

To: Seacare Thrift Pte Ltd / Singapore Organisation of Seamen  
52 Chin Swee Road, #09-00 Seacare Building  
Singapore 169875

Dear sirs,

**APPLICATION FOR SEACARE MEDICAL SCHEME REIMBURSEMENT BENEFIT**

I, \_\_\_\_\_ of Membership No. \_\_\_\_\_ and  
contact no. \_\_\_\_\_ hereby submit my application for the reimbursement benefit.

With this, I attached the supporting documents to support my application. I certify that the details given above are true and correct and understand the decision of the Union is final.

Thank you.

Yours faithfully,

\_\_\_\_\_  
Signature of member

\_\_\_\_\_  
Date

**FOR OFFICE USE:**

|                           |  |                  |  |                               |  |
|---------------------------|--|------------------|--|-------------------------------|--|
| Subscription Due:         |  | Benefit granted: |  | Verified by & Date:           |  |
| Amount claimed this year: |  | Remarks:         |  | Approved/Not Approved & Date: |  |

*Note: The benefit's condition and procedure are stated on back page.*

## Eye Examination Reimbursement Benefit

Reimbursement benefit of up to S\$100 (nett) for eye examination, eye check-up, consultation, medication, treatment and/or related costs obtained from any Singapore licensed healthcare establishments such as eye centre, clinic and/or hospital.

The benefit is subject to the following conditions:

- 1) Qualified SOS Local Members are eligible to a reimbursement benefit of up to S\$100 (nett) per member for eye examination, eye check-up, consultation, medication, treatment and/or related costs (for non-cosmetic purpose) from any Singapore licensed healthcare establishments such as eye centre, clinic and/or hospital during the term from 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019.
- 2) Any unutilised benefit(s) for the term is not allowed to be carried forward beyond the validity date or exchanged for cash.
- 3) The benefit is strictly not transferable.

The following claim procedures are to be adhered:

*Step 1:* To submit the original receipt with the Member's name stated on it and the SMS Reimbursement Form to the SOS Membership Services Division within three months from the date of receipt. *SMS Reimbursement Form can be obtained from SOS Membership Services Division.*

*Step 2:* Having adhered to the procedure, reimbursement will be made within four weeks from date of submission of the required documents.

### Exclusions

Any need for repeated and/or additional test(s) and follow-up treatment(s) and/or medication(s) as recommended by SMMC and/or any Singapore licensed healthcare establishments such as eye centre, clinic, hospitals and shall be absolutely and entirely at the member's discretion and own expense.

### Amendment

SOS reserves the right to repeal or amend in any way from time to time any or all of the benefits, conditions, procedures and providers relating to the SMS for SOS Local Members at its absolute discretion. The Qualified SOS Local Member shall be bound by any variation or amendment or addition to or subtraction from the said SMS.

### Interpretation

If a query or dispute arises over the construction or interpretation of any provision in the SMS, the opinion of the Executive Committee of SOS shall be final and binding on all Qualified SOS Local Members.

### Disclaimer Clause

While every reasonable effort is made by the SOS to ensure that all information presented is accurate, the SOS disclaims any liability for any injury, loss or damage whatsoever that may have arisen whether directly or indirectly as a result of any inaccuracy, error or omission.