



BENEFIT OVERVIEW PRODUCT SUMMARY

GlobalHealth Advantage Plans offer a wide range of comprehensive personal and family medical insurance products, backed by superior customer service, GlobalHealth Asia is your trusted insurance partner.

GlobalHealth Asia also offers a wide range of plans to enhance any corporate, organisation, or association employee benefits programs, with flexible structures and cost savings.

Presented to (Name of Applicant): _____

Signature of Applicant: _____ Date (dd/mm/yy): ____/____/____

Presented to (Name of Advisor): _____

Signature of Advisor: _____ Date (dd/mm/yy): ____/____/____

Covered Member _____ Gender _____ Age Current Birthday (dd/mm/yy) _____



PLAN SELECTED

- Advantage 100
- Advantage 200
- Advantage 300
- Advantage 400
- Advantage 500

Please note that this is not a summary of contract and the premium is not guaranteed, Chartis Singapore Insurance Pte. Ltd. ("Chartis") may at its sole discretion increase the premium from time to time depending on the claims experience of this portfolio. The annual premium is based on the Insured Person's age on the first day of the Period of Insurance and the renewal premium rates as determined by Chartis at the time of renewal, based on the attained age of the Insured Person. This plan is available to a person from age 15 days to 65 years, residing in Singapore. Application is subject to underwriting review and acceptance.



PRODUCT INFORMATION

This is a medical plan and we will pay the compensation as set out in the Schedule of Benefits:

- Worldwide Coverage including incidental travelling to North America
- Benefit Level up to US\$3 million per year for Advantage 300, Advantage 400 and Advantage 500; Up to US\$250,000 per year for Advantage 200; Up to US\$250,000 per disability for Advantage 100
- Range of deductibles are available for all Advantage Plans
- 30 Days' Free Look Privilege
- Hospitalisation and Out-patient Surgery
- An unmarried child below age 21 or up to 23 years (if enrolled as full-time student) may be enrolled as an Insured Person under a Family Plan

Eligibility:

The following basic eligibility rules apply for the GlobalHealth Advantage plans:

- Main applicant must be between age 21 to 65 years at the time of application.
- Persons to be insured must be between the ages of 15 days and 65 years at the time of application.
- Persons residing in North America and the Caribbean are not eligible for the GlobalHealth Advantage plans.

- The Proposer may add his/her spouse, and any unmarried children below age 21 to the Policy. Children cannot be added to the Policy unless a parent or a legal guardian is an insured person. An unmarried child who is over 21 but less than 23 may also be added if enrolled in full-time education.
- Children born while either parent is an Insured Person may be added 15 days after birth upon request. The new born may enjoy free cover for the remainder of the policy year.

Standard Benefits	Advantage 100	Advantage 200	Advantage 300	Advantage 400	Advantage 500
Plan Maximum	\$250,000 per Disability	\$250,000 per year	\$3,000,000 per year	\$3,000,000 per year	\$3,000,000 per year
Hospitalisation & Out-patient Surgery	Hospitalisation & Out-patient Surgery sub-limits:	Hospitalisation & Out-patient Surgery sub-limits:			
Room and board including general nursing care	\$250 per day	\$300 per day			
Parental Accommodation (added bed, same room)	No Cover	Fully Covered			
Theatre fees; intensive care; X-rays; CT Scans; MRI Scans; Ultrasounds; laboratory tests; Medicines and Drugs; blood and plasma; medical appliances; rental of wheel chairs, crutches and walkers; standard surgical implants	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Surgeon's Fees including pre- and post- surgical services	\$15,000 per Disability	\$20,000 per year			
Anaesthetist Fees	30% of Surgeon's Fees	30% of Surgeon's Fees			
Professional Fees including physician, specialist, radiologist, physiotherapist and pathologist	Fully Covered	Fully Covered			
Pre-hospitalisation					
Medical services incurred within 30 days prior to a covered Confinement in a Hospital which are provided by or ordered by a Physician as a direct consequence of the covered Disability which necessitated such Confinement	Up to \$1,000 per Disability	Up to \$1,000 per Disability	Fully Covered	Fully Covered	Fully Covered
Post-hospitalisation					
Normal follow-up treatment for up to 90 days following hospitalisation					
Physicians and specialists office visits	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Physiotherapist, chiropractor and acupuncturist when certified necessary by an attending Physician					
Medicines and Drugs; dressings; X-rays; diagnostic laboratory tests; surgical appliances					

Note: All limits and monetary amounts shall in all instances be in US\$

Standard Benefits	Advantage 100	Advantage 200	Advantage 300	Advantage 400	Advantage 500
Oncology					
Chemotherapy and radiotherapy	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Renal Dialysis					
Kidney Dialysis	\$15,000 lifetime benefit	\$15,000 lifetime benefit	Fully Covered	Fully Covered	Fully Covered
Complications of Pregnancy					
In-patient treatment necessary as a direct result of Complications of Pregnancy including Newborn Accommodation	Hospitalisation & Out-patient Surgery sub-limits apply	Hospitalisation & Out-patient Surgery sub-limits apply	Fully Covered	Fully Covered	Fully Covered
AIDS/ HIV					
Coverage will apply when signs or symptoms are present for the first time after five years continuous coverage under the plan and any renewal thereof	\$25,000 lifetime benefit	\$25,000 lifetime benefit	\$100,000 lifetime benefit	\$100,000 lifetime benefit	\$100,000 lifetime benefit
Private Nursing					
In Hospital when certified medically necessary by an attending Physician	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Home Nursing by a registered nurse immediately following hospitalisation and on the recommendation of the attending surgeon or specialist	No Cover	No Cover	Fully Covered up to 28 weeks per Disability	Fully Covered up to 28 weeks per Disability	Fully Covered up to 28 weeks per Disability
Mental or Nervous Disorders					
Inpatient treatment under the care of a Psychiatrist	No Cover	No Cover	\$5,000 per year \$10,000 lifetime benefit	\$5,000 per year \$10,000 lifetime benefit	\$5,000 per year \$10,000 lifetime benefit
Organ Transplant					
Transplant of heart, liver, kidney, bone marrow, cornea or lung to a limit of	\$250,000 per Disability	\$250,000 per Disability	\$750,000 per Disability	\$750,000 per Disability	\$750,000 per Disability
Hospice Care					
Hospice/ Palliative Care	No Cover	No Cover	\$10,000 lifetime benefit	\$10,000 lifetime benefit	\$10,000 lifetime benefit
Emergency Benefits					
Worldwide emergency assistance including evacuation and repatriation					
Local Ambulance to Hospital	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Emergency room treatment					
Dental treatment for up to 14 days following Accidental damage to sound natural teeth					

Note: All limits and monetary amounts shall in all instances be in US\$

Standard Benefits	Advantage 100	Advantage 200	Advantage 300	Advantage 400	Advantage 500
Chronic Conditions					
Treatment for a Chronic Condition received while an admitted patient in a Hospital	Hospitalisation & Out-patient Surgery sub-limits apply	Hospitalisation & Out-patient Surgery sub-limits apply	Fully Covered	Fully Covered	Fully Covered
General Practitioner and specialist consultations; prescribed Medicines and drugs;	No Cover	Included in optional out-patient	No Cover	Fully Covered	Fully Covered
Out-patient					
Physicians and specialists consultations					
Physiotherapist when certified necessary by an attending Physician	No Cover	Optional \$5,000 per year	No Cover	Fully Covered	Fully Covered
Medicines and Drugs; dressings; X-rays; CT Scans; MRI Scans; ultrasounds; diagnostic laboratory tests and medical appliances					
Complementary Medicine					
Physiotherapist without certification from an attending Physician; chiropractor; osteopath; homeopath; podiatrist; speech therapist; dietician	No Cover	No Cover	No Cover	\$500 per year	\$500 per year
Acupuncturist; bone setter and Chinese medicine practitioner not exceeding \$50 per visit					
Maternity (deductible does not apply)					
Pre-natal and post-natal services; costs related to miscarriage; costs of delivery including all Hospital and professional fees and up to seven days of nursery care	No Cover	No Cover	No Cover	No Cover	\$10,000 per pregnancy
Optional Benefits					
Dental					
Routine Dental Treatment (Examinations; tooth cleaning; normal composite fillings; inlay (excluding gold inlays); onlay (excluding gold onlays); extractions; sealant)	\$700 per year	\$700 per year	\$700 per year	\$700 per year	\$700 per year
Major Restorative Dental Work (Removal of impacted, buried or unerupted teeth; removal of roots; root canal treatment; removal of solid odontomes; apicectomy; new or repair of bridge work (excluding gold bridge work); new or repair of crowns (excluding all gold crowns); new or repair of upper and lower dentures)	\$1,500 per year	\$1,500 per year	\$1,500 per year	\$1,500 per year	\$1,500 per year

