



## Upgrading or adding rider to Enhanced IncomeShield (for existing policies only)

**Warning:** Under Section 23(5) of the Insurance Act 1966 (or any other future amendments to it), you must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise, the insurance policy may not be valid.

### Instructions and important notes

#### Instructions

- Section A: Please fill in all the details.
- Sections B - J: Please fill in all the details of the life to be insured, including the policyholder who wants to upgrade the type of plan or add rider. If more information is needed under the health declaration, please use extra paper. The policyholder and life to be insured must fill in the 'Declarations' section.



#### Important notes

- For upgrade of main plan on MediSave payment method, parental consent is required for MediSave payor below 21 years old. Please fill in the 'Authorisation form for deduction of IncomeShield premiums from minor's CPF MediSave Account' and submit together with this application. Only a parent or legal guardian aged 21 years old and above can provide authorisation for usage of a minor's MediSave funds.
- We will start the cover after we have approved your application and full premium payment is received by Income. If you are only adding a new rider or downgrading/upgrading your existing rider, during the 2 months period before your main plan is due for renewal, the start date for the new rider(s) will be the same as the renewal date for the main plan. The new rider's benefits/premiums may be subject to changes upon your renewal. The start date of the main plan and rider(s) will be shown in the Policy Certificate.
- There is a 40 days period from the start date of your new integrated plan or downgraded/upgraded plan where you are not allowed to perform any downgrade or upgrade of your policy.
- You must pay the premium for the current plan in full before the upgraded plan or new rider can start.
- Anyone who pays for, or is insured under IncomeShield/IncomeShield Standard Plan/Enhanced IncomeShield is not eligible for Additional Premium Support (APS) from the Government.\*  
If you are currently receiving APS to pay for your MediShield Life and/or CareShield Life premiums, and you choose to be insured under this IncomeShield/IncomeShield Standard Plan/Enhanced IncomeShield, you will stop receiving APS. This applies even if you are not the person paying for this IncomeShield/IncomeShield Standard Plan/Enhanced IncomeShield.  
In addition, if you choose to be insured under this IncomeShield/IncomeShield Standard Plan/Enhanced IncomeShield, the person paying for IncomeShield/IncomeShield Standard Plan/Enhanced IncomeShield will stop receiving APS, if he or she is currently receiving APS.  
\* APS is for families who need assistance with MediShield Life and/or CareShield Life premiums, even after receiving premium subsidies and making use of MediSave to pay for these premiums.
- Existing payment method and policyholder for the main plan/rider(s) will not change. To change payment method, you may submit your request via My Income customer portal at <https://me.income.com.sg>. To change policyholder, please fill in the 'IncomeShield payment alteration (change policyholder) form'.
- All payments by cheque, cashier order or money order must be made payable to **Income Insurance Limited** and clearly state the Reference Number (Policy Number or NRIC number of Proposer/Policyholder), Name and Contact Number of Proposer/Policyholder at the back of the cheque, cashier order or money order. A temporary e-receipt must be issued by your advisor for payment made by cheque, cashier order or money order. For cash payment, it can only be made directly to us at any Income branch, subjected to the prevailing cash acceptance limit. **Your advisor is not allowed to collect any cash from you.** We will be sending you an SMS acknowledgement or official receipt once we have processed your application. Please call our hotline at 6788 1122 or send an email to [csquery@income.com.sg](mailto:csquery@income.com.sg) if you did not receive any SMS acknowledgement or official receipt within five working days. For future premiums payments options, please visit our website at <https://www.income.com.sg/contact-us/premium-payment-methods>.
- All pages of this application form need to be submitted.

### Advisor's details

- ☐ Change to a new advisor (Please provide details below.) ☐ Stay with existing advisor

Advisor's name \_\_\_\_\_ Advisor's code \_\_\_\_\_

### Section A: Details of policyholder (This section must be completed)



#### Important notes

- You may update your contact details and access your policy information via My Income customer portal at [www.income.com.sg/account](http://www.income.com.sg/account). If your contact details are not updated prior to the submission of this application, any correspondences will be sent to your address, contact number and/or email address in our records.
- Electronic Documents:** All application and policy correspondence will be sent to you electronically, unless any of these are not available electronically, in which case you will receive the hardcopy by mail.  
**Notes:**
  - If your year of birth is 1955 or earlier, we will send you hardcopy documents by mail as a default.
  - You can change your preference to receive electronic copy or hardcopy documents anytime by submitting a request via [www.income.com.sg/enquiry](http://www.income.com.sg/enquiry).

Full name (as in NRIC/Long-Term Pass)	NRIC number/FIN
Occupation	Country of residence

## Section B: Details of life to be insured (This section must be completed)

Life to be insured <input type="checkbox"/> You <input type="checkbox"/> Husband or wife <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Sibling			
Full name (as in NRIC/BC/Long-Term Pass)	NRIC/BC number/FIN	Policy number	Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (please give details): _____
Occupation	Country of residence		<input type="checkbox"/> Others (please give details): _____

## Section C: Details of plan and rider (This section must be completed)



### Important notes

- All applications for upgrades or new rider depend on our assessment and approval.
- Each life to be insured is only allowed to buy either Deluxe Care Rider or Classic Care Rider. Cover for Deluxe Care Rider and Classic Care Rider will follow the main type of plan.
- For existing Plus Rider or Assist Rider policyholders, if you have chosen the Deluxe Care Rider or Classic Care Rider, your Plus Rider or Assist Rider will end immediately once the new rider has been approved and added to the main plan. You will not be allowed to change back to the Plus Rider or Assist Rider.
- If you choose to upgrade your plan and you have an existing Plus Rider or Assist Rider, your existing Plus Rider or Assist Rider will transit to the Deluxe Care Rider or Classic Care Rider respectively upon the start date of your upgraded plan if you do not select any Rider options below. You will not be allowed to change back to the Plus Rider or Assist Rider.
- If you choose to only downgrade your plan and you have an existing Plus Rider or Assist Rider, you will keep your existing Plus Rider or Assist Rider.
- Refer below for what is a plan upgrade and downgrade.
- If the new main plan and/or rider indicated is a downgrade from your existing plan/rider, we will process the application.
- For existing Deluxe Care Rider policyholders, if you have chosen the Classic Care Rider, your Deluxe Care Rider will end immediately once the Classic Care Rider has been approved and added to the main plan. Once you have downgraded to the Classic Care Rider, any request for an upgrade back to the Deluxe Care Rider is subject to our underwriting and acceptance.

		New main plan		
		Enhanced IncomeShield		
		Preferred	Advantage	Basic
Existing main plan	Enhanced IncomeShield Preferred	Upgrade	Downgrade	Downgrade
	IncomeShield Plan P			
	Enhanced IncomeShield Advantage			Upgrade
	IncomeShield Plan A			
	Enhanced IncomeShield Basic		Upgrade	
	IncomeShield Standard Plan			
	IncomeShield Plan B			Upgrade
	Enhanced IncomeShield Enhanced C			
	IncomeShield Plan C			
		New rider		
		Deluxe Care Rider	Classic Care Rider	
Existing rider	Plus Rider	Downgrade	Downgrade	
	Deluxe Care Rider			
	Assist Rider	Upgrade		
	Classic Care Rider			

**Type of plan:** If you want to upgrade, please choose your type of plan.

### Enhanced IncomeShield

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☐ Preferred (SG, PR or FR) ☐ Advantage (SG, PR or FR) ☐ Basic (SG, PR or FR)

The life to be insured can only upgrade to a plan based on their nationality.

SG: Singapore Citizen PR: