



- Cash/Cheque (please write the name, NRIC no. and contact no. of the Proposer on the reverse of the cheque)  
 New Interbank GIRO<sup>2&3</sup>  
 Existing GIRO arrangement<sup>3</sup> (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)

<sup>2</sup> Please call our hotline at 6332 1133 to request for an Interbank GIRO form.

<sup>3</sup> For Premium Payment Methods through New Interbank and Existing Interbank GIRO, please note that the first year premium is to be paid by Cash/Cheque. Upon the next renewal date, premium will be deducted via GIRO.

### Medical and Underwriting Questions

1. Please provide your: <b>Height</b> _____ <b>m</b> <b>Weight</b> _____ <b>kg</b>	
2. Have you ever had or been told that you have or have been treated for:	
a) cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) heart disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) kidney disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) liver disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) lung disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) dementia	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) Parkinson's disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
j) multiple sclerosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
k) motor neurone disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
l) AIDS or HIV infection	<input type="checkbox"/> Yes <input type="checkbox"/> No
m) arthritis/paralysis	<input type="checkbox"/> Yes <input type="checkbox"/> No
n) 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. (You DO NOT need to complete below if all your above answers are "No").**

- When is the condition diagnosed?
- Are you undergoing any medication?
- Please provide the last date of consultation (dd/mm/yyyy) _____ / _____ / _____ - Please provide the name and address of the doctor or clinic/hospital for each condition declared above.

# PRODUCT SUMMARY: PRIMESHIELD

PrimeShield provides the following benefits if the Policyholder is certified by a qualified assessor appointed by NTUC Income as being Severely Disabled. This plan can only be purchased if the Policyholder has an existing Basic ElderShield plan.

## Benefit Payable

### 1) Lump Sum Benefit

A lump sum benefit equal to 3 times the **Amount<sup>1</sup>** payable in one lump sum per lifetime. If the Policyholder recovers from the Severe Disability after payment of the Lump Sum Benefit but subsequently becomes Severely Disabled again, the Policyholder shall cease to be entitled to any further payment of the Lump Sum Benefit.

### 2) Monthly Disability Benefit

A monthly disability benefit on top of the monthly payout under the Basic ElderShield plan. This monthly disability benefit continues even after the Basic ElderShield plan has been fully paid out, if the Policyholder is still Severely Disabled. The first monthly disability benefit shall be payable on the day immediately after the Deferment Period, and thereafter on the same day every month.

The Monthly Disability Benefit amount payable is dependent on the type of Basic ElderShield plan owned by the Policyholder as at the Policy Commencement Date.

(I) if the Policyholder is covered by the Basic Eldershield 300 as at the Policy Commencement Date:

First 60 Monthly Disability Benefit	61st Monthly Disability Benefit onwards
The <b>Amount<sup>1</sup></b> less \$300	The <b>Amount<sup>1</sup></b>

(II) if the Policyholder is covered by the Basic Eldershield 400 as at the Policy Commencement Date:

First 72 Monthly Disability Benefit	73rd Monthly Disability Benefit onwards
The <b>Amount<sup>1</sup></b> less \$400	The <b>Amount<sup>1</sup></b>

The Monthly Disability Benefit shall cease to be payable immediately on the date of recovery from the Severe Disability or death of the policyholder. The Policyholder shall be entitled to further payment of the Monthly Disability Benefit if the Policyholder becomes Severely Disabled again.

### 3) Dependent Care Benefit

A Dependent Care Benefit which is a sum equal to 25% of the **Amount<sup>1</sup>** per month up to a maximum of 36 months per lifetime if the Policyholder has at least one child (below the age of 21 years as at claim date). This Dependent Care Benefit shall cease to be payable immediately if the Policyholder recovers from the Severe Disability or dies at any time after payment of the benefit has commenced. If the Policyholder recovers from the Severe Disability and the amount under this Dependent Care Benefit is not fully utilised, the Policyholder can make a subsequent claim for the remaining amount if the Policyholder becomes Severely Disabled again but NTUC Income will not pay an aggregate amount exceeding 25% of the **Amount<sup>1</sup>** for 36 months per lifetime.

