

## APPLICATION FOR INCOMESHIELD PLAN

### 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.

#### For Official Use

Adviser's Name	Adviser's Code	Source Code	Delivery Mode <input type="checkbox"/> Mail <input type="checkbox"/> Hand
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#### Particulars of Applicant (Payer)

Name (as shown in NRIC/FIN) Please underline surname	NRIC/FIN No.	CPF Account No.
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (please specify) _____	Date of Birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Residential Address	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Contact No. (Hp) (0) (H)	Email (Please furnish one only)	

#### Next-of-Kin Information

Name	NRIC/FIN No.
Contact No. (Hp) (H)	Relationship

#### Payment Method

IncomeShield Premium Payment by (please tick one):

Medisave

Full Cash **Integrated**

(Only for Life to be Assured who has an existing Integrated Shield Plan and wishes to continue the existing plan, or who is a foreigner.  
If "Full Cash Non-Integrated" is used, other Integrated Shield Plans paid using Medisave will not be terminated.)

Full Cash **Non-Integrated**

#### GIRO Arrangement

New GIRO application (Please complete and attach new Application for Interbank GIRO Form.)

Existing GIRO arrangement (Please furnish details below):

Name of Account Holder	NRIC No. of Account Holder	Contact No. of Account Holder
Name of Bank/Branch	Bank Account No.	

I/We undertake to pay the premiums for this plan in accordance with my/our existing Interbank GIRO instructions with NTUC Income.

Account Holder's Signature(s)/Thumbprint(s)/Company Stamp (as in bank's record)

Date (dd/mm/yyyy)

#### Declaration/Replacement of Existing Medical Insurance

1. Are you or any of the Life to be Assured currently insured under any medical insurance policy(ies)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please state the name(s) of Life to be Assured, the Insurer(s) and plan(s).
2. Is the insurance now applied for, intended to replace any policy(ies) listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please state the policy(ies) and reasons for replacement.

NOTE: If the Adviser recommends that you replace an existing medical insurance plan with another, the Adviser should ensure that the following points are explained.

**(a) You may not be insurable at standard terms**

**(b) You may have to pay a different premium**

**(c) Terms and conditions may differ**

# PRODUCT SUMMARY: INCOMESHIELD PLAN

## PRODUCT INFORMATION – WHAT WE COVER

### IncomeShield Plan

This is a hospital and surgical plan that helps you reduce the financial burden on your family if you or your covered family members are hospitalised. **Depending on the plan you have chosen, we will pay the reasonable expenses incurred for the Insured Person's necessary medical treatment subject to the limits of compensation set out in the Benefits Schedule below.** There are 3 types of IncomeShield Plan: P, A and B.

### Joint Insurance with MediShield

If Medisave is used to pay the premium for IncomeShield, the Insured Person will be jointly insured under MediShield which is operated by the Central Provident Fund Board and governed by the Central Provident Fund Act (Chapter 36) and the Central Provident Fund (MediShield Scheme) Regulations provided the Insured Person meets the eligibility conditions. In the event of a claim, the Insured Person under the joint arrangement will be reimbursed the higher of the benefits computed under MediShield or IncomeShield Plan.

