

APPLICATION FOR BASIC ELDERSHIELD/ELDERSHIELD SUPPLEMENT

STATEMENT PURSUANT TO SECTION 25(5) OF INSURANCE ACT, CAP.142 (OR ANY SUBSEQUENT AMENDMENTS THEREOF)

You must disclose all facts as you know or ought to know which may affect the insurance cover being applied for. Otherwise, the insurance policy issued may not be valid.

Proposer's Personal Details

Name as in NRIC	NRIC No.	Date of Birth
Address	Postal Code	Nationality
Contact No. (H): _____ (O): _____ (Hp): _____	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Occupation	Email	

Details of Plan (Please tick the Plan you want to purchase)

Basic ElderShield (Please do not tick the below if you already have a Basic ElderShield 300/400) <input type="checkbox"/> Basic ElderShield 400 Benefit Illustration, Product Summary and Know Your Client Form not required	ElderShield Supplement (You must have a Basic ElderShield 300 or Basic ElderShield 400 in order to purchase an ElderShield Supplement) <input type="checkbox"/> ElderShield Care <input type="checkbox"/> ElderShield Lifetime Care 400 <input type="checkbox"/> ElderShield Lifetime Care 300	\$ _____ monthly benefit* \$ _____ monthly benefit* \$ _____ monthly benefit*
* Please indicate the monthly benefit that you wish to purchase. For ElderShield Care, the minimum benefit is \$100, in multiples of \$100, for up to a maximum of \$3,000. For ElderShield Lifetime Care 400 and ElderShield Lifetime Care 300, the minimum benefit is \$200, in multiples of \$100, for up to a maximum of \$3,000.		

Your Current Basic ElderShield Plan (Please do not complete this section if you do not have a Basic ElderShield currently)

Insurance Company	<input type="checkbox"/> NTUC Income	<input type="checkbox"/> Great Eastern	<input type="checkbox"/> Aviva
Monthly Benefit	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400	

Premium Payment Method

Premium payable by
 Own CPF Medisave account
 Spouse / children / grandchildren / parent's CPF Medisave Account (Please complete the section below)

Premium Payment Using Family Members' CPF Medisave Account

Name of CPF A/C	Date of Birth	CPF A/C No.	Relationship	% of Premium	Signature of A/C Holder & Date

Cash / Cheque (Please write the name, NRIC no. and contact no. of the Proposer on the reverse of the cheque)
 New Interbank GIRO (Please complete and attached new Application for Interbank GIRO form)
 Existing Interbank GIRO, please provide:

A. Name of Account Holder : _____
 B. Name of Bank/Branch : _____
 C. NRIC No. of Account Holder : _____
 D. Bank Account No. : _____

Please note that for payment of premium of ElderShield Supplement Plan, the maximum Medisave deduction is \$600.00 per life to be insured per calendar year only. Any excess over this limit is to be paid by cash.

Authorisation by CPF Account Holder for payment using CPF

1. I authorize the Central Provident Fund Board (the "CPF Board") to deduct premium(s) due from the Proposer named in this proposal from my Medisave account in accordance with the provisions of the Central Provident Fund Act (Chapter 36), and the regulations made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the CPF Board from time to time.
2. I authorize the CPF Board to deduct premium(s) due under this proposal from my new Medisave account should I be given a new Medisave account upon obtaining Singapore Permanent Residence status.
3. I authorize the CPF Board to make one or more deduction(s) from the available amount in my Medisave Account to pay for the premium due.
4. I authorize the CPF Board to disclose/seek information on a confidential basis to/from any insurer(s) relating to the deduction or refund from my Medisave Account as the CPF Board shall reasonably consider appropriate.

GH/AEIP/07/2008

Medical and Underwriting Questions

If you are in doubt as to whether a fact is material, you are to disclose it. This includes any information that you may have provided to the financial consultant / insurance adviser but was not included in this proposal.

