

MAID PROTECT360 PRO - TABLE OF BENEFITS

Section	Coverage	Maximum Benefit Payable			
		Basic	Enhanced	Premier	Exclusive
1	Personal Accident				
	A. Accidental Death (per year)	\$60,000	\$70,000	\$80,000	\$100,000
	B. Permanent Disablement (per year)	\$60,000	\$70,000	\$80,000	\$100,000
	C. Accidental Medical Reimbursement (per year) * Covers when your helper sustains an injury and requires outpatient medical treatment	\$1,000	\$2,000	\$3,000	\$5,000
	<ul style="list-style-type: none"> • Clinical Visit per visit \$50 \$75 \$100 \$200 • Dental per accident - \$100 \$250 \$400 • Ambulance Fee per year - \$100 \$100 \$100 • Treatment by a Chinese Physician per accident - - \$100 \$200 • Physiotherapy per year - - \$250 \$300 				
2	Hospital & Surgical Expenses <ul style="list-style-type: none"> • Annual Limit # • Hospital Cash Covers when your helper is hospitalized due to an injury or illness Extend to cover Infectious Diseases Up to 90 days Pre & Post hospitalization / Day Surgery	per day (up to 30 days) \$60,000 -	\$60,000 \$20	\$80,000 \$30	\$80,000 \$50
3	Waiver of Co-Payment for Hospital & Surgical Expenses Covers the 25% co-payment payable by an employer #	-	Covered	Covered	Covered
4	Wages & Levy Reimbursement Compensate you for your helper's wages and levy if she is hospitalized due to an injury or illness #	per day (up to 30 days) -	\$40	\$50	\$60
5	Alternative Maid Services Pays for the cost of hiring temporary help if your helper is hospitalized due to an injury or illness #	per day (up to 30 days) -	\$100	\$150	\$200
6	Replacement Maid Expenses Pays for the actual expenses incurred for the termination and/or employment agency's fees incurred for hiring a replacement helper due to injury, illness or death #	\$200	\$300	\$500	\$600
7	Repatriation Expenses Covers transportation expenses to send your helper back to her country of origin following her permanent disablement or death	\$10,000	\$10,000	\$10,000	\$10,000
8	Family Grant Pays a lump sum benefit to the helper's estate following her death which arises out of an injury or illness sustained during the period of insurance	-	\$2,000	\$3,000	\$5,000
9	Insurance Guarantee Bond (to Ministry of Manpower) A letter of guarantee for a \$5,000 Security Bond will be issued on behalf of MOM	\$5,000	\$5,000	\$5,000	\$5,000
10	Liability to Third Parties Covers for legal liability to third party accidental death, bodily injury or property damage caused by your helper during her employment in Singapore	-	\$3,000	\$5,000	\$7,000
11	Maid Personal Belongings Pays for the loss or damage to your helper's personal belongings due to fire or theft at your house #	-	\$1,000	\$2,000	\$3,000
12	Home Contents Compensate for loss or damage to your home contents arising out of a fire caused by your helper #	\$5,000	\$10,000	\$15,000	\$30,000
OUTPATIENT PRIVILEGES FOR HELPER					
	Outpatient Medical Subsidized consultation fee at our panel of clinics*	-	Included	Included	Included
	Outpatient Dental Consultation fee at our panel of clinics* when treatment is done Subsidized treatment fee at our panel of clinics*	- -	Waived Included	Waived Included	Waived Included
PREMIUM RATES (with GST)					
	14 Months (aged 50 & below)	\$ 386.80	\$ 424.90	\$ 445.30	\$ 528.00
	14 Months (aged 51 & above)	\$1,071.70	\$1,121.00	\$1,145.90	\$1,228.60
	26 Months (aged 50 & below)	\$ 502.40	\$ 551.80	\$ 578.30	\$ 685.60
	26 Months (aged 51 & above)	\$1,391.80	\$1,455.80	\$1,488.10	\$1,595.50

OPTIONAL COVERAGE PREMIUM RATES (with GST)

13	Waiver of Counter Indemnity (Excess \$250) Relieve your liability in the event MOM makes a demand for security bond payment	\$54.00
14	Enhanced Medical Benefits 14 Months - Aged 50 & below - Aged 51 & above 26 Months - Aged 50 & below - Aged 51 & above	\$81.00 \$238.00 \$105.00 \$408.00
A.	Additional Hospital & Surgical Expenses (Add-on to the annual limit under Section 2)	\$10,000 (per year)
B.	Critical Illness (Major Cancers, Heart Attack, Stroke, CABP, Kidney Failure)	\$10,000
C.	Mobility Aid Reimbursement # (for purchase of mobility aid equipment such as wheelchairs and crutches as prescribed by a certified doctor)	\$500 (per year)
D.	Free Medical Tele-Consultation* (3 times for Employer 3 times for your helper)	Per year
	Six-Monthly Medical Examination (MOM) Includes Physical Examination & Blood Test: VDRL + Pregnancy only • Up to 2 Times (14 Months Policy) • Up to 4 Times (26 Months Policy)	\$54.00 \$108.00

Reimbursement Basis

* Please refer to our website www.hlas.com.sg, for the full panel of clinics. Terms & conditions apply.

* Please refer to the email from our partner for details if you have purchased our Enhanced Medical Benefits.

Policy Cancellation & Refund

In the event of termination of the Domestic Helper's Work Permit or employment contract with the Employer in Singapore, the insurance coverage will cease automatically from the date of the Letter of Discharge from the Ministry of Manpower.

Refund will be made payable for the Policy Cancellation within 365 days from the date of inception in accordance with the scale of refund as indicated in our policy wordings.

Short Period Rates for 14 months Policy

Period of Coverage (Not Exceeding)	Premium Refund (% of Annual Premium)
30 days	100%
31 to 90 days	50%
91 to 120 days	20%
Exceeding 120 days	0%

Short Period Rates for 26 months Policy

Period of Coverage (Not Exceeding)	Premium Refund (% of Annual Premium)
30 days	100%
31 to 90 days	50%
91 to 270 days	30%
Exceeding 270 days	0%

Conditions: No refund shall be made payable if a claim is made under the policy.

Policy Owners' Protection Scheme

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 and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).