### Benefits Schedule for IncomeShield

BENEFITS	Limits of Compensation		
	Plan P	Plan A	Plan B
<b>In-patient Hospital Treatment</b>			
Room, Board & Medical-Related Services (per day)	\$1,600	\$1,000	\$800
Intensive Care Unit (ICU) & Medical-Related Services (per day)	\$2,200	\$1,500	\$1,200
Surgical Benefits			
Surgical Limits Table:			
1	\$1,050	\$600	\$500
2	\$2,275	\$1,300	\$1,100
3	\$4,025	\$2,300	\$2,000
4	\$5,425	\$3,100	\$3,000
5	\$8,100	\$5,400	\$4,300
6	\$10,800	\$7,200	\$5,400
7	\$14,100	\$9,400	\$8,200
Implants/Approved Medical Consumables (per admission)	\$14,000	\$11,000	\$9,000
Gamma Knife/Novalis Radiosurgery (per procedure)	\$15,600	\$12,600	\$9,600
In-patient Psychiatric Treatment	\$5,000	\$5,000	\$3,000
<b>Pregnancy Complications Benefit<sup>1</sup></b>	\$7,000	\$5,000	\$3,500
<b>Congenital Abnormalities Benefit<sup>2</sup></b>	\$10,000	\$7,500	\$5,000
<b>Out-patient Hospital Treatment</b>			
Stereotactic Radiotherapy for Cancer (per treatment)	\$5,000	\$3,000	\$2,500
Radiotherapy for cancer (per day)	\$600	\$300	\$250
Chemotherapy for cancer (per month)	\$3,500	\$3,000	\$2,500
Immunotherapy for cancer (per month)	\$2,000	\$1,000	\$700
Renal Dialysis (per month)	\$3,000	\$2,500	\$2,000
Erythropoietin drug for chronic renal failure (per month)	\$1,000	\$500	\$400
Cyclosporin/Tacrolimus drug for organ transplant (per month)	\$1,000	\$500	\$400
<b>Limit per Policy Year</b>	\$260,000	\$130,000	\$100,000
<b>Limit per Lifetime</b>	Unlimited	Unlimited	Unlimited
<b>Final Expenses Benefit</b>	\$5,000	\$5,000	\$3,000
<b>Deductible Per Policy Year for Insured Persons 80 years and below at next birthday</b>			
In-patient	\$1,000 - ward C \$1,500 - ward B2 \$2,000 - ward B1 \$3,000 - ward A & above	\$1,000 - ward C \$1,500 - ward B2 \$2,000 - ward B1 \$3,000 - ward A & above	\$1,000 - ward C \$1,500 - ward B2 \$2,000 - ward B1 & above
Day Surgery/Gamma Knife/Novalis Radiosurgery	\$3,000	\$3,000	\$2,000
<b>Deductible Per Policy Year for Insured Persons above 80 years at next birthday</b>			
In-patient	\$2,000 - ward C \$3,000 - ward B1 & B2 \$4,500 - ward A & above	\$2,000 - ward C \$3,000 - ward B1 & B2 \$4,500 - ward A & above	\$2,000 - ward C \$3,000 - ward B2 & above
Day Surgery/Gamma Knife/Novalis Radiosurgery	\$4,500	\$4,500	\$3,000
<b>Co-insurance</b>	10%	10%	10%
<b>Last Entry Age (Age next birthday)</b>	75	75	75
<b>Maximum Coverage Age</b>	Lifetime	Lifetime	Lifetime

<sup>1</sup> Subject to a waiting period of 10 months from (i) 1 September 2008 or (ii) the Commencement Date or (iii) the last reinstatement date of the Policy, whichever is latest.

<sup>2</sup> Subject to a waiting period of 24 months from (i) 1 September 2008 or (ii) the Commencement Date or (iii) the last reinstatement date of the Policy, whichever is latest.

## WHAT YOU WILL NEED TO PAY

The annual premium for the IncomeShield Plan can be deducted from Medisave. The premium rate is based on the Insured Person's age at his/her next birthday. You will also need to pay the deductible and co-insurance parts of the IncomeShield Plan.

### IncomeShield Annual Premium Rates Table (Premiums include GST)

Age Next Birthday	Plan P (SG/PR/FR)	Plan A (SG/PR/FR)	Plan B		Age Next Birthday	Plan P (SG/PR/FR)	Plan A (SG/PR/FR)	Plan B	
			SG	PR				SG	PR
< 31	\$ 119	\$ 88	\$ 52	\$ 56	81 - 83 <sup>1</sup>	\$ 3,767	\$ 2,463	\$ 1,569	\$ 1,656
31 - 40	\$ 183	\$ 133	\$ 86	\$ 92	84 - 85 <sup>1</sup>	\$ 4,246	\$ 2,796	\$ 1,810	\$ 1,934
41 - 50	\$ 348	\$ 278	\$ 172	\$ 183	86 - 88 <sup>1</sup>	\$ 4,406	\$ 2,813	\$ 1,700	\$ 2,006
51 - 60	\$ 559	\$ 462	\$ 287	\$ 299	89 - 90 <sup>1</sup>	\$ 4,805	\$ 3,065	\$ 1,853	\$ 2,186
61 - 65	\$ 1,002	\$ 740	\$ 467	\$ 492	91 - 93 <sup>1</sup>	\$ 5,202	\$ 3,319	\$ 2,005	\$ 2,366
66 - 70	\$ 1,435	\$ 1,012	\$ 642	\$ 691	94 - 95 <sup>1</sup>	\$ 5,600	\$ 3,572	\$ 2,158	\$ 2,547
71 - 73	\$ 2,005	\$ 1,304	\$ 800	\$ 877	96 - 98 <sup>1</sup>	\$ 5,998	\$ 3,824	\$ 2,311	\$ 2,727
74 - 75	\$ 2,378	\$ 1,556	\$ 965	\$ 1,056	99 - 100 <sup>1</sup>	\$ 6,114	\$ 4,076	\$ 2,464	\$ 2,908
76 - 78 <sup>1</sup>	\$ 2,847	\$ 1,862	\$ 1,160	\$ 1,275	> 100 <sup>1</sup>	\$ 6,237	\$ 4,229	\$ 2,556	\$ 3,016
79 - 80 <sup>1</sup>	\$ 3,285	\$ 2,150	\$ 1,336	\$ 1,466					

SG - Singaporean; PR - Permanent Resident; FR - Foreigner

<sup>1</sup> Renewal only. The last entry age is 75, based on your age next birthday, at the point of commencement of cover.

