Manulife

ManulifeMOVE Reimbursement Form

Dear Claimant,

We are sorry to learn of your illness.

For us to process your reimbursement claim, we require the following:

1) Copy of the Policy Owner's NRIC / Passport

2) Copy of the Policy Owner or trustee's (as applicable) bank statement or passbook with name & account number if preferred payment is direct credit to a Singapore bank account, but an existing Electronic Fund Transfer (EFT) account has not been set up with us.

3) The fully completed Telegraphic Transfer (TT) form and any accompanying documentation required therein, if preferred payment is via telegraphic transfer to an bank account, but an existing TT account has not been set up with us.

4) Final specialist/ hospital/ clinic bill - For bills that indicate any payment by CPF MediSave and/or CPF MediShield Life, please provide the Settlement letter and Statement from CPF Board showing the deductions and Hospital Registration/ Reference Number.

5) A histopathology report, biopsy report, or medical report indicating the medical diagnosis of cancer is from a licensed medical practitioner in Singapore.

6) The invoice(s) issued by Parkway Cancer Centre or **eligible medical provider (as applicable)**, dated
   i) on or after the most recent date on which the policy owner becomes eligible to participate in the Programme under either of the Ascend, Prestige or Signature Tiers; and
   ii) during the period in which the policy owner is eligible to participate in the Programme under either of the Ascend, Prestige or Signature Tiers;

   and submitted to Manulife no later than three months after the date of the Partner's Invoice.

7) Please tick 1 of the boxes below for the reimbursement claim:

☐ Alternate Medical Opinion at Parkway Cancer Centre
- Memo from a physician of the Parkway Cancer Centre stating that the consultations, diagnostics tests and / or drug services to be reimbursed under the Invoice was for the purpose of confirming the contents of the diagnosis.

☐ Guardant 360® Liquid Biopsy Test
- A referral letter or memo issued from a physician from an eligible medical provider of the Guardant360® Liquid Biopsy Test, pursuant to the diagnosis, recommending the ordering of the Test, for the purpose of seeing the most current genomic profile of the tumour and recommending appropriate treatment; and
- Results of the Guardant360(R) Liquid Biopsy Test, provided by the eligible medical provider.

Upon receipt of all the above required documents, we will process your claim and inform you of the outcome as soon as possible. However, in certain circumstances, we may require further information after the above documents are received.

Notes:

I. The claim reimbursement is only applicable for the Policy Owner of ManulifeMOVE Ascend, Prestige or Signature membership tier.
II. The fee for obtaining the hospital discharge summary, physician's memo, histopathology report, biopsy report, medical report and/or MRI/X-ray reports, shall be borne by the Policy Owner.
III. If you are asking another party to assist in the claim processing, an authorization letter is required.
IV. All documents in foreign languages must be officially translated to English by a certified translator/interpreter.
V. All claims are subject to the **ManulifeMOVE terms and conditions**, as may be amended from time to time.

Submission

You may submit the completed and signed form with all relevant documents to us through any of the following modes:

Email: SGLife_Claims@manulife.com

Mail: 8 Cross Street #15-01, Manulife Tower, Singapore 048424

Need Help?

Please contact your **Financial Representative** if you require assistance. Alternatively, you may email us at service@manulife.com or call our Client Service Officers at 6833 8188.

INTERNAL USE - FOR STAFF

Claim No. .....

Doc ID .....

Please note that:

1. The mere issue of this form or any other form(s) does not represent any admission of liability by Manulife (Singapore) Pte. Ltd.
2. This form is to be completed by the Policy Owner.

POLICY INFORMATION

Policy Owner Details

Qualifying Product(s) (please tick all which are applicable)	☐ ManuProtect Term II ☐ eCriticalCare ☐ Manulife Early CompleteCare ☐ Other Product(s):
Product Name	
Policy Number	
Full name	
NRIC / Passport number	
Mobile	
Email	
Mailing address	
Postal code	

PAYOUT OPTION

(please tick 1 of the boxes below)

- If the Policy Owner holds any active and in-force SGD denominated Manulife policies, you may choose to have your claim paid out via:

  (i) PayNow; or

  (ii) Electronic Fund Transfer (EFT)

- If the Policy Owner holds only active and in-force **USD denominated** Manulife policies, your claim will be paid out via:

  (i) Telegraphic Transfer (TT); or

  (ii) Cheque

- If the Policy Owner ticks either of the PayNow, EFT or TT payout options, this will apply to all future payouts for all policies this claim qualifies for where you are the Policy Owner and will supersede any existing payout instruction.
- The TT payout option will not apply to a policy that is subject to a trust created under Section 49L of the Insurance Act 1966 or Section 73 of the Conveyancing and Law of Property Act 1886 (“Trust-held Policy”).

If Policy Owner Holds SGD-Denominated Manulife Policies

☐ **PayNow**

- PayNow account registered with mobile numbers will not be eligible.
  (Note: You may register or add your Singapore NRIC/FIN to the PayNow account via the "Manage PayNow" in your internet banking account or mobile banking application.)
- PayNow is only applicable for payout up to S$200,000 to the Policy Owner's Singapore bank account (or, in the case of a Trust-held Policy, the trustee's Singapore bank account).
- If PayNow transaction is unsuccessful, we will send a cheque to your latest mailing address as per our record.

