Gen Zero x Heart Voice 2019

Enjoy 20-25% OFF retail price PLUS claim up to \$\$100 subsidy or the balance in your FY18 Outpatient Medical Benefit, once only whichever is lower, if you purchase from the Omron Customer Service Center in Block B Level 1, now until 31st March 2019!



How to purchase:

Step 1) Fill out the Acknowledgement Form on page 2 of this document

Step 2) Visit the Customer Service Center in Block B and produce your Omron employee pass and the Acknowledgement Form to the service staff

Step 3) Pay the "CS Center Price" (before subsidy) stated below for your desired product(s)

Device	HEM-7600T	HEM-7280T	HBF-222T
CS Center Price (S\$)	175.20	156.75	143.20

Step 4) Submit a claim to your company (either through Rhombus System or manually) with a copy of the receipt AND the Acknowledgement Form before the deadline

Step 5) Download OMRON connect (



) from the App/Play store and pair your new device(s) with it

) www.ourheartvoice.com and participate in the campaign for prizes! Step 6) Download Heart Voice (

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Device Purchase Acknowledgement Form

Terms and Conditions

1. Fill in the top and bottom part of this form and present it at the CS center prior to purchase.

Name & Date

Verification (CS Center use only)

- 2. This subsidy is applicable only to locally hired permanent contract employees.
- 3. Claim for subsidy is only applicable for the three products listed (HEM-7600T, HEM-7280T, HBF-222T)
- 4. Claim for subsidy is only applicable for purchases made from 18th January 2019 to 31st March 2019.
- 5. You can claim up to \$\$100 or the remaining balance of your Outpatient Medical Benefit, once only whichever is lower, of subsidy.
- 6. The subsidy given is subject to personal income tax.
- 7. All claims for subsidy must be submitted and approved by your respective manager by 31st March 2019. Late submissions will not be accepted.
- 8. To make a claim for subsidy, a verified acknowledgement form and a copy of the receipt must be attached in your submission.
- 9. The product(s) purchased under this programme is meant for your own use and not for resale. Disciplinary action will be taken if you have contravened this condition.

EMPLO	YEE	SUB	MISS	ION	COPY	
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PLEASE USE BLOCK LETTERS

Corporate Email Address	@omron.com	
Full Name (as registered in Omron)		
Employee Global ID Number		
Company You Belong To		
Item(s) Purchased (Model No. x Qty)		
I understood the terms and conditions of the sale and agree to abide by them.		

Signature /Date	
	Tear along the dotted lines

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Device Purchase Acknowledgement Form

Verification (CS Center use only)

Name & Date

CS CENTER COPY

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Corporate Email Address	@omron.com
Full Name (as registered in Omron)	
Employee Global ID Number	
Company You Belong To	
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Signature /Date	