The above annual premium rates are applicable to policies effected from 1 September 2011 onwards.

## KEY PRODUCT PROVISIONS – WHAT YOU NEED TO KNOW

This is only a brief summary of the product. Please refer to the policy contract for the actual terms and conditions of this product. Contact your Adviser if you have more questions.

### Nationality

You are required to purchase the IncomeShield Plan based on the nationality or citizenship status of the Insured Person.

### Citizenship Factor

For non-Singapore citizens who continue to be insured under plans meant for Singapore citizens, a Citizenship Factor is applicable to the benefits payable.

### Deductible and Co-insurance

The Deductible is the amount per Policy Year of an Insured Person's medical expenses claimable under the IncomeShield Plan which must be borne by the Insured Person before any benefit is payable. The Co-insurance is the percentage share of an Insured Person's medical expenses claimable under the IncomeShield Plan that are in excess of the Deductible, which must be borne by the Insured Person in the event of a claim. We may reduce the Deductible according to the actual ward of admission.

### Commencement of Cover

All applications received and approved by 15th of the month will commence on the 1st of the following month, subject to the receipt of premium and notwithstanding that the policy contract is sent to you before the commencement date.

### Terms of Renewal

The cover will be automatically renewed subject to the payment of premium, based on the Insured Person's age on his/her next birthday.

### Cancellation

You may cancel the IncomeShield Plan by giving us 30 days' prior written notice. If you cancel the IncomeShield Plan, your MediShield cover under this joint insurance arrangement will not be terminated. If you wish to terminate the MediShield cover, you will have to notify the Central Provident Fund Board separately.

### Change of Plan

Any request for the change of plan is subject to our approval, and will be effected only when notified by us.

### Change Of Terms and Conditions

We may modify the terms and conditions of the policy contract at any time by giving you 30 days' written notice at your last known address.

### Exclusions

These are certain conditions under which no benefits will be payable. Three key exclusions are listed below.

- **Pre-existing illnesses, Diseases or Impairments** - This is any known medical condition from which the Insured Person is suffering on or before the commencement of cover, unless accepted by us. Any Pre-existing illnesses, Diseases or Impairments of the Insured Person that have been covered under MediShield shall continue to be covered under MediShield if the Insured Person still satisfies the eligibility criteria.
- **Pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, or any form of hospitalisation or treatment relating to the foregoing** (except where expressly covered under the Pregnancy Complications Benefit).
- **Birth defects, including hereditary conditions and disorders, and congenital sickness or abnormalities** (except where expressly covered under the Congenital Abnormalities Benefit).

The exclusions for this plan include, but are not limited to, the above conditions. You are advised to read the policy contract for the full list of exclusions.

### Use of Medisave

Premium payments by Medisave are subject to the relevant Medisave rules and regulations.

### Non-Guaranteed Premium

The premium rates are not guaranteed and may be reviewed and varied by us from time to time by giving you 30 days' prior written notice to your last known address, provided any variation in the premium rates apply to all policies within the same class of IncomeShield Plan and/or the variation is in the interest of the policyholders within the same class of IncomeShield Plan.

### Limit Per Policy Year

A limit per Policy Year will apply to the IncomeShield Plan. This is provided in the Benefits Schedule.

### Next-of-Kin

A next-of-kin is an immediate family member, who is above 21 years old, can be appointed to deal with us about matters relating to the IncomeShield Plan.

### Other Medical Insurance

When making a claim, you must inform us about any other medical insurance policies of the Insured Person. If there are other medical insurance policies, you must claim first from those policies before claiming under the IncomeShield Plan.

### Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact NTUC Income or visit the GIA/LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

## DISCLAIMER

This product summary does not form a part of the 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 policy contract for the precise terms, conditions and exclusions. For the avoidance of doubt, only the terms, conditions and exclusions will bind the parties named in the policy contract.

# PRODUCT SUMMARY: INCOMESHIELD DAILY CASH RIDER

## PRODUCT INFORMATION

The Rider supplements the IncomeShield Plan by providing coverage for Hospitalisation. It can be taken up only if the Insured Person is covered under the IncomeShield Plan.

If an Insured Person requires Hospitalisation in a Hospital in Singapore as a result of an Accident or an Illness, we shall pay a Daily Cash Benefit as set out below:

Daily Cash Benefit		
Plan P	Plan A	Plan B
\$150 per day	\$100 per day	\$50 per day

Maximum of 365 days for the same Accident or Illness from the same confirmed diagnosis. This benefit is not payable for Day surgery in clinics.