For the avoidance of doubt, the above Benefit payments (1) to (3) shall cease if the Policyholder ceases to suffer from Severe Disability.

### 4) Get Well or Death Benefit

A sum equal to 3 times the **Amount<sup>1</sup>** in one lump sum per lifetime if:

- (i) the Policyholder recovers from a Severe Disability; or
- (ii) while suffering from Severe Disability, the Policyholder dies

If the Policyholder suffers from Severe Disability, later recovers and after payment of this Benefit becomes Severe Disabled again or dies, the Policyholder shall not be entitled to any further payment of this Benefit.

## Definition of Severe Disability or Severely Disabled

Severe Disability or Severely Disabled shall mean the inability of the Policyholder to perform at least 3 of the following Activities of Daily Living, even with the aid of special equipment, and always require the physical assistance of another person throughout the entire activity.

The assessment and the definition of Activities of Daily Living are the same as that in the Basic ElderShield plan.

## 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 a bed to an upright chair or wheelchair, and vice versa.

<sup>1</sup>**Amount** is the sum chosen by the Policyholder which will be indicated in the Policy Schedule.

**PrimeShield Annual Premium Rates** (If you are on Basic ElderShield 300)

Entry Age LB	Payable Till	Monthly Disability Benefit													
		Male													
		500	600	700	800	900	1000	1100	1200	1300	1400	1500	2000	2500	3000
40	65	265.40	325.30	384.20	444.10	504.00	562.90	622.80	682.70	742.60	801.50	861.40	1,159.90	1,457.40	1,755.90
41	65	277.20	340.30	403.40	466.60	529.70	592.80	656.00	719.10	782.20	845.30	908.50	1,224.10	1,539.80	1,855.40
42	65	290.00	357.40	423.80	491.20	557.50	624.90	691.30	758.70	825.00	892.40	958.80	1,293.70	1,628.60	1,962.40
43	65	303.90	375.60	446.20	517.90	588.50	659.20	730.90	801.50	872.10	943.80	1,014.40	1,369.60	1,724.90	2,080.10
44	65	320.00	395.90	470.80	546.80	621.70	697.70	772.60	848.60	924.50	999.40	1,075.40	1,453.10	1,830.80	2,208.50
45	65	337.10	417.30	497.60	577.80	659.20	739.40	819.70	899.90	980.20	1,061.50	1,141.70	1,544.10	1,946.40	2,348.70
46	65	355.30	442.00	527.60	613.20	698.80	785.40	871.00	956.60	1,043.30	1,128.90	1,214.50	1,643.60	2,073.70	2,502.80