Note: All limits and monetary amounts shall in all instances be in US\$

Optional Benefits	Advantage 100	Advantage 200	Advantage 300	Advantage 400	Advantage 500
Worldwide Cover					
Opt to enjoy the benefit of elective treatment in North America with a truly worldwide plan	The Advantage 100 is always Worldwide	The Advantage 200 is always Worldwide	Optional	Optional	Optional
Deductible					
Range of deductibles available to reduce your premium	Per Disability \$500 \$1,000 \$2,000 \$5,000	Annual Nil \$500 \$1,000 \$2,000 \$5,000	Annual Nil \$500 \$1,000 \$2,000 \$5,000	Annual Nil \$500 \$1,000 \$2,000 \$5,000	Annual Nil \$500 \$1,000 \$2,000 \$5,000

Note: All limits and monetary amounts shall in all instances be in US\$

PREMIUMS

Worldwide Coverage (WW)

If you select Worldwide, you will enjoy coverage anywhere in the world, including the United States of America.

North American Exclusion (NAE)

If you select North American Exclusion coverage, coverage will be Worldwide excluding North America. Coverage in North America will be limited to sudden illness and accidental injury while travelling in North America and the Caribbean for a maximum of 30 days per policy year.

Please note that coverage under the Advantage 100 and Advantage 200 is always Worldwide.

ADVANTAGE 100 (WW)

AGE	Per Disability Deductible			
	500	1,000	2,000	5,000
0 - 18	878	710	526	241
19 - 25	916	739	543	253
26 - 30	959	773	567	262
31 - 35	1,091	882	641	290
36 - 40	1,091	882	641	290
41 - 45	1,091	882	641	290
46 - 50	1,712	1,379	994	433
51 - 55	1,880	1,513	1,087	470
56 - 60	2,531	2,037	1,461	624
61 - 65	2,883	2,321	1,658	700
66 - 70*	3,617	2,911	2,081	878
71 - 75*	4,992	4,018	2,872	1,213
76 - 80*	8,018	6,453	4,613	1,948

*Renewal only

Note: All limits and monetary amounts shall in all instances be in US\$

Subject to prevailing GST

ADVANTAGE 200 (WW)

In-patient only

AGE	Annual Deductible				
	0	500	1,000	2,000	5,000
0 - 18	988	891	720	535	245
19 - 25	1,059	955	769	566	275
26 - 30	1,200	1,083	872	639	319
31 - 35	1,285	1,159	937	681	335
36 - 40	1,412	1,274	1,029	748	368
41 - 45	1,553	1,401	1,132	823	405
46 - 50	1,835	1,655	1,334	962	420
51 - 55	2,118	1,909	1,536	1,103	477
56 - 60	2,824	2,546	2,118	1,469	627
61 - 65	3,530	3,183	2,718	1,941	772
66 - 70*	4,942	4,546	4,052	3,212	1,730
71 - 75*	6,354	5,972	5,528	4,765	2,859
76 - 80*	8,471	8,048	7,624	7,201	4,236

ADVANTAGE 200 (WW)

In-patient and Out-patient

AGE	Annual Deductible				
	0	500	1,000	2,000	5,000
0 - 18	1,303	1,103	913	708	393
19 - 25	1,658	1,391	1,148	884	504
26 - 30	1,895	1,590	1,313	1,010	585
31 - 35	2,155	1,807	1,495	1,144	657
36 - 40	2,368	1,986	1,643	1,255	722
41 - 45	2,605	2,184	1,807	1,381	794
46 - 50	3,079	2,585	2,135	1,632	879
51 - 55	3,552	3,091	2,664	1,883	1,004
56 - 60	4,736	4,310	3,789	2,842	1,314
61 - 65	5,921	5,506	5,032	4,144	1,651
66 - 70*	8,289	7,874	7,460	6,631	3,730
71 - 75*	10,657	10,337	9,911	9,058	6,394
76 - 80*	14,209	13,925	13,499	12,788	10,231

*Renewal only

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Subject to prevailing GST

ADVANTAGE 300 (WW)