1. Please provide your: Height _____m Weight _____kg	
2. Have you ever had or been told that you have or have been treated for cancer, diabetes, stroke, heart disease, kidney disease, liver disease, lung disease, dementia, Parkinson's disease, multiple sclerosis, motor neurone disease, AIDS or HIV infection, arthritis / paralysis, or any other medical conditions not mentioned here?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you need any assistance of another person or mechanical aids such as cane, crutches, wheelchair or walker in the performance of the activities of daily living, such as washing (bathing), dressing, feeding (eating), walking, transferring from bed to chair, and maintaining continence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are there any day to day activities such as doing housework, preparing for meals, shopping, using public transport, or any hobby which you have stopped doing in the last year due to your health conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is "Yes" to any of the above questions, please give details for each condition: When is the condition diagnosed? _____ Are you undergoing any medication? _____	

PRODUCT SUMMARY: ELDERSHIELD SUPPLEMENTS

The ElderShield Supplements provide the following benefits to the Policyholder if he is certified by a qualified assessor appointed by NTUC Income as being Severely Disabled. This plan can only be purchased if the Proposer has an existing Basic ElderShield 300 or Basic ElderShield 400. The ElderShield Supplements will be terminated automatically when the Basic ElderShield 300 or Basic ElderShield 400 plan is terminated.

Definition of Basic ElderShield 300

Basic ElderShield 300 means a severe disability insurance product which pays an insured person a fixed monthly sum of \$300 for a maximum period of 60 months and is approved by the Ministry of Health for the purposes of the Scheme.

Definition of Basic ElderShield 400

Basic ElderShield 400 means a severe disability insurance product which pays an insured person a fixed monthly sum of \$400 for a maximum period of 72 months and is approved by the Ministry of Health for the purposes of the Scheme.

Definition of Severe Disability or Severely Disabled

Severe Disability or Severely Disabled is defined as the inability to perform at least 3 out of 6 of the following Activities of Daily Living as defined in the contract of insurance, even with the aid of special equipment, and always require the physical assistance of another person throughout the entire activity.

The assessment and definition of Activities of Daily Living are similar to that in the Basic ElderShield 300 and Basic ElderShield 400 plans.

Activities of Daily Living (ADLs)

- A. Washing – The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash by other means.
- B. Dressing – The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical or medical appliances.
- C. Feeding – The ability to feed oneself food after it has been prepared and made available.
- D. Toileting – The ability to use the lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances if appropriate.
- E. Mobility – The ability to move indoors from room to room on level surfaces.
- F. Transferring – The ability to move from bed to an upright chair or wheelchair, and vice versa.

PLAN	ELDERSHIELD CARE	ELDERSHIELD LIFETIME CARE 400	ELDERSHIELD LIFETIME CARE 300
Entry Age (based on last birthday)	40 years (minimum) 64 years (maximum)		
Basic ElderShield 300 and Basic ElderShield 400	Compulsory		
Applicable for	Policyholders under Basic ElderShield 300 and Basic ElderShield 400	Policyholders under Basic ElderShield 400	Policyholders under Basic ElderShield 300
Benefits	Monthly benefit on top of the monthly payout under the Basic ElderShield 300 or Basic ElderShield 400 for up to 72 months, if the Policyholder is Severely Disabled.	1. Lump sum benefit (3 times the monthly benefit payable at the beginning of first claim year and subsequent claim anniversary on the second and third year to the Policyholder.) 2. Monthly benefit after the full 72 months benefit under Basic ElderShield 400, if the Policyholder is still Severely Disabled.	Monthly benefit after the full 60 months benefit under Basic ElderShield 300 has been fully paid, if the Policyholder is Severely Disabled.
Minimum Benefit	\$100	\$200	\$200
Maximum Benefit	\$3,000	\$3,000	\$3,000

PLAN	ELDERSHIELD CARE	ELDERSHIELD LIFETIME CARE 400	ELDERSHIELD LIFETIME CARE 300
Payout of Benefit	<p>90 days from the date claim is approved. The benefit payments shall cease if the Policyholder ceases to suffer from Severe Disability or upon death of the Policyholder.</p> <p>Pertaining to ElderShield Care, the Policy will continue so long as premium is paid and the number of monthly benefit payment has not reached 72 months.</p> <p>Pertaining to ElderShield Lifetime Care 400, the lump sum benefit will be payable at the beginning of the first claim year, and subsequent claim anniversary on the second and third year to the Policyholder upon diagnosis of Severe Disability. This benefit will cease upon death or recovery within the first 3 years, whichever is the earlier. If after recovery, the Policyholder suffers from Severe Disability again, the Policyholder shall not be entitled to any further lump sum benefit. The monthly benefit will be extended to lifetime benefit when the full 72 months benefit payment (Basic ElderShield 400) has been completed and the Policyholder is still Severely Disabled. If after recovery, the Policyholder suffers from Severe Disability again, the Policyholder shall be entitled to further monthly benefit.</p> <p>Pertaining to ElderShield Lifetime Care 300, the monthly benefit will be extended to lifetime benefit when the full 60 months benefit payment (Basic ElderShield 300) has been completed and the Policyholder is still Severely Disabled. If after recovery, the Policyholder suffers from Severe Disability again, the Policyholder shall be entitled to further monthly benefit.</p>		
Waiver of Premium	<p>Premium will be waived if the Policyholder is Severely Disabled and is eligible to receive benefit payments under the Policy on the date premium is due. Premium payment will resume after the Policyholder is no longer Severely Disabled and the benefit payments have ceased.</p>		

KEY PRODUCT PROVISIONS

The following are some key provisions found in the contract of insurance of the ElderShield Supplement Policy. This is only a brief summary and you are advised to refer to the actual terms and conditions in the contract.

1. Lifetime Coverage

Coverage under this Policy is guaranteed for life as long as the annual premium is paid to term and is not terminated for any reason except as provided in the Clause on Termination and the Clause on Waiting Period.

2. Premium

The premium for this Policy are payable annually, up to age 65 years. The Policyholder may opt to pay the premium using a Medisave account, up to a limit of \$600 per calendar year, in accordance with the Central Provident Fund Act and Regulations, and/or cash. If the annual premium payable exceeds the amount allowed to be deducted from the Medisave account, or if the balance in the Medisave Account is insufficient to pay the annual premium, the shortfall shall be paid in cash.

Premiums payable for this coverage are not guaranteed and may be adjusted subject to 30 days' prior written notice to your last known address.

3. Exclusions

There are certain conditions whereby the benefits under this plan will not be payable. These are stated as exclusions in the Policy Contract. You are advised to read the Policy Contract for the full list of exclusions.

This Policy shall not cover any Severe Disability arising directly or indirectly, wholly or partly from any one of the following occurrences:

- A) intentionally self-inflicted injury, or attempted suicide;
- B) war, whether declared or not declared;
- C) alcoholism or drug addiction; or
- D) pre-existing severe disability or severe disability arising from pre-existing conditions.

4. Waiting Period

No claims, except claims resulting solely from accident, shall be admitted within the first 90 days from the date of policy commencement.

Should the policyholder become severely disabled during the waiting period, other than solely from accident, the Policy will terminate and the Policyholder will receive a full refund of premiums.

5. Deferment Period

The Policyholder is required to suffer from Severe Disability for a continuous period of at least 90 days before the benefits under this plan are payable by NTUC Income (not applicable to ElderShield Lifetime Care 300).

If within 180 days from ceasing to suffer from Severe Disability, the Policyholder again suffers from Severe Disability arising from the same cause, the Deferment Period for the new claim shall be waived. If the Policyholder suffers Severe Disability arising from the same cause after the 180-day period or suffers Severe Disability arising from a different cause, the Deferment Period of 90 days shall apply for the new claim.