We shall also pay the Get Well Benefit as set out below subject to a maximum of one payment for the same Accident or Illness from the same confirmed diagnosis:

Get Well Benefit		
Plan P	Plan A	Plan B
\$300	\$250	\$100

## BENEFITS PAYABLE

### Daily Cash Benefit

We shall pay the Daily Cash Benefit for Hospitalisation in Singapore as a result of an Accident or an Illness subject to the following:

- the start date of Hospitalisation is before the expiry of the Policy Year in which the Insured Person attains the age of 85 years;
- period of Hospitalisation is not less than 6 hours;
- except for Hospitalisation as a result of an Accident, the start date of Hospitalisation shall be 30 days after the Commencement Date;
- we shall not pay any amount exceeding 1 day's worth of the Daily Cash Benefit for each day of Hospitalisation;
- the aggregate number of days of Hospitalisation arising from the same Accident or Illness from the same confirmed diagnosis shall not exceed 365 days (whether within one or more Policy Years) out of which any Hospitalisation in a Community Hospital shall not exceed 45 days;
- if the Insured Person has been discharged from Hospital for a continuous period of more than 90 days, any subsequent Hospitalisation for the same Accident or Illness from the same confirmed diagnosis shall be regarded as arising from a separate or different Accident or Illness.

### Get Well Benefit

We shall pay the Get Well Benefit for Hospitalisation in Singapore subject to a maximum of one payment for the same Accident or Illness from the same confirmed diagnosis and subject to the following:

- provided that the Insured Person has been discharged from Hospital for a continuous period of more than 90 days, any subsequent Hospitalisation for the same Accident or Illness from the same confirmed diagnosis shall be regarded as arising from a separate or different Accident or Illness;
- except for Hospitalisation as result of an Accident, the start date of any Hospitalisation shall be 30 days after the Commencement Date; and

We shall not pay the Get Well Benefit if the:

- Insured Person dies during the Hospitalisation; or
- Hospitalisation is less than 48 hours.

## INCOMESHIELD DAILY CASH RIDER ANNUAL PREMIUM RATES (Premiums include GST)

Age Next Birthday	Plan P	Plan A	Plan B	Age Next Birthday	Plan P	Plan A	Plan B	Age Next Birthday	Plan P	Plan A	Plan B
< 31	\$83	\$61	\$28	56 - 60	\$224	\$163	\$75	74 - 75 <sup>1</sup>	\$619	\$450	\$206
31 - 40	\$110	\$80	\$37	61 - 65	\$282	\$205	\$94	76 - 80 <sup>1</sup>	\$716	\$520	\$239
41 - 50	\$134	\$98	\$45	66 - 70 <sup>1</sup>	\$396	\$288	\$132	81 - 85 <sup>1</sup>	\$829	\$602	\$276
51 - 55	\$168	\$122	\$56	71 - 73 <sup>1</sup>	\$508	\$369	\$169				

<sup>1</sup> Renewal only. The last entry age is 65, based on your age next birthday, at the point of commencement of cover under this Rider. The above annual premium rates are applicable to this Rider effected from 1 September 2011 onwards, premium rates are non-guaranteed and may be reviewed from time to time. Premiums for this Rider are payable by cash/cheque/GIRO only.

## KEY PRODUCT PROVISIONS

### Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the contract. You are advised to read the policy contract for the full list of exclusions. All exclusions under the main Policy shall also apply to the Rider. Some of the key exclusions are listed below:

- (i) mental illness or personality disorders (including In-patient Psychiatric Treatment);
- (j) pregnancy, childbirth, miscarriage, pregnancy complications (including Ectopic Pregnancy, Pre-Eclampsia or Eclampsia, Disseminated Intravascular Coagulation (DIC)), abortion or termination of pregnancy, or any form of Hospitalisation or treatment relating to the foregoing.

### Non-Guaranteed Premium

The agreed premium is payable to effect and keep the Rider in force. The premium rates are not guaranteed and may be reviewed and varied by us by giving you thirty (30) days' prior written notice to your last known address.

### Reinstatement

The Rider may be reinstated when all outstanding premiums are paid and with our written consent. On reinstatement, we may impose exclusions or charge additional premium(s) from the date of reinstatement if there is a change in the Insured Person's medical or physical condition.

### Commencement of Cover

All applications received and approved by 15th of the month will commence on the 1st of the following month, subject to the receipt of premium and notwithstanding that the policy contract is sent to you before the commencement date of cover under the Rider.

### Change of Terms And Conditions

We may modify the terms and conditions of the policy contract at any time by giving you 30 days' written notice at your last known address.

### Terms of Renewal

The cover will be automatically renewed subject to the payment of the premium, based on the Insured Person's age on his/her next birthday.

### Cancellation

The Rider may be cancelled by giving us at least one (1) month's prior written notice. Cancellation of the Rider will not affect the validity of the main Policy.