AGE	Annual Deductible				
	0	500	1,000	2,000	5,000
0 - 18	1,119	951	783	616	280
19 - 25	1,424	1,213	997	783	356
26 - 30	1,628	1,389	1,140	895	407
31 - 35	1,852	1,590	1,296	1,018	463
36 - 40	2,035	1,748	1,424	1,119	509
41 - 45	2,238	1,922	1,567	1,231	560
46 - 50	2,645	2,312	1,852	1,455	661
51 - 55	3,052	2,674	2,137	1,679	763
56 - 60	4,070	3,622	3,256	2,238	1,017
61 - 65	5,087	4,680	4,324	3,307	1,272
66 - 70*	8,139	7,692	7,325	6,186	2,849
71 - 75*	10,174	9,767	9,411	8,343	5,087
76 - 80*	13,227	12,830	12,565	11,507	8,597

ADVANTAGE 300 (NAE)

AGE	Annual Deductible				
	0	500	1,000	2,000	5,000
0 - 18	783	665	538	398	183
19 - 25	1,018	867	699	513	240
26 - 30	1,331	1,134	914	670	310
31 - 35	1,425	1,223	989	718	343
36 - 40	1,566	1,344	1,087	790	358
41 - 45	1,723	1,479	1,195	870	394
46 - 50	2,036	1,779	1,434	1,035	452
51 - 55	2,271	1,990	1,601	1,149	497
56 - 60	2,819	2,489	2,003	1,437	614
61 - 65	3,915	3,484	2,788	1,991	840
66 - 70*	6,264	5,763	5,011	3,203	1,350
71 - 75*	7,830	7,438	6,812	4,698	1,697
76 - 80*	10,179	9,873	9,364	7,634	3,054

*Renewal only

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ADVANTAGE 400 (WW)

AGE	Annual Deductible				
	0	500	1,000	2,000	5,000
0 - 18	2,065	1,859	1,549	1,136	825
19 - 25	2,628	2,365	1,971	1,401	999
26 - 30	3,004	2,703	2,253	1,603	1,142
31 - 35	3,379	3,041	2,534	1,805	1,284
36 - 40	3,755	3,379	2,854	2,004	1,427
41 - 45	4,130	3,717	3,222	2,354	1,570
46 - 50	4,881	4,442	3,978	3,173	1,853
51 - 55	5,632	5,181	4,731	3,942	2,140
56 - 60	7,509	7,096	6,646	5,857	3,004
61 - 65	9,387	8,964	8,542	7,791	5,163
66 - 70*	15,019	14,493	13,967	12,916	9,762
71 - 75*	18,773	18,304	17,835	16,896	14,080
76 - 80*	24,405	23,917	23,429	22,453	19,768

ADVANTAGE 400 (NAE)

AGE	Annual Deductible				
	0	500	1,000	2,000	5,000
0 - 18	1,569	1,287	1,099	863	628
19 - 25	2,040	1,673	1,428	1,122	807
26 - 30	2,511	2,109	1,758	1,381	955
31 - 35	2,825	2,401	1,977	1,554	1,073
36 - 40	3,139	2,699	2,260	1,726	1,193
41 - 45	3,453	3,038	2,589	1,899	1,313
46 - 50	4,080	3,672	3,223	2,448	1,549
51 - 55	4,551	4,142	3,686	2,822	1,675
56 - 60	5,650	5,226	4,802	3,955	1,977
61 - 65	7,847	7,415	7,062	6,199	3,453
66 - 70*	12,555	12,053	11,551	10,421	6,780
71 - 75*	15,694	15,223	14,752	13,810	10,986
76 - 80*	20,402	19,994	19,382	18,566	15,709

*Renewal only

Note: All limits and monetary amounts shall in all instances be in US\$
Subject to prevailing GST

ADVANTAGE 500 (WW)

AGE	Annual Deductible				
	0	500	1,000	2,000	5,000
0 - 18	2,065	1,859	1,549	1,136	825
19 - 25	4,628	4,365	3,971	3,401	2,999
26 - 30	7,774	7,473	7,023	6,373	5,912
31 - 35	8,149	7,811	7,304	6,575	6,054
36 - 40	8,525	8,149	7,623	6,774	6,197
41 - 45	9,130	8,717	8,222	7,354	6,570
46 - 50	9,881	9,442	8,978	8,173	6,853
51 - 55	5,632	5,181	4,731	3,942	2,140
56 - 60	7,509	7,096	6,646	5,857	3,004
61 - 65	9,387	8,964	8,542	7,791	5,163
66 - 70*	15,019	14,493	13,967	12,916	9,762
71 - 75*	18,773	18,304	17,835	16,896	14,080
76 - 80*	24,405	23,917	23,429	22,453	19,768