6. Termination

This Policy will terminate on any of the following:

- A) the death of the Policyholder;
- B) when the final benefit is received (applicable for ElderShield

Annual Premium Rates per \$100 Monthly Benefit (excluding GST)

Entry Age [Last Birthday]	Annual Premium Rates per \$100 Monthly Benefit (excluding GST)					
	Eldershield Care		Eldershield Lifetime Care 400		Eldershield Lifetime Care 300	
	Male	Female	Male	Female	Male	Female
40	40.88	50.88	39.50	51.25	37.00	49.75
41	42.53	53.06	41.50	54.00	39.00	52.50
42	44.33	55.44	43.75	57.00	41.00	55.50
43	46.29	58.04	46.00	60.25	43.25	58.75
44	48.45	60.89	48.75	64.00	45.75	62.25
45	50.83	64.03	51.75	68.00	48.50	66.25
46	53.45	67.49	55.00	72.50	51.50	70.50
47	56.37	71.34	58.50	77.75	54.75	75.50
48	59.63	75.63	62.50	83.25	58.50	81.00
49	63.28	80.43	67.00	89.50	62.75	87.25
50	67.39	85.84	72.00	96.75	67.50	94.00
51	72.07	91.99	77.75	104.75	72.75	102.00
52	77.42	99.02	84.50	114.00	79.00	111.00
53	83.60	107.14	92.00	124.75	86.25	121.75
54	90.81	116.62	101.00	137.75	94.50	134.25
55	99.34	127.83	112.00	153.00	104.75	149.25
56	109.59	141.28	125.25	172.00	117.25	167.75
57	122.10	157.72	141.50	195.25	132.50	190.75
58	137.73	178.26	162.25	225.25	151.75	220.00
59	157.80	204.66	190.00	265.25	177.50	259.25
60	184.51	239.85	229.00	322.25	214.00	314.75
61	221.83	289.10	288.00	408.50	268.75	399.00
62	277.70	362.93	388.50	556.00	362.00	542.75
63	370.62	485.91	602.25	871.75	559.75	850.25
64	556.12	731.69	1399.75	2052.25	1297.00	1999.50

- Care only);
- C) the expiration of the grace period if the Policyholder fails to make the full premium payment;
- D) when the policyholder serves written notice to terminate; or
- E) when the Basic ElderShield 300 or Basic ElderShield 400 is terminated, other than by reason of the last benefit payment being received under the Basic ElderShield 300 or Basic ElderShield 400.

7. Death Benefit

There is no death benefit under this Policy.

8. Free Look Privilege

The Policyholder is entitled to cancel the Policy within 60 days of the Policy commencement date with a full refund of premium. After 60 days, the Policy can be cancelled, however, no refunds shall be made. Cancellation should be made in writing to NTUC Income.

9. Variation of Terms and Conditions

The benefits, terms or conditions covered under this Policy may be reviewed and varied by us by giving you 30 days' prior written notice to your last known address provided that the variation shall take effect from the next renewal date.

10. No Cash, Surrender & Paid-Up Value

This Policy has no cash, surrender or paid-up value.

This product summary does not form a part of any contract of insurance. It is intended only to be a simplified description of the product features applicable to this plan and is not exhaustive. The contents of this product summary may vary from the terms of cover eventually issued. Please refer to the actual policy contract for all terms and conditions. For the avoidance of doubt, only the terms and conditions as appears in the policy contract will bind the parties.

PRODUCT QUESTIONNAIRE

IMPORTANT NOTICE TO CLIENT

Your Financial Consultant/Insurance Adviser is a representative of NTUC Income and can advise you on the product.

Your Financial Consultant/Insurance Adviser must have sufficient information before making a suitable recommendation. The information that you provide on your financial situation and your particular needs will be the basis on which advice will be given.

A policy purchase without the completion of "Know Your Client" form or following partial or inaccurate completion may not be appropriate to your needs.

DECLARATION

I understand that a copy of the completed "Product Questionnaire" will be provided to me in the policy document.

I acknowledge that I have the option to complete the "Know Your Client" form but I wish to receive product advice only.

I agree that the contents of the Product Summary has been explained to me to my satisfaction. If I should decide to switch from one medical insurance product to another medical insurance product, I understand that:

A) I may not be insured on standard terms B) I may have to pay different rates of premiums C) Terms and conditions may differ

I, the consultant/adviser, declare that the information provided to me is strictly confidential and is only to be used for the purpose of fact finding in the process of recommending suitable insurance products, and shall not be used for any other purpose.

