management (Director, General Manager, Senior Manager)	100,000
(ii) Manager & Executive	50,000
(iii) All Others	25,000

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 :				



Company	
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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		Outstanding Claims at End of Period	
From	To		Number	Amount(S\$)	Number	Amount(S\$)

2.4 Claims Experience for the past 3 years (GLA) :

Period of Coverage (dd/mm/yyyy)		No. of Employees #	Paid Claims for Period		Outstanding Claims at End of Period	
From	To		Number	Amount(S\$)	Number	Amount(S\$)

As at Start of Period As at End of Period Average Over Period

2.5 Please provide Current Non-Medical Limit (if applicable)

Group Term Life: S\$_____ up to age _____

Group Critical Illness: S\$_____ up to age _____

2.6 Please provide a list of Critical Illness covered if currently insured.

Note: Great Eastern Life reserves the right to request for more information.

Note: If for example, the Period of Coverage is from 1 July 2008 to 30 June 2009, we need to know whether the Number of Insured Members is the number at 1 July 2008 or at 30 June 2009 or is an average over the Period. This will allow Great Eastern Life to assess the claims experience more accurately.

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Company	
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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:

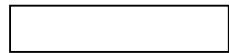
Category of Employees / Occupation	Basis of Coverage
(i) Senior Management (Director, General Manager, Senior Manager)	100,000
(ii) Manager & Executive	50,000
(iii) All Others	25,000

Example 2:

Category of Employees / Occupation	Basis of Coverage
(i) All Employees	24 x Basic Monthly Salary

3.2 Details of Employees

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



Company	
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SECTION 3 : GROUP PERSONAL ACCIDENT INSURANCE (continued)

3.3 Claims Experience for the past 3 years :

Period of Coverage (dd/mm/yyyy)		No. of Employees #	Paid Claims for Period		Outstanding Claims at End of Period	
From	To		Number	Amount(\$\$)	Number	Amount(\$\$)

As at Start of Period As at End of Period Average Over Period

Note: Great Eastern Life reserves the right to request for more information.

Note: If for example, the Period of Coverage is from 1 July 2008 to 30 June 2009, we need to know whether the Number of Insured Members is the number at 1 July 2008 or at 30 June 2009 or is an average over the Period. This will allow Great Eastern Life to assess the claims experience more accurately.

FOR YOUR INFORMATION - In computing the premium rate, Great Eastern Life will adopt the following Occupational Classifications:

Class 1	Clerical, administrative or other similar non-hazardous occupation
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	High risk occupations involving heavy manual work including hot works

SECTION 4 : GROUP HOSPITAL & SURGICAL INSURANCE/ GROUP MAJOR MEDICAL INSURANCE

4.1 Transferable Medical Insurance Scheme (TMIS)

- (a) Is your current policy (if any) a TMIS ? Yes No
- (b) Would you like your quote to be on a TMIS ? Yes No

If your answer to (b) is Yes, please answer the following:

- (i) How many employees have resigned in the last 12 months ? _____
- (ii) How many employees have been retrenched in the last 12 months ? _____

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Company	
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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 (\$\$ Per Day)
1		
2		
3		
4		

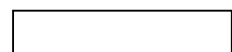
4.2 (A) For GMM (if the basis of coverage differs from GHS)

Plan	Category of Employees / Occupation	Plan: Room & Board Benefit (\$\$ 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 Band (Age Next Birthday)	# of Employees	
	Male	Female
16-30		
31-35		
36-40		
41-45		
46-50		
51-55		
56-60		
61-65		
Total		



Company	
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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				

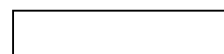
4.4 Details of Insured Members (Foreigners* Only)

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

(* 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				



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

4.5 Claims Experience for the past 3 years (GHS)

Period of Coverage (dd/mm/yyyy)		No. of Employees #	Paid Claims for Period		Outstanding Claims at End of Period	
From	To		Number	Amount(\$)	Number	Amount(\$)

4.5 Claims Experience for the past 3 years (GMM)

Period of Coverage (dd/mm/yyyy)		No. of Employees #	Paid Claims for Period		Outstanding Claims at End of Period	
From	To		Number	Amount(\$)	Number	Amount(\$)

As at Start of Period As at End of Period Average Over Period

Note: Great Eastern Life reserves the right to request for more information.

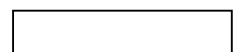
Note: If for example, the Period of Coverage is from 1 July 2008 to 30 June 2009, we need to know whether the Number of Insured Members is the number at 1 July 2008 or at 30 June 2002 or is an average over the Period. This will allow Great Eastern Life to assess the claims experience more accurately.