47	66	363.80	452.70	541.50	631.30	720.20	809.00	897.80	986.60	1,075.40	1,164.20	1,253.00	1,698.10	2,142.20	2,587.30
48	67	373.50	465.50	557.50	649.50	741.60	833.60	925.60	1,017.60	1,109.60	1,201.70	1,293.70	1,753.80	2,213.90	2,675.00
49	68	382.00	477.30	573.60	668.80	764.00	859.30	954.50	1,049.70	1,144.90	1,240.20	1,336.50	1,812.60	2,289.80	2,767.10
50	69	391.70	491.20	589.60	689.10	787.60	886.00	985.50	1,084.00	1,182.40	1,281.90	1,380.30	1,874.70	2,369.00	2,863.40
51	70	402.40	505.10	607.80	710.50	812.20	914.90	1,017.60	1,120.30	1,222.00	1,324.70	1,427.40	1,940.00	2,452.50	2,963.90
52	71	414.10	520.10	626.00	733.00	838.90	944.90	1,051.90	1,157.80	1,263.70	1,370.70	1,476.60	2,008.40	2,540.20	3,072.00
53	72	424.80	536.10	646.30	756.50	866.70	977.00	1,088.20	1,198.40	1,308.70	1,418.90	1,529.10	2,081.20	2,633.30	3,185.40
54	73	437.70	552.20	667.70	782.20	896.70	1,011.20	1,126.80	1,241.20	1,355.70	1,470.20	1,585.80	2,159.30	2,732.80	3,306.30
55	74	451.60	571.40	690.20	810.00	928.80	1,048.60	1,167.40	1,287.30	1,406.00	1,525.90	1,645.70	2,241.70	2,838.80	3,435.80
56	75	466.60	590.70	714.80	838.90	963.00	1,088.20	1,212.40	1,336.50	1,460.60	1,585.80	1,709.90	2,331.60	2,953.20	3,574.90
57	76	481.50	612.10	741.60	871.00	1,000.50	1,130.00	1,260.50	1,390.00	1,519.40	1,648.90	1,779.50	2,427.90	3,076.30	3,724.70
58	77	499.70	634.60	770.40	905.30	1,041.20	1,177.00	1,311.90	1,447.80	1,583.60	1,718.50	1,854.40	2,531.70	3,209.00	3,886.30
59	78	517.90	660.20	801.50	943.80	1,085.00	1,227.30	1,368.60	1,510.90	1,652.10	1,794.40	1,935.70	2,645.10	3,354.50	4,062.80
60	79	539.30	688.10	836.80	985.50	1,134.20	1,283.00	1,431.70	1,580.40	1,729.20	1,877.90	2,026.60	2,769.20	3,512.90	4,256.50
61	80	561.80	718.00	874.20	1,030.50	1,186.70	1,342.90	1,499.10	1,655.30	1,811.60	1,967.80	2,124.00	2,906.20	3,687.30	4,468.40
62	81	587.50	752.30	916.00	1,080.70	1,245.50	1,410.30	1,574.00	1,738.80	1,903.60	2,068.40	2,232.10	3,054.90	3,877.70	4,700.60
63	82	615.30	788.60	963.00	1,136.40	1,309.70	1,483.10	1,657.50	1,830.80	2,004.20	2,177.50	2,351.90	3,219.70	4,087.40	4,955.20
64	83	646.30	830.40	1,013.30	1,197.40	1,381.40	1,564.40	1,748.40	1,932.50	2,115.40	2,299.50	2,483.50	3,401.60	4,319.60	5,238.80

Premiums are inclusive of 7% Goods & Services Tax (GST)

**PrimeShield Annual Premium Rates** (If you are on Basic ElderShield 300)

Entry Age LB	Payable Till	Monthly Disability Benefit													
		Female													
		500	600	700	800	900	1000	1100	1200	1300	1400	1500	2000	2500	3000
40	65	333.90	410.90	488.00	566.10	643.10	720.20	797.20	875.30	952.30	1,029.40	1,106.40	1,492.70	1,879.00	2,265.20
41	65	349.90	431.30	513.60	595.00	677.40	758.70	841.10	922.40	1,004.80	1,086.10	1,168.50	1,577.20	1,986.00	2,394.70
42	65	367.10	453.70	540.40	627.10	713.70	800.40	888.10	974.80	1,061.50	1,148.20	1,234.80	1,668.20	2,101.50	2,535.90
43	65	386.30	478.30	570.40	662.40	754.40	846.40	938.40	1,030.50	1,122.50	1,214.50	1,307.60	1,767.70	2,227.80	2,689.00
44	65	406.60	505.10	602.50	700.90	798.30	896.70	994.10	1,092.50	1,189.90	1,288.30	1,386.80	1,875.80	2,365.80	2,855.90
45	65	429.10	534.00	637.80	742.60	846.40	951.30	1,056.10	1,159.90	1,264.80	1,368.60	1,473.40	1,994.50	2,516.70	3,038.80
46	65	453.70	566.10	677.40	788.60	899.90	1,011.20	1,122.50	1,234.80	1,346.10	1,457.40	1,568.70	2,126.10	2,683.60	3,240.00
47	66	465.50	581.10	696.60	811.10	926.70	1,042.20	1,156.70	1,272.30	1,387.80	1,503.40	1,617.90	2,194.60	2,771.30	3,347.00
48	67	477.30	597.10	715.90	834.60	954.50	1,073.30	1,193.10	1,311.90	1,431.70	1,550.50	1,669.20	2,265.20	2,862.30	3,458.30
49	68	490.10	613.20	736.20	859.30	983.40	1,106.40	1,229.50	1,352.50	1,476.60	1,599.70	1,722.70	2,339.10	2,956.50	3,572.80
50	69	502.90	630.30	757.60	884.90	1,013.30	1,140.70	1,268.00	1,395.30	1,523.70	1,651.10	1,778.40	2,416.10	3,053.80	3,692.60
51	70	515.80	648.50	780.10	911.70	1,044.40	1,176.00	1,308.70	1,440.30	1,571.90	1,704.60	1,836.20	2,496.40	3,156.50	3,816.70
52	71	529.70	666.70	803.60	940.60	1,076.50	1,213.40	1,350.40	1,487.30	1,623.20	1,760.20	1,897.20	2,580.90	3,264.60	3,947.30
53	72	544.70	687.00	828.20	969.50	1,111.80	1,253.00	1,394.30	1,536.60	1,677.80	1,819.00	1,961.40	2,669.70	3,377.00	4,085.30
54	73	560.70	707.30	853.90	1,001.60	1,148.20	1,294.70	1,441.30	1,587.90	1,735.60	1,882.20	2,028.80	2,762.80	3,496.80	4,230.80
55	74	577.80	729.80	882.80	1,034.70	1,186.70	1,339.70	1,491.60	1,643.60	1,796.60	1,948.50	2,100.50	2,862.30	3,624.10	4,386.00
56	75	596.00	754.40	911.70	1,070.00	1,228.40	1,386.80	1,545.10	1,703.50	1,861.80	2,019.10	2,177.50	2,969.30	3,760.00	4,550.80
57	76	615.30	780.10	944.90	1,108.60	1,273.30	1,438.10	1,602.90	1,767.70	1,931.40	2,096.20	2,261.00	3,083.80	3,906.60	4,729.40
58	77	636.70	807.90	980.20	1,151.40	1,322.60	1,493.80	1,666.00	1,837.20	2,008.40	2,179.60	2,351.90	3,209.00	4,066.00	4,923.10
59	78	660.20	840.00	1,018.70	1,197.40	1,377.10	1,555.80	1,734.50	1,914.30	2,093.00	2,271.70	2,451.40	3,345.90	4,241.50	5,136.00
60	79	687.00	874.20	1,062.60	1,249.80	1,437.10	1,624.30	1,811.60	1,998.80	2,186.10	2,373.30	2,561.60	3,497.90	4,435.20	5,371.40
61	80	716.90	913.80	1,109.60	1,306.50	1,503.40	1,700.30	1,897.20	2,093.00	2,289.80	2,486.70	2,683.60	3,666.90	4,649.20	5,632.50
62	81	750.10	956.60	1,164.20	1,370.70	1,577.20	1,784.80	1,991.30	2,198.90	2,405.40	2,613.00	2,819.50	3,854.20	4,888.90	5,923.60
63	82	787.60	1,005.80	1,224.10	1,442.40	1,660.70	1,880.00	2,098.30	2,316.60	2,534.90	2,753.20	2,972.50	4,065.00	5,157.40	6,249.90
64	83	829.30	1,060.40	1,291.50	1,523.70	1,754.80	1,987.00	2,218.20	2,449.30	2,681.50	2,912.60	3,143.70	4,301.40	5,459.20	6,616.90

Premiums are inclusive of 7% Goods & Services Tax (GST)