## DISCLAIMER

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# PRODUCT SUMMARY: INCOMESHIELD CHILD ILLNESS RIDER

## PRODUCT INFORMATION

The Rider supplements the IncomeShield Plan by providing coverage for child related illnesses and accidental fracture. It can be taken up only if the Insured Person is covered under the IncomeShield Plan.

The Rider pays up to \$20,000 (Sum Assured) for:

### a) Child Illnesses

- Severe Asthma
- Leukaemia
- Bone Marrow Transplant
- Insulin-Dependent Diabetes Mellitus
- Rheumatic Disease with Valvular Impairment
- Kawasaki Disease
- Haemophilia
- Still's Disease
- Mental Retardation due to Sickness, Injury and/or Accident

### b) Accidental Fracture of Skull, Spine, Pelvis or Femur

In the event of fractures of skull, spine, pelvis or femur due to Accident, 10% of the Sum Assured for each and every Accident is payable.

The Rider will be terminated upon the payment of the Child Illness benefit or an aggregated sum of 100% of the Sum Assured in a Policy Year for Accidental Fracture.

## BENEFITS PAYABLE

### a) Child Illnesses

We shall pay the Sum Assured less any amount paid for Accidental Fracture of Skull, Spine, Pelvis or Femur if the:

- date of the first confirmed diagnosis of the illness is not within 2 months from the Commencement Date of cover under the Rider. For Leukemia, such period shall be 3 months;
- date of the first confirmed diagnosis of the illness is before the expiry of the Policy Year in which the Insured Person attains the age of 25 years;
- Insured Person survives 1 month from the date of the first confirmed diagnosis of the illness.

### b) Accidental Fracture of Skull, Spine, Pelvis or Femur

We shall pay 10% of the Sum Assured for each and every Accident if as a result of the Accident, an Insured Person suffers from any fractures of the skull, spine, pelvis or femur if the:

- Accident does not occur within 2 months from the Commencement Date of cover under the Rider;
- Accident occurs before the expiry of the Policy Year in which the Insured Person attains the age of 25 years;
- aggregated sum payable for a Policy Year shall not exceed the Sum Assured; and
- fracture(s) require the Insured Person to be admitted to a Hospital for treatment or if the fracture(s) are hairline fractures, then they must involve the periosteum or articular surface.

## INCOMESHIELD CHILD ILLNESS RIDER ANNUAL PREMIUM RATES (Premiums include GST)

Age Next Birthday	Plan P/Plan A/Plan B
≤ 24	\$99
25 <sup>1</sup>	\$99

<sup>1</sup> Renewal only. The last entry age is 24, based on your age next birthday, at the point of commencement of cover under this Rider. The above annual premium rates are applicable to this Rider effected from 1 September 2011 onwards, premium rates are non-guaranteed and may be reviewed from time to time. Premiums for this Rider are payable by cash/cheque/GIRO only.

## KEY PRODUCT PROVISIONS

### Exclusions

There are certain conditions whereby the benefits under the Rider will not be payable. These are stated as exclusions in the contract. You are advised to read the policy contract for the full list of exclusions. All exclusions under the main Policy shall also apply to the Rider.

### Non-Guaranteed Premium

The agreed premium is payable to effect and keep the Rider in force. The premium rates are not guaranteed and may be reviewed and varied by us by giving you thirty (30) days' prior written notice to your last known address.

### Reinstatement

The Rider may be reinstated when all outstanding premiums are paid and with our written consent. On reinstatement, we may impose exclusions or charge additional premium(s) from the date of reinstatement if there is a change in the Insured Person's medical or physical condition.

### Commencement of Cover

All applications received and approved by 15th of the month will commence on the 1st of the following month, subject to the receipt of premium and notwithstanding that the policy contract is sent to you before the commencement date of cover under the Rider.

### Change of Terms And Conditions

We may modify the terms and conditions of the policy contract at any time by giving you 30 days' written notice at your last known address.

### Terms of Renewal

The cover will be automatically renewed subject to the payment of the premium, based on the Insured Person's age on his/her next birthday.

### Cancellation

The Rider may be cancelled by giving us at least one (1) month's prior written notice. Cancellation of the Rider will not affect the validity of the main Policy.

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# PRODUCT SUMMARY: INCOMESHIELD ASSIST RIDER

## PRODUCT INFORMATION

This is a Rider that can be added to the IncomeShield Plan. One can only apply to be insured under this Rider if one is already under the IncomeShield Plan.

## BENEFITS PAYABLE

### Co-insurance

With IncomeShield Assist Rider, the Insured Person will only need to pay 10% of the claimable amount, subject to a cap per policy year (depending on the plan) as shown in the table below.

	Plan P	Plan A	Plan B
Cap per policy year	\$3,000	\$2,500	\$2,000

## KEY PRODUCT PROVISIONS

### Deductible

While this Rider is in force, there is no deductible payable under the IncomeShield Plan.