4.6 Kindly attach a copy of the Schedule of Benefits (if currently insured).

SECTION 5 : GROUP DENTAL HEALTH PLAN POLICY/ GROUP OUTPATIENT CLINICAL/ GROUP OUTPATIENT SPECIALIST

5.1 Basic of Coverage (please tick as appropriate)

Category of Employees	Outpatient Clinical	Outpatient Specialist	Dental
(i)			
(ii)			
(iii)			
Dependant (where applicable)			
# of Headcount			



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

5.2 Basic of Coverage (Dental Health Only)

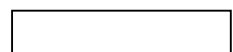
Dental Benefit Plan Type	Annual Limit	No of Employees	Category of Employees / Occupation

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

Period of Coverage		No of Employees #	Paid Claims for Period		Outstanding Claims at End Of Period	
From	To		Number	Amount (\$\$)	Number	Amount (\$\$)

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

Period of Coverage		No of Employees #	Paid Claims for Period		Outstanding Claims at End Of Period	
From	To		Number	Amount (\$\$)	Number	Amount (\$\$)



Company	
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SECTION 5 : GROUP DENTAL HEALTH PLAN POLICY/ GROUP OUTPATIENT CLINICAL/ GROUP OUTPATIENT SPECIALIST

5.3(C) Claims Experience for the past 3 years (Dental)

Period of Coverage		No of Employees #	Paid Claims for Period		Outstanding Claims at End Of Period	
From	To		Number	Amount (\$)	Number	Amount (\$)

As at Start of Period As at End of Period Average Over Period

Note: Great Eastern Life reserves the right to request for more information.

Note: If for example, the Period of Coverage is from 1 July 2008 to 30 June 2009, we need to know whether the Number of Insured Members is the number at 1 July 2008 or at 30 June 2002 or is an average over the Period. This will allow Great Eastern Life to assess the claims experience more accurately.

SECTION 6 : GROUP LONG TERM DISABILITY INSURANCE

6.1 If currently insured, please provide the definition of 'disability' in your current policy wording.

6.2 What is the age limit for:

6.2.1 Entry? 55 60

6.2.2 Renewal? 60 65

6.3 What is the waiting period required?

3 months 6 months

6.4 What is the benefit duration required?

For 1 year For 5 years To Age 60 To Age 65

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Company	
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SECTION 6 : GROUP LONG TERM DISABILITY INSURANCE (continued)

6.5 Are benefits payable for partial disability? Yes No

If so, definition of partial disability:

6.6 Basis of Coverage

	Category of Employee/ Occupation	No. of Employees	Total Monthly Salary (S\$)		Basis of Coverage/ Sum Insured (S\$) (or % of Monthly Salary)
			Minimum	Maximum	
1					
2					
3					
4					
5					
6					

6.7 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 :				

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Company	
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SECTION 6 : GROUP LONG TERM DISABILITY INSURANCE (continued)

6.8 Claims Experience for the past 3 years :

Period of Coverage (dd/mm/yyyy)		No. of Employees #	Paid Claims for Period		Outstanding Claims at End of Period	
From	To		Number	Amount(S\$)	Number	Amount(S\$)

As at Start of Period As at End of Period Average Over Period

Note: Great Eastern Life reserves the right to request for more information.

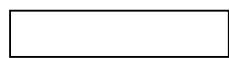
Note: If for example, the Period of Coverage is from 1 July 2008 to 30 June 2009, we need to know whether the Number of Insured Members is the number at 1 July 2008 or at 30 June 2009 or is an average over the Period. This will allow Great Eastern Life to assess the claims experience more accurately.

SECTION 7 : NEEDS ANALYSIS & PRODUCT RECOMMENDATION

Please tick the appropriate box to indicate the priority of your company's needs :

<u>Company's Priorities</u>	<u>High</u>	<u>Med</u>	<u>Low</u>	<u>Advisor's Recommendation</u>
Cover for outpatient medical expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cover hospital & surgical expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cover for dental expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cover for major illnesses (e.g. cancer, kidney failure, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cover for loss of income due to sickness or accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cover for long term medical treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Others : _____



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SECTION 8 : DECLARATIONS

I / We hereby declare that, to the best of my / our knowledge and belief, the information given here is true and complete, and agree that if a contract of insurance is effected, all information submitted in connection with this application shall form the basis of such contract between the client and The Great Eastern Life Assurance Company 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 occupation and business,
- (c) members who are seriously ill, or who are engaging in hazardous occupation / sports

Signature of Authorised Officer

Company

Name / Nric

Designation

Date

Company Stamp (if applicable)

I / We declare and acknowledge that I / we have reviewed this Group Insurance Fact-finding Form with the authorised officer of the Company, and that I / we have explained all the requirements of this Fact-finding Form to him / her.

Signature of Group Marketing Officer /
Great Eastern Life Planner*

Name / Nric

Designation / Rank

Account Number

Contact Number

Email Address

Group Manager (GMR)

GMR Box Number

Date