**PrimeShield Annual Premium Rates** (If you are on Basic ElderShield 400)

Entry Age LB	Payable Till	Monthly Disability Benefit													
		Male													
		500	600	700	800	900	1000	1100	1200	1300	1400	1500	2000	2500	3000
40	65	217.30	277.20	336.00	395.90	455.90	514.70	574.60	634.60	694.50	753.30	813.20	1,111.80	1,409.20	1,707.80
41	65	225.80	288.90	352.10	415.20	478.30	541.50	604.60	667.70	730.90	794.00	857.10	1,172.80	1,488.40	1,804.10
42	65	236.50	302.90	370.30	436.60	504.00	570.40	637.80	704.10	771.50	837.90	905.30	1,239.10	1,574.00	1,908.90
43	65	247.20	317.80	388.50	460.10	530.80	601.40	673.10	743.70	815.40	886.00	956.60	1,311.90	1,667.10	2,022.30
44	65	257.90	333.90	409.90	484.80	560.70	635.60	711.60	787.60	862.50	938.40	1,013.30	1,391.00	1,768.80	2,146.50
45	65	271.80	352.10	432.30	512.60	592.80	674.10	754.40	834.60	914.90	995.10	1,076.50	1,478.80	1,881.10	2,283.40
46	65	285.70	371.30	456.90	543.60	629.20	714.80	800.40	887.10	972.70	1,058.30	1,144.90	1,574.00	2,003.10	2,433.20
47	66	291.10	379.90	468.70	558.60	647.40	736.20	825.00	913.80	1,002.60	1,091.40	1,180.30	1,625.40	2,069.40	2,514.50
48	67	297.50	389.50	481.50	573.60	665.60	757.60	849.60	941.60	1,033.70	1,125.70	1,217.70	1,678.90	2,139.00	2,599.10
49	68	303.90	399.20	494.40	589.60	685.90	781.10	876.40	971.60	1,066.80	1,162.10	1,257.30	1,734.50	2,211.70	2,687.90
50	69	310.30	409.90	508.30	606.70	706.20	804.70	904.20	1,002.60	1,101.10	1,200.60	1,299.00	1,793.40	2,287.70	2,781.00
51	70	317.80	420.60	523.30	624.90	727.60	830.40	933.10	1,034.70	1,137.50	1,240.20	1,342.90	1,855.40	2,368.00	2,879.40
52	71	325.30	432.30	538.30	644.20	751.20	857.10	963.00	1,070.00	1,176.00	1,283.00	1,388.90	1,920.70	2,452.50	2,983.20
53	72	333.90	444.10	554.30	664.50	775.80	886.00	996.20	1,106.40	1,216.60	1,326.80	1,438.10	1,989.20	2,541.30	3,093.40
54	73	342.40	456.90	571.40	687.00	801.50	916.00	1,030.50	1,146.00	1,260.50	1,375.00	1,489.50	2,063.00	2,637.60	3,211.10
55	74	352.10	470.80	590.70	710.50	829.30	949.10	1,067.90	1,187.70	1,306.50	1,426.40	1,545.10	2,142.20	2,739.20	3,336.30
56	75	361.70	486.90	611.00	735.10	859.30	983.40	1,108.60	1,232.70	1,356.80	1,480.90	1,605.00	2,227.80	2,849.50	3,471.10
57	76	373.50	502.90	632.40	761.90	892.40	1,021.90	1,151.40	1,280.80	1,410.30	1,540.80	1,670.30	2,318.70	2,967.20	3,615.60
58	77	385.20	521.10	656.00	791.80	927.70	1,062.60	1,198.40	1,333.30	1,469.20	1,605.00	1,739.90	2,417.20	3,095.60	3,772.90
59	78	399.20	540.40	682.70	823.90	966.30	1,107.50	1,249.80	1,391.00	1,533.40	1,674.60	1,816.90	2,525.20	3,234.70	3,944.10
60	79	413.10	561.80	710.50	859.30	1,008.00	1,156.70	1,305.40	1,454.20	1,602.90	1,751.60	1,900.40	2,644.00	3,387.70	4,131.30
61	80	430.20	586.40	742.60	898.80	1,055.10	1,211.30	1,367.50	1,523.70	1,679.90	1,836.20	1,992.40	2,773.50	3,554.60	4,335.70
62	81	448.40	612.10	776.90	941.60	1,106.40	1,270.10	1,434.90	1,599.70	1,764.50	1,928.20	2,093.00	2,915.80	3,737.60	4,560.40
63	82	467.60	641.00	815.40	988.70	1,162.10	1,335.40	1,509.80	1,683.20	1,856.50	2,029.80	2,204.20	3,072.00	3,939.80	4,808.60
64	83	490.10	674.10	857.10	1,041.20	1,224.10	1,408.20	1,592.20	1,775.20	1,959.20	2,143.30	2,326.20	3,245.40	4,163.40	5,081.50