ADVANTAGE 500 (NAE)

AGE	Annual Deductible				
	0	500	1,000	2,000	5,000
0 - 18	1,569	1,287	1,099	863	628
19 - 25	3,740	3,373	3,128	2,822	2,507
26 - 30	6,565	6,164	5,812	5,435	5,009
31 - 35	6,879	6,456	6,032	5,608	5,128
36 - 40	7,193	6,754	6,314	5,781	5,248
41 - 45	7,703	7,288	6,839	6,149	5,563
46 - 50	8,330	7,922	7,473	6,698	5,799
51 - 55	4,551	4,142	3,686	2,822	1,675
56 - 60	5,650	5,226	4,802	3,955	1,977
61 - 65	7,847	7,415	7,062	6,199	3,453
66 - 70*	12,555	12,053	11,551	10,421	6,780
71 - 75*	15,694	15,223	14,752	13,810	10,986
76 - 80*	20,402	19,994	19,382	18,566	15,709

Optional Dental US\$ 480 per person per year

*Renewal only

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Subject to prevailing GST

The following are key product provisions found in the policy contract of this plan. This is only a brief summary and you are advised to refer to the actual terms and conditions in the contract. Please consult your insurance advisor or Chartis should you need further explanation.

(a) Terms of Renewal

Coverage may be renewed on the Policy Anniversary Date by payment of the annual premium.

(b) Non-Guaranteed Premium

Premium payable for this coverage is not guaranteed. It may be increased at the sole discretion of Chartis depending on the claims experience of this portfolio.

(c) Qualifying Period For Sickness Cover

Eligibility of benefits commences once an Insured Person has been accepted in the plan.

(d) Waiting Period For Maternity Cover

A 12 month Waiting Period for Maternity benefits applies to policies when two or more Insured Persons over the age of 19 are covered under the Advantage 500 plan.

A 24 month Waiting Period for Maternity benefits applies to policies when a single Insured Person over the age of 19 is covered under the Advantage 500 plan.

(e) Dental Waiting Periods

Examinations and Tooth cleaning: No waiting period, Routine Dental Treatment : Three months waiting period, Major Restorative Dental Work: Six months waiting period

(f) Area of Cover

Global Health Advantage Plans provides you coverage in North America and the Caribbean for treatment of sudden illnesses and Bodily Injury suffered while in these countries for a maximum of 30 days per policy year.

(g) Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the contract. The following is a list of some of the exclusions for this plan. You are advised to read the policy contract for the full list of exclusions.

1. Pre-Existing Conditions or any related, associated or consequential Disabilities, unless disclosed to and accepted in writing by Chartis.
2. Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Policyholder, Insured, or Insured Person including legislation or insurance coverage relating to occupational death, Injury, illness or disease.
3. Routine medical examinations or check-ups, examinations for employment or travel, routine eye or ear examinations, vitamins, nutritional supplements, vaccinations, medical certificates, hearing aids, chelation therapy, hydra colon therapy, counseling, custodial or maintenance care, rest cures, and services or treatment at home or while a bed patient at any facility that is not a Hospital.
4. Dental work, except that which is explicitly stated in the optional dental plan Benefits Schedule as being covered by the Policy, Cosmetic Surgery, and reconstructive surgery except for charges for the prompt repair of an Injury. In the case of Injury to teeth, the teeth repaired must have been sound and natural. In each case of an Injury, the Injury must occur while the person is an Insured Person.
5. Tests or treatment related to fertility, impotence or erectile dysfunction, contraception, sterilisation, birth defects, congenital Illnesses, or any abortion performed due to psychological or social reasons, and consequences thereof.
6. Pregnancy or childbirth including pre-natal and post-natal care, except where Maternity Benefits are opted as being covered by the Policy.
7. Prostheses, corrective devices, medical appliances except for surgical implants. Treatment that is either not part of Western (allopathic) medicine, except where Complementary Medicine Benefits are stated in the Benefits Schedule as being covered by the Policy, or which is not medically necessary, or complications or disabilities consequential thereupon.
8. All costs relating to cornea, bone marrow, muscular, skeletal or human organ or tissue transplant from a donor to a recipient and all expenses directly or indirectly related to organ transplantation (including conditions requiring or likely to require transplantation and status-post transplantation) except as provided by the Organ Transplantation Benefit when this benefit is stated on the Benefits Schedule as being covered by the Policy.
9. Out-patient tests or treatment of psychiatric, psychological, Mental and Nervous Conditions and any physiological or psychosomatic causes or manifestations thereof; self-inflicted Injury, suicide or attempted suicide, deliberate exposure to exceptional danger except in an effort to save human life, excessive consumption of alcohol or narcotics or similar drugs or agents, sleep disorders, learning difficulties, behavioural or developmental disorders, Venereal Disease.

