

BENEFIT ILLUSTRATION AND PRODUCT SUMMARY FOR PRIMESHIELD

BENEFIT ILLUSTRATION

This Benefit Illustration shows how the cover of your Policy applies over time.

PrimeShield is offered to those who have Basic ElderShield plan. The minimum and maximum entry ages are 40 years and 64 years respectively.

The benefits provided are:

- 1) A Lump Sum Benefit equal to 3 times the **Amount¹** payable in one lump sum per lifetime.
- 2) A Monthly Disability Benefit on top of the monthly payout under the Basic ElderShield plan. The Monthly Disability Benefit continues even after the Basic ElderShield plan has been fully paid out, if the Policyholder is still Severely Disabled.
- 3) A Dependent Care Benefit which is a sum equal to 25% of the **Amount¹** 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).
- 4) A Get Well or Death Benefit equal to 3 times the **Amount¹** payable in one lump sum per lifetime:
 - (i) if the Policyholder recovers from a Severe Disability; or
 - (ii) while suffering from Severe Disability, the Policyholder dies

For the purpose of illustrating the claim benefit payout, the monthly benefit of PrimeShield is assumed at \$500. This **Amount¹** can be varied according to each individual needs.

A. If you are on the old Basic ElderShield (i.e. ElderShield 300-monthly benefit \$300 for 5 years)

Basic ElderShield 300 + PrimeShield

Plan type	Year 1 Benefit	Year 2 Benefit	Year 3 Benefit	Year 4 Benefit	Year 5 Benefit	Year 6 Benefit	Total Benefit for 6 years	Lifetime Benefit ²
Basic ElderShield 300	\$3,600	\$3,600	\$3,600	\$3,600	\$3,600	NA	\$18,000	NA
PrimeShield	\$2,400	\$2,400	\$2,400	\$2,400	\$2,400	\$6,000	\$18,000	\$500 per month
Lump Sum Benefit	\$1,500	-	-	-	-	-	\$1,500	NA
Total	\$7,500	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$37,500	\$500 per month

² After 60 monthly payments under Basic ElderShield 300

B. If you are on the new Basic ElderShield (i.e. ElderShield 400-monthly benefit \$400 for 6 years)

Basic ElderShield 400 + PrimeShield

Plan type	Year 1 Benefit	Year 2 Benefit	Year 3 Benefit	Year 4 Benefit	Year 5 Benefit	Year 6 Benefit	Total Benefit for 6 years	Lifetime Benefits ³
Basic ElderShield 400	\$4,800	\$4,800	\$4,800	\$4,800	\$4,800	\$4,800	\$28,800	NA
PrimeShield	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$7,200	\$500 per month
Lump Sum Benefit	\$1,500	-	-	-	-	-	\$1,500	NA
Total	\$7,500	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$37,500	\$500 per month

³ After 72 monthly payments under Basic ElderShield 400

This benefit illustration is for illustrative purposes only and is not a contract of insurance. The precise terms and conditions of this plan are specified in the contract of insurance.

PRODUCT SUMMARY

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 **Amount¹** 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.

¹**Amount** is the sum chosen by the Policyholder as indicated in the Policy Schedule.

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	61 st Monthly Disability Benefit onwards
The Amount ¹ Less \$300	The Amount ¹

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

First 72 Monthly Disability Benefit	73 rd Monthly Disability Benefit onwards
The Amount ¹ Less \$400	The Amount ¹

The Monthly Disability Benefit shall cease immediately to be payable 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**¹ 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 immediately to be payable 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**¹ 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**¹ 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 to 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.

¹**Amount** is the sum chosen by the Policyholder as 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 or 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.

Name of Proposer	Signature & Date (dd/mm/yyyy)
Name of Adviser	Signature & Date (dd/mm/yyyy)
Name of Adviser's Supervisor ⁴	Signature & Date (dd/mm/yyyy)

⁴To fill in only if applicable