Premiums are inclusive of 7% Goods & Services Tax (GST)

**PrimeShield Annual Premium Rates** (If you are on Basic ElderShield 400)

Entry Age LB	Payable Till	Monthly Disability Benefit													
		Female													
		500	600	700	800	900	1000	1100	1200	1300	1400	1500	2000	2500	3000
40	65	272.90	349.90	427.00	505.10	582.10	659.20	736.20	814.30	891.40	968.40	1,045.40	1,431.70	1,818.00	2,204.20
41	65	285.70	367.10	448.40	530.80	612.10	694.50	775.80	858.20	939.50	1,021.90	1,103.20	1,512.00	1,921.80	2,330.50
42	65	298.60	385.20	471.90	558.60	645.30	731.90	818.60	905.30	993.00	1,079.70	1,166.30	1,599.70	2,033.00	2,467.50
43	65	313.60	405.60	497.60	589.60	681.60	773.70	865.70	957.70	1,049.70	1,141.70	1,233.80	1,694.90	2,155.00	2,615.10
44	65	328.50	427.00	525.40	622.80	721.20	818.60	917.00	1,014.40	1,112.80	1,210.20	1,308.70	1,798.70	2,287.70	2,777.80
45	65	346.70	450.50	555.40	659.20	764.00	867.80	972.70	1,077.50	1,181.30	1,286.20	1,390.00	1,912.10	2,434.30	2,956.50
46	65	366.00	477.30	588.50	699.80	811.10	922.40	1,034.70	1,146.00	1,257.30	1,368.60	1,479.90	2,037.30	2,594.80	3,152.30
47	66	373.50	489.00	604.60	719.10	834.60	950.20	1,065.80	1,180.30	1,295.80	1,411.40	1,525.90	2,102.60	2,679.30	3,255.00
48	67	382.00	501.90	620.60	739.40	859.30	978.00	1,097.90	1,216.60	1,336.50	1,455.20	1,574.00	2,170.00	2,767.10	3,363.10
49	68	391.70	514.70	637.80	760.80	883.90	1,008.00	1,131.00	1,254.10	1,377.10	1,501.30	1,624.30	2,240.60	2,856.90	3,474.30
50	69	400.20	527.60	656.00	783.30	910.60	1,037.90	1,166.30	1,293.70	1,421.00	1,548.30	1,675.70	2,314.50	2,952.20	3,589.90
51	70	409.90	541.50	674.10	805.80	938.40	1,070.00	1,202.70	1,334.30	1,465.90	1,598.60	1,730.20	2,390.40	3,050.60	3,710.80
52	71	420.60	556.40	693.40	830.40	967.30	1,103.20	1,240.20	1,377.10	1,514.10	1,650.00	1,786.90	2,470.70	3,154.40	3,837.10
53	72	431.30	572.50	713.70	856.00	997.30	1,138.50	1,280.80	1,422.10	1,563.30	1,705.60	1,846.90	2,555.20	3,262.50	3,970.80
54	73	442.00	588.50	736.20	882.80	1,029.40	1,176.00	1,322.60	1,469.20	1,616.80	1,763.40	1,910.00	2,644.00	3,378.00	4,112.10
55	74	453.70	606.70	758.70	910.60	1,063.60	1,215.60	1,368.60	1,520.50	1,672.50	1,825.50	1,977.40	2,739.20	3,500.00	4,261.90
56	75	467.60	624.90	783.30	941.60	1,100.00	1,258.40	1,416.70	1,575.10	1,732.40	1,890.70	2,049.10	2,840.90	3,631.60	4,422.40
57	76	481.50	646.30	810.00	974.80	1,139.60	1,304.40	1,469.20	1,632.90	1,797.60	1,962.40	2,127.20	2,950.00	3,772.90	4,595.70
58	77	496.50	668.80	840.00	1,011.20	1,182.40	1,354.70	1,525.90	1,697.10	1,868.30	2,040.50	2,211.70	3,068.80	3,925.90	4,784.00
59	78	514.70	693.40	872.10	1,051.90	1,230.50	1,409.20	1,589.00	1,767.70	1,946.40	2,126.10	2,304.80	3,199.30	4,094.90	4,990.50
60	79	534.00	721.20	908.50	1,095.70	1,283.00	1,470.20	1,658.50	1,845.80	2,033.00	2,220.30	2,407.50	3,344.90	4,281.10	5,218.40
61	80	555.40	752.30	949.10	1,144.90	1,341.80	1,538.70	1,735.60	1,931.40	2,128.30	2,325.20	2,522.00	3,505.40	4,488.70	5,472.00
62	81	580.00	786.50	994.10	1,200.60	1,407.10	1,614.70	1,821.20	2,028.80	2,235.30	2,441.80	2,649.40	3,684.10	4,718.70	5,753.40
63	82	606.70	825.00	1,044.40	1,262.60	1,480.90	1,699.20	1,918.60	2,136.80	2,355.10	2,573.40	2,791.70	3,884.10	4,977.70	6,070.20
64	83	637.80	868.90	1,101.10	1,332.20	1,564.40	1,795.50	2,026.60	2,258.80	2,489.90	2,721.10	2,953.20	4,109.90	5,267.70	6,425.40