### Commencement of Cover

All applications received and approved by 15th of the month will commence on the 1st of the following month, subject to the receipt of premium and notwithstanding that the policy endorsement is sent to you before the commencement date.

### Terms of Renewal

The cover will be automatically renewed subject to the payment of premium, based on the Insured Person's age at his/her next birthday.

### Cancellation

You may cancel the IncomeShield Assist Rider by giving us 1 month's prior written notice. If you cancel the IncomeShield Assist Rider only, your cancellation of the Rider will not affect the validity of the IncomeShield Plan.

### Change of terms and conditions

We may modify the terms and conditions of IncomeShield Assist Rider at any time by giving you 30 days' written notice at your last known address.

## DISCLAIMER

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## IncomeShield Assist Rider Annual Premium Rates

(Premiums include GST)

Age Next Birthday	Plan P	Plan A	Plan B
< 31	\$ 83	\$ 79	\$ 56
31 - 40	\$ 89	\$ 86	\$ 62
41 - 50	\$ 155	\$ 150	\$ 106
51 - 60	\$ 191	\$ 185	\$ 131
61 - 65	\$ 260	\$ 251	\$ 178
66 - 70	\$ 336	\$ 325	\$ 230
71 - 73	\$ 469	\$ 407	\$ 287
74 - 75	\$ 552	\$ 479	\$ 338
76 - 78 <sup>1</sup>	\$ 660	\$ 572	\$ 406
79 - 80 <sup>1</sup>	\$ 768	\$ 666	\$ 473
81 - 83 <sup>1</sup>	\$ 854	\$ 740	\$ 527
84 - 85 <sup>1</sup>	\$ 942	\$ 816	\$ 580
86 - 88 <sup>1</sup>	\$ 1,028	\$ 891	\$ 634
89 - 90 <sup>1</sup>	\$ 1,115	\$ 967	\$ 688
91 - 93 <sup>1</sup>	\$ 1,203	\$ 1,042	\$ 741
94 - 95 <sup>1</sup>	\$ 1,289	\$ 1,117	\$ 794
96 - 98 <sup>1</sup>	\$ 1,376	\$ 1,193	\$ 848
99 - 100 <sup>1</sup>	\$ 1,463	\$ 1,268	\$ 901
> 100 <sup>1</sup>	\$ 1,515	\$ 1,313	\$ 934

<sup>1</sup> Renewal only. The last entry age is 75, based on your age next birthday, at the point of commencement of cover. The above annual premium rates are applicable to this Rider effected from 1 September 2011 onwards. Premiums for this Rider are payable by cash/cheque/GIRO only.

# PRODUCT QUESTIONNAIRE FOR MEDICAL INSURANCE

## IMPORTANT NOTICE TO CLIENT

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

Your 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 the advice is given.

**A policy purchased 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/We may not be insurable at standard terms

B) I/We may have to pay different premiums

C) Terms and conditions may differ

I, the 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 Applicant	Signature & Date (dd/mm/yyyy)
Name of Adviser	Signature & Date (dd/mm/yyyy)
Name of Adviser's Supervisor	Signature & Date (dd/mm/yyyy)

# INCOMESHIELD APPLICATION – LIFE TO BE ASSURED’S INFORMATION

(each Life to be Assured to complete one form)

Applicant’s (Payer’s) NRIC No./FIN \_\_\_\_\_

Particulars of Life to be Assured							
Life to be Assured	<input type="checkbox"/> Applicant	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	Nationality	<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (please specify)
Name					BC/NRIC/FIN No.		
Date of Birth (dd/mm/yyyy)	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Height (m)	Weight (kg)	Life to be Assured’s CPF Account No.	
Company Name and Address						Occupation	

Details of Plan/Riders	
IncomeShield Plan (Please tick one)	IncomeShield Riders
<input type="checkbox"/> Plan P <input type="checkbox"/> Plan A <input type="checkbox"/> Plan B-SG <input type="checkbox"/> Plan B-PR	<input type="checkbox"/> Assist Rider <input type="checkbox"/> Daily Cash Rider <input type="checkbox"/> Child Illness Rider

Each insured should only have one Daily Cash Rider/Child Illness Rider. Coverage for the Riders (Assist/Daily Cash) will follow the main plan type.

## Questions on Health (Please use extra paper if necessary)

**IMPORTANT:** If any of your answers to Questions 1 to 3 is “Yes”, please provide the required details by completing the **Supplementary Health Questionnaire**. Please complete ONE Supplementary Health Questionnaire for each declared condition. If the declared condition is **High Blood Pressure, Raised Blood Cholesterol or Injury**, please complete the respective specific illness questionnaire instead.