Name of Proposer	Signature & Date
Name of Financial Consultant / Insurance Adviser	Signature & Date
Name of Consultant / Adviser's Supervisor	Signature & Date

DECLARATION BY PROPOSER

1. I agree that the policy and this proposal and declarations (which forms the basis of this Contract of Insurance), all subsequent written notices given by NTUC Income to me and all subsequent written statements given by me to NTUC Income will make up the whole of the Contract of Insurance between NTUC Income and me.
2. I warrant that the statements made and particulars given in this proposal are true, correct and complete.
3. I understand that NTUC Income may:
 - (i) amend the rates of premium for ElderShield Care, ElderShield Lifetime Care 400/300, provided that the amended rates apply to all policies in this class of insurance and the Policyholder has been informed of the amended rates by written notice given at least 30 days before the amended rates apply.
 - (ii) if the benefits, terms or conditions of the Basic ElderShield 300 and Basic ElderShield 400 plans are amended, NTUC Income may make corresponding amendments to the benefits, terms and conditions for those covered under any of the ElderShield Supplement plans with effect from the next renewal date.
 - (iii) make premium adjustments to the regular premiums for the Basic ElderShield 400 plan subject to governmental approval.
4. I understand and agree that the insurance shall not commence until my proposal has been accepted by NTUC Income and the premium has actually been paid to and accepted by NTUC Income. I agree to inform NTUC Income if there is any change in the state of my health between the date of this proposal and the Commencement Date of Insurance (as defined in the Policy Contract). On receiving this information, NTUC Income is entitled to accept or reject my proposal.
5. For Basic ElderShield 400 plan proposal:
 I have been given a copy of Your Guide to Health Insurance and the contents of which have been explained to me to my satisfaction.
 For ElderShield Care, ElderShield Lifetime Care 400/300 plans proposal:
 I have been given a copy of Your Guide to Health Insurance, Product Summary and the contents of which have been explained to me to my satisfaction.
6. I agree and authorize any medical source, insurance office or organization to release to NTUC Income, and NTUC Income to release to any medical source or insurance office any relevant information concerning me at any time, irrespective of whether this proposal is accepted by NTUC Income.
7. I agree that NTUC Income has the right to terminate any ElderShield Supplement plans issued to me based on this proposal at any time if I do not have a Basic ElderShield 300 or Basic ElderShield 400 plan in force.
8. I confirm that I am not an undischarged bankrupt, that no Statutory Demand has been served on me and no bankruptcy order has been made against me.
9. I am aware that I can seek advice from a qualified adviser before I sign this application form. Should I choose not to, I take sole responsibility to ensure that this product is appropriate to my financial needs and insurance objectives. Buying health insurance products that are not suitable for me may impact my ability to finance my future healthcare needs.

Name of Proposer

Signature of Proposer & Date

Warning:

It is usually disadvantageous to replace an existing medical insurance or long term care policy(ies) with a new one for the following reasons:

- a) the insurance may not be granted on standard terms;
- b) the benefits may or may not be better compared to the existing plan;
- c) the financial benefits accumulated over the years may be lost.

In your own interest, we would advise that you consult your present insurer(s) before making a final decision. Hear out both sides and make a careful comparison. You can then be sure that you are making a decision in your best interest.

DECLARATION BY FINANCIAL CONSULTANT / INSURANCE ADVISER

I hereby declare and confirm that:

1. All the answers given to me by the Proposer are declared in this application. I have not withheld any other information which may influence the acceptance of this application by NTUC Income.
2. I have personally seen the Proposer and explain the terms of the policy to Proposer. I have also sighted the proof of identity of the Proposer and certify that the particulars are the same as stated on this application.

Name of Financial Consultant / Insurance Adviser

Signature & Date

Name of Consultant / Adviser's Supervisor

Signature & Date

FOR OFFICE USE: Consultant / Adviser's Code _____