☐ **Electronic Fund Transfer (EFT)**

- If you have an existing EFT set up for this policy, you just need to tick this option. No further action is required.
- If you do not have an existing EFT set up for this policy, or if you wish to update to a new bank account, please fill in the table below, and submit a copy of a bank statement OR bank passbook showing account holder's name & account number.

Bank account number	
Bank name	

- It must be a Singapore bank account denominated in Singapore Dollars that belongs to the Policy Owner (or, in the case of a Trust-held Policy, the trustee).
- If the requirements for EFT are not met, we will send a cheque to your latest mailing address as per our record.

Policy Owner Only Holds USD-Denominated Manulife Policies

☐ **Telegraphic Transfer (TT)**

- If you have an existing TT set up for your policy, please tick this option. No further action is required.
- If you do not have an existing TT set up for this policy, or if you wish to update to a new bank account, please tick this option and fill up the TT form **here** and submit the TT form together with this Reimbursement Form to credit your payout directly to your bank account.
- Your chosen bank account must be a bank account denominated in US Dollars that belongs to the Policy Owner (or, in the case of a Trust-held Policy, the trustee).
- If the requirements for TT are not met, we will send a cheque to your latest mailing address as per our record.

☐ **Cheque to be sent to your mailing address as per our record**

- This is a one-time request and will be on a per claim submission basis. It will not replace any existing payout instruction (e.g. TT).

DECLARATION AND AUTHORISATION

1. I/We declare, represent and warrant that all answers, information and supporting documents given by me/us in/with this form are, to the best of my/our knowledge and belief, correct, true and complete; and no material information has been withheld nor omitted.
2. I/We consent to Manulife (Singapore) Pte. Ltd. ("Manulife") seeking/providing information about the life insured and this claim form from/to any medical practitioners, health care providers, insurers, organisations, investigation agencies, governmental organisations, regulators and any other parties in Singapore or any other country for purposes reasonably required by Manulife to process and administer my/our claims ("Purposes"). A photocopy or electronic copy of this authorisation shall be as valid as the original.
3. I/We confirm that I/we have read and understood Manulife Statement of Personal Data Protection which may be amended by Manulife from time to time ("Manulife Statement"). I/We consent to the collection, use, disclosure and processing of my/our, and life insured's personal data in accordance with Manulife Statement and agree to be bound by Manulife Statement. I/We have obtained a hard copy of Manulife Statement from Manulife and/or downloaded a soft copy of it from **www.manulife.com.sg/en/personal-data-protection.html.**
4. I/We agree that the personal data collected in this form and supporting documents will be used by Manulife for the purpose of complying with my request and other purposes reasonably required by Manulife to process and administer my/our claims.
5. I/We authorise any person, party, organisation, company, corporation, body and partnership, including but not limited to, any medical practitioners, health care providers, insurers, and investigative agencies in Singapore or any other country, to release, disclose or exchange any information (including personal data or personal health information) to or with Manulife for the Purposes.
6. I/We confirm that I/we am/are not an undischarged bankrupt, in winding up, receivership or judicial management and there is currently no pending or threatened bankruptcy or winding up proceeding, receivership or judicial management proceeding against me/us.
7. I/We authorise Manulife to assess the completed claim form and supporting documents received via electronic mail or online portal provided by Manulife ("Electronic Services"). I/We agree that Manulife is not responsible for verifying the authenticity of the instructions given or purported to be given by me/us. Manulife reserves the right (but not obliged) to suspend or disallow the claims processing for verification or other purposes as Manulife deems fit and shall not be liable for any losses incurred in consequence. I/We agree that Manulife shall not be liable for any losses arising from any submissions or instructions lost in transmission whether due to breakdown in the system or otherwise. Manulife retains full authority and discretion to amend the terms and manner of use of the Electronic Services at all times. I/We understand that transmission of submissions or instructions via Electronic Services shall be evidenced by the receipt of a successful message.
8. I/We agree to indemnify and hold harmless Manulife from and against any and all demands, claims, actions, damages, suits proceedings, assessments, judgments, costs, losses (whether direct, indirect, special or consequential) including legal costs, and other expenses arising from or in connection with Manulife accepting and acting on these submissions or instructions (including where relevant, the use of the Electronic Services).
9. I/We am/are aware that this form will not be effective until it is formally accepted and approved by Manulife.
10. I/We confirm and represent that the electronic medical invoice(s) submitted is a true copy issued by the medical institution. I/We understand and agree that I/we can claim or be reimbursed for the medical invoice(s) that I/we have incurred one time only regardless of the number of medical insurance policies I/we may have. I/We will not claim from my/our employer, any other insurer or party for the same medical invoice(s) on the portion that will be reimbursed by Manulife. Otherwise, it may amount to fraud. I/We will keep the original or certified true copy of medical invoice(s) for a period of 6 months from the date of submission and provide the same to Manulife upon request. I/We agree that Manulife may recover any excess amount paid to me/us.

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Signature of Owner

Name .....

NRIC/Passport No......

Date (DD/MM/YY) .....

If you wish to understand the list of purposes for which your personal data may be used or disclosed, you may refer to the Statement of Personal Data Protection located at our website (**www.manulife.com.sg/en/personal-data-protection.html**)