

**Surgical And Nursing Loan Fees Benefit Application Form**

Please complete and return this form together with the Original Medical Bills and Receipts

**Personal Particulars**

- 1. Policy Numbers
  
- 2. Name of Policyholder   
Name of Life Assured
  
- 3. Address
  
- 4. Occupation
  
- 5. Nature of Surgery
  
- 6. Date of Surgery
  
- 7. Is this treatment related to the following:
  - i) pregnancy, miscarriage or childbirth?  Yes  No
  - ii) AIDS, AIDS-related complex or infection by HIV condition?  Yes  No
  - iii) dental treatment  Yes  No
  - iv) cosmetic surgery  Yes  No

I wish to apply for Surgical and Nursing Loan Fees for the cash payment I have made toward my medical bill as attached with this application form, in accordance with the conditions printed overleaf.

Loan Amount \$

Signature of Policyowner

Date

## **CONDITIONS FOR SURGICAL AND NURSING BENEFIT**

1. Surgical and Nursing Loan is an Interest Free Loan for all Whole Life policies, Endowment policies, Headstart and Education policies. This benefit excludes policies that were effected by the Life Assured in Trust for the benefit of another.
2. The Assured can apply for the Advance if there is a surgical operation or for fees incurred on Nursing after the operation.
3. The benefit excludes operation related to :
  - a. Dental treatment
  - b. Cosmetic surgery
  - c. Pregnancy and Childbirth
  - d. Aids conditions
4. The amount of Advance is restricted to the minimum of the following :
  - a. Total Premium Paid
  - b. 10% of the Basic Sum Assured
  - c. 90% of the Surrender Value
  - d. The Surgical and Nursing Bills
5. No advance under the scheme shall exceed the amount paid in premiums less previous advance and loan under the scheme at the date of operation. No advance will be made when the surgeon's and nursing fees together are less than \$200.
6. Surgical and Nursing loan cannot be applied on bills paid by Medisave, MediShield, Medisave Integrated Medical Plan or any other third party medical insurance plan.