10. Any treatment or test in connection with Human Immunodeficiency Virus (HIV) related Illness including Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) and/or any mutation, derivation, or variation thereof except when AIDS/HIV Benefits are stated on the Benefits Schedule as being covered by the Policy.
11. Experimental or pioneering medical and surgery techniques except with Chartis prior approval in writing.
12. Services which are not recommended and prescribed by the Insured Person's attending Physician except for a Second Opinion prior to surgery and continuity of fees from a referring Physician after the date on which an Insured Person has been referred to another Physician or Specialist.
13. Refractive defects of the eye, such as nearsightedness and astigmatism, spectacles, monocles or contact lenses.
14. Injury or illness as a result of duties of employment or profession in Employment Class III or IV, participation in any professional sport, or aviation or aeronautics other than as a fare paying passenger on a duly licensed commercial aircraft unless disclosed to and accepted by Chartis.
15. Injury or Illness while serving as a member of a police or military unit of any country or international authority, or War, civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power, or the intentional use of military force to intercept, prevent, or mitigate any known or suspected Terrorist Act, or any illegal act including resultant imprisonment. Any medical services rendered to an Insured Person while he is confined to prison, jail, any other correctional facility including halfway houses or similar facilities, or any mental institution. Exposure to ionising radiation or radioactive contamination of any kind.
16. Hospital inpatient treatment for convalescence, rehabilitation, supervision or conditions which in the opinion of Chartis Medical Advisor can be properly treated as an outpatient.
17. Transportation costs in respect of trips made specifically for the purpose of obtaining medical treatment, unless in the course of an approved Emergency Medical Evacuation, and all Emergency Medical Evacuation costs not approved in advance by Chartis or its appointed 24-hour Emergency Medical Assistance Center.
18. Charges, or portions of charges, which are not Reasonable and Customary Costs arising under any legislation which seeks to increase the cost of medical treatment and services actually received above charge levels which would be considered Reasonable and Customary in the absence of such legislation.
19. Any costs incurred outside of the Policy Year or for any period for which the appropriate premium has not been paid.
20. We are not liable to make any payments for liability under any coverage sections of this Policy or make any payments under any extension for any loss or claim arising in, or where You or any beneficiary under the Policy is a citizen or instrumentality of the government of, any country against which any laws and/or regulations governing this Policy and/or Us, our parent company or our ultimate holding entity have established an embargo or other form of economic sanction which have the effect of prohibiting Us from providing insurance coverage or transacting business with or otherwise offering economic benefits to You or any other beneficiary under the Policy. It is further understood and agreed that no benefits or payments will be made to any beneficiary who is declared unable to receive economic benefits under the laws and/or regulations governing this Policy and/or Us, our parent company or our ultimate holding entity.
21. This Policy will not cover any loss, injury, damage or legal liability suffered or sustained directly or indirectly by you if you are :
 - 1) a terrorist;
 - 2) a member of a terrorist organisation;
 - 3) a narcotics trafficker; or
 - 4) a purveyor of nuclear, chemical or biological weapons.

Disclosure of Distribution Costs, Charges & Expenses

You may request for information on remuneration, including any commission, fee and other benefits that your insurance advisor has received or will be receiving for providing advice on, or arranging insurance contracts or both, in respect of any accident and health policy.

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. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please visit the Chartis, GIA or SDIC websites (www.chartisinsurance.com.sg or www.gia.org.sg or www.sdic.org.sg).

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