1. Has the Life to be Assured ever had, been told to have, been treated for or suffered symptoms of any of the following health conditions: (a) Heart or blood vessels related disorders (e.g. high blood pressure, stroke, heart attack, chest pain/discomfort, heart murmur, mitral valve prolapsed or raised blood cholesterol)? (b) Respiratory disorders (e.g. asthma, bronchitis, pneumonia or tuberculosis)? (c) Digestive disorders which include those of the liver, gall bladder, pancreas, spleen, colon and rectum (e.g. gastritis, stomach or duodenal ulcer, blood in stool, gallstone or hepatitis)? (d) Eye, ear, nose or throat disorders (e.g. cataracts, sinus problem or rhinitis)? (e) Urinary disorders (e.g. protein or blood or sugar in urine, kidney stones, prolapsed urinary bladder, prostate problem or urinary incontinence)? (f) Breast or reproductive organ disorders (e.g. breast calcifications/lump/cyst/nodule, ovarian cyst, endometriosis or fibroids)? (g) Diabetes, gout or thyroid disorders? (h) Bone, spine, joint or muscle disorders (e.g. slipped disc or arthritis)? (i) Nervous or mental disorders (e.g. epilepsy/fits, prolonged headache or depression)? (j) Cancer, or any abnormal growth/tumour (e.g. cyst, polyp or nodule) whether cancerous or benign? (k) Blood disorders (e.g. anaemia, haemophilia, thalassaemia or systemic lupus erythematosus)? (l) Physical impairments or deformities or deficits, or congenital or hereditary disorders (e.g. speech impairment, autism or attention deficit hyperactivity disorder)? (m) HIV infection or sexually transmitted diseases? (n) Any injuries or illness or disorders or abnormalities that are recurrent or have persisted for more than 1 month not mentioned above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If “Yes”, please state the name of the conditions/diagnosis/symptoms.
2(a). Any medical/health screening report on the Life to be Assured to be submitted with this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If “Yes” to Q2(a), please give details on the type of medical/health screening report.
2(b). In the last 5 years, has the Life to be Assured ever: (i) been admitted to hospital? (ii) undergone surgery? (iii) been on medical follow-up or received medical treatment/medication for more than 1 month continuously? (iv) had medical test done (e.g. x-ray, ultrasound, ECG, CT scan, biopsy, mammogram, pap smear, urine or blood test) for which the result was abnormal?		If “Yes” to Q2(b), please write the name of the conditions/diagnosis/symptoms in the space below.
3. In the last 1 year, has the Life to be Assured experienced unexplained weight loss, or recurring symptoms for more than 2 weeks (e.g. giddiness, breathlessness, abnormal growth or enlargement, persistent fever, diarrhoea, bodily discomfort or pain)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If “Yes”, please state the name of the conditions/diagnosis/symptoms.
4(a). Has the Life to be Assured had any application for Life, Health or Accident insurance policy declined, postponed or accepted at other than normal terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If “Yes” to Q4(a), please state the reason and medical condition(s) if any.
4(b). Has the Life to be Assured submitted or intend to submit any claim under any Life, Health and/or Accident policies, whether individual or group plans, with any Insurers within the last 12 months?		If “Yes” to Q4(b), please give details of the type of policy and policy number.
5. For female Life to be Assured, is she currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If “Yes” and pregnant for less than 7 months, please complete the <b>Pregnancy Questionnaire</b> . If pregnant for 7 months or more, please resubmit application 1 month after delivery.

<p>6. Please answer this question if you have opted for Child Illness Rider</p> <p>Has the Life to be Assured ever had, been told to have, been treated for or suffered symptoms of any of the following health conditions: Severe asthma, leukaemia, bone marrow transplant, insulin-dependent diabetes mellitus, rheumatic disease with valvular impairment, kawasaki's disease, haemophilia, mental retardation due to sickness and/or injury or still's disease?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please state the name of the conditions/diagnosis/symptoms.
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**Declaration to Central Provident Fund Board (CPF Board)**

**1) AUTHORISATION BY CPF ACCOUNT HOLDER (APPLICANT)**  
 I authorise the Central Provident Fund Board (the "CPF Board") to deduct premium(s) due for the Life/Lives to be Assured as named under this application (the "Life/Lives to be Assured") 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.  
 I authorise the CPF Board to deduct premium(s) due under this application from my new Medisave account should I be given a new Medisave account upon obtaining Singapore Permanent Residence status.  
 I authorise the CPF Board to disclose information/seek information on a confidential basis to/from any Insurer(s) relating to:  
 (i) payment of premiums due under this application, including the deduction of premiums from my Medisave account/new Medisave account; and  
 (ii) the making of refunds under this application, as the CPF Board shall reasonably consider appropriate.

