Our Ref: OM-OA/007

1 June 1999

MEMORANDUM

To : Members of the Staff

From : Tan L S

Subject : Staff Medical Benefit

…….....…….....

The Management has reviewed the Company's present policy on medical benefit for the Staff and wish to make the following adjustment/clarification:

1. Medical Insurance

With effect from 1 July 1999, the Company will discontinue reimbursing the Staff the premium paid for their own CPF MediShield Plus Plan B insurance. In replacement, the Company will take up with Metropolitan Broking Services Pte Ltd a Group Hospital & Surgical Insurance to cover all the Staff. Extracts of benefits under Plan 3 and Plan 2 of the said insurance cover are shown in Appendix 'A' and viewing of the policy can be arranged thru Shirley Lim, if this is required by any of the Staff.

All the Staff will be insured under Plan 3 with the exception of the following who will be covered by Plan 2:

* Those who have worked with the Company for more than 3 years.

* Those who are in senior positions such as Senior Associate, Associate, Senior Engineer, Executive Engineer, Senior Confidential Secretary etc.

However, medical insurance for contract staff is to be separately agreed upon.

2. Reimbursement of Medical Expenses for Ordinary Sickness

The annual maximum limit of $500.00 remains unchanged.

However, for medical treatment of ordinary sickness at outpatient clinics and polyclinics other than by the Company's Doctors, the maximum reimbursement is revised to $20.00 per visit. Further, the medical certificate issued by the doctor will not be recognised by the Company unless the nature of sickness preventing the Staff from reporting to work is stated.

The above changes will take effect from 1 July 1999.

TAN L S

TLS/sl

Appendix 'A'

Metropolitan Broking Services Pte Ltd

Group Hospital & Surgical Insurance

Benefit Plans	Plan 3	Plan 2
IN-PATIENT		
Room & Board (max 100 days)	120	170
Intensive Care (subject to overall of 100 days per disability)	10,000	10,000
Hospital Miscellaneous Services	2,000	2,500
Surgical Fees	3,000	4,500
In-Hospital Doctor's Visits (max 100 days)	40	50
Emergency Accidental Outpatient	1,250	1,500
Pre-Hosp Diagnostic X-Ray & Lab-Test	300	350
Pre-Hosp Specialist Consultation Fees	300	350
Post-Hospitalization Treatment (within 90 days after discharge date from hospital)	500	500
Death Benefit	5,000	5,000
Accidental & Non-Accidental Miscarriage (includes ectopic pregency)	1,000	1,000
SPECIAL EXTENSION		
Outpatient Kidney Dialysis & Cancer Treatment (max per policy year)	8,000	8,000
MAJOR MEDICAL FOR IN-PATIENT BENEFITS		
Maximum per Policy Year	15,000	15,000