Premiums are inclusive of 7% Goods & Services Tax (GST)

## Key Product Provisions

The following are some key provisions found in the contract of insurance of this plan. This is only a brief summary and you are advised to refer to the actual terms, conditions and exclusions in the contract. Please contact us should you require further explanation.

### 1. Lifetime Coverage

Coverage under this Policy is guaranteed for life and NTUC Income undertakes not to terminate coverage under this Policy for any reason except as provided in the Clause on Termination and the Waiting Period.

### 2. Premium

The premiums for this Policy are payable annually, up to such age as stated in the Premium Rates table. The Policyholder may opt to pay the premium using a Medisave account, up to a limit of \$600 per 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.

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.

### 3. Waiver of Premium

NTUC Income will waive the payment of premiums if the Policyholder is Severely Disabled and eligible to receive benefit payments under this Policy on the date when premium is due. Premium payment will resume after the Policyholder ceases to be Severely Disabled and the benefit payments have ceased.

### 4. Exclusions

There are certain conditions whereby the benefits under this plan 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.

- a. This Policy shall not cover any Severe Disability arising directly or indirectly, wholly or partly from any one of the following occurrences:
  - i. Intentionally self-inflicted injury, or attempted suicide whether the Policyholder is sane or insane;
  - ii. War, whether declared or undeclared;
  - iii. Alcoholism or drug addiction.
- b. No benefit payments shall be made for Pre-existing Disability or for Severe Disability arising from Pre-existing Conditions unless the Pre-Existing Conditions have been disclosed and accepted by NTUC Income prior to the Policy Commencement Date.

### 5. Waiting Period

No claims, except claims resulting solely from Accident, shall be paid during the first 90 days from the Policy Commencement Date (inclusive). Should the Policyholder become Severely Disabled during the waiting period, other than solely due to Accident, this Policy will terminate and the Policyholder will receive a full refund of premiums.

### 6. Deferment Period

Deferment Period means the 90-day period from the claim date (inclusive). The first benefit payment shall be payable immediately after the Deferment Period. The claim date shall be deemed to be the date on which the claim form for this Policy is certified by an assessor from the panel appointed by NTUC Income.

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.

The benefit payments shall cease if the Policyholder ceases to suffer from Severe Disability.

### 7. Guaranteed Renewable

This Policy is guaranteed to be renewable annually, subject to the Clause on Termination.

### 8. Termination

This Policy will terminate on the earliest of the below events:

- a. The death of the Policyholder;
- b. The expiration of the Grace Period if the Policyholder fails to make the full premium payment;
- c. When the Policyholder serves written notice to terminate; or
- d. When the Basic ElderShield is terminated, other than by reason of the last benefit payment being received under the Basic ElderShield.

### 9. Free Look Privilege

Within 60 days of the Policy Commencement Date, the Policyholder shall be entitled to cancel this Policy and receive a full refund of premiums paid. After 60 days from the Policy Commencement Date, the Policyholder shall be entitled to cancel this Policy. However, no refund of premiums shall be made. Cancellation must be made in writing to NTUC Income.

### 10. 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.

### 11. No Cash or Surrender Value

This policy has no cash or surrender value.

### 12. Policy Owner's 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 us or visit the Life Insurance Association (LIA) or SDIC websites ([www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

## Notes

*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 complete 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 QUESTIONNAIRE

## 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 advice will be 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 information 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 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 (dd/mm/yyyy)
Name of Adviser	Signature & Date (dd/mm/yyyy)
Name of Adviser's Supervisor	Signature & Date (dd/mm/yyyy)

## Declaration by Proposer

1. I agree that the policy, 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 and if anything untrue, incorrect or incomplete is stated, the insurance policy shall not be valid.
2. I warrant that the statements made and particulars given in this proposal are true, correct and complete and I accept full responsibility for them, whether written by me or by anyone else on my behalf. I have not withheld any information.
3. I understand that NTUC Income may:
  - i. amend the rates of premium for PrimeShield, provided that the amended rates apply to all policies in the same 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. make corresponding amendments to the benefits, terms and conditions for those covered under PrimeShield with effect from the next renewal date, if the benefits, terms or conditions of the Basic ElderShield 300 and Basic ElderShield 400 plans are amended.
  - 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 Policy Commencement Date (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, the contents of which have been explained to me to my satisfaction.  
For PrimeShield proposal:  
I have been given a copy of your Guide to Health Insurance, Product Summary, Benefit Illustration, the contents of which have been explained to me to my satisfaction.
6. I agree that NTUC Income has the right to terminate any PrimeShield policy issued to me based on this proposal at any time if my Basic ElderShield 300 or Basic ElderShield 400 policy is terminated (except where termination of my Basic ElderShield 300/Basic ElderShield 400 policy is a result of the last benefit payment being made).
7. 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.
8. I am aware that I can seek advice from a qualified adviser before I sign this proposal. 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.
9. I \_\_\_\_\_ (Name & Signature of Proposer) \_\_\_\_\_ (NRIC No.)  
agree and authorise any medical source, insurance office or organisation to release to NTUC Income, and NTUC Income to release to any medical source, insurance office or organisation any relevant information concerning me at any time, irrespective of whether this proposal is accepted by NTUC Income. A photocopy of this authorisation shall have the same effect as the original.

**I/We agree that the policy will be entered in the Register of the Singapore policies.**

**If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the adviser but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal.**

\_\_\_\_\_  
Name of Proposer

\_\_\_\_\_  
Signature of Proposer

\_\_\_\_\_  
Date (dd/mm/yyyy)

**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 Adviser

1. I declare that all the answers given to me by the Proposer is declared in the proposal. I have not withheld any information which may influence the acceptance of this proposal 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 Proposer and have explained the terms of the policy to the Proposer. I have also sighted the proof of identity of the Proposer and certify that the particulars are the same as stated on this proposal.
4. Is the medical insurance intended to replace existing medical policy(ies)? If "Yes", please give details.  
 Yes    No

\_\_\_\_\_  
Name of Adviser

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Name of Adviser's Supervisor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)