**2) CONSENT OF THE APPLICANT & LIFE/LIVES TO BE ASSURED (APPLICABLE FOR INTEGRATED SHIELD PLANS ONLY)**  
 I/We, the Life/Lives to be Assured named under this application consent to the automatic termination of:  
 (i) the MediShield cover(s) (applicable only for the Life/Lives to be Assured who are not eligible to be covered under MediShield pursuant to an integrated medical insurance plan, as such term is defined in regulations made under the Central Provident Fund Act (Chapter 36); or  
 (ii) any other existing medical insurance policy (if any) under the Private Medical Insurance Scheme (PMIS) for the Life/Lives to be Assured upon the commencement of the Enhanced IncomeShield cover; or  
 (iii) the Enhanced IncomeShield cover of the Life/Lives to be Assured, upon the successful commencement of another Medisave-approved private integrated shield plan or a basic MediShield policy covering that Life/Lives to be Assured for which premiums (or any part of the premiums) are paid using monies from the Medisave Account of any person.  
 I/We, the Life/Lives to be Assured named under this application, hereby consent to the transfer and disclosure, at any time and without notice or liability to me/us, of any medical information on me/us, in the Insurer's or the CPF Board's possession, between:  
 (i) the Insurer and the CPF Board; and  
 (ii) the Insurer and other insurers administering or operating an insurance scheme referred to in section 77(1)(k) of the Central Provident Fund Act (Chapter 36), for the purpose of assessing the insurability of me/us and/or the making of a claim under the Central Provident Fund (MediShield Scheme) Regulations (Reg. 20) or under an insurance scheme referred to in section 77(1)(k) of the Central Provident Fund Act (Chapter 36).

**Declaration and Authorisation**

I/We declare and warrant that the answers given in this application are true, correct and complete and I/we accept full responsibility for them, whether written by me/us or by anyone else on my/our behalf. I/We have not withheld any information. I/We agree that this application and other written answers, statements, information or declarations made by me/us or on my/our behalf shall form the basis of the contract of insurance between me/us and NTUC Income and if anything untrue, incorrect or incomplete is stated, the insurance policy issued shall not be valid.  
 I/We agree that NTUC Income's liability shall only commence when the proposal is accepted by them, the first premium is paid in full and on the Commencement Date in the insurance policy issued to me/us.  
 I/We understand that the policy to be issued does not cover any Pre-Existing Illness, Diseases or Impairments which the Life to be Assured may have before the Commencement Date of the policy to be issued.  
 I, the CPF Account Holder, understand that the monies in my Medisave Account can be used to purchase only one medical insurance cover for myself and each Life to be Assured. And I, the Life to be Assured, agree and authorise:  
 a) Any medical source, insurance office, or organisation to release to NTUC Income, and  
 b) NTUC Income to release to any medical source or insurance office, any relevant information concerning me at the time, irrespective of whether the application is accepted by NTUC Income or not. A photographic copy is valid as an original copy.  
 I/We have been given a copy of Your Guide to Health Insurance and Product Summary, the contents of which have been explained to me to my/our satisfaction (Not applicable for Direct Marketing).  
 I/We am aware that I can seek advice from an Adviser before I/we sign this application. Should I/we choose not to, I/we take sole responsibility to ensure that this product is appropriate to my financial needs and insurance objectives (Applicable for Direct Marketing).  
 I/We authorise my Next-of-Kin to liaise with NTUC Income on behalf of the Life to be Assured, where necessary.  
 I/We agree that the policy will be entered in the Register of the Singapore policies.

**WARNING:**  
**You must fully and faithfully give the facts as you know or ought to know at the time of this application. You must also inform us immediately if there is any change in the state of your health since the date you signed this application or if you are planning to seek any medical consultation, investigation or treatment before we notify you of the Commencement Date of your cover. Otherwise, you may not receive any benefits under your policy. If you are in doubt as to whether to disclose any fact, we advise that you disclose it. This includes any fact which you may have provided to the Adviser but is not written/stated in this application. Please check to ensure you are fully satisfied with the information declared in this application.**

Signed in Singapore on the _____ day of _____ 20____	
Signature of Applicant	Signature of Witness
Signature of Life to be Assured (Life to be Assured 16 years old & above need to sign)	Name & NRIC No. of Witness

**Adviser's Certification**

1. I declare that all the answers given to me by the Applicant/Life to be Assured is declared in the application. I have not withheld any information which may influence the acceptance of this application by NTUC Income.	
2. I am aware that NTUC Income takes a serious view of non-disclosure and action will be taken against me if I am deemed a party to the non-disclosure.	
3. I have personally SEEN the Applicant/Life to be Assured and have explained the terms of the policy to the Applicant. I have also sighted the proof of identity of the Applicant/Life to be Assured and certify that the particulars are the same as stated on this proposal.	Name and Signature of Adviser
4. Is the medical insurance intended to replace existing medical policy(ies)? If "Yes", please give details. <input type="checkbox"/> Yes <input type="checkbox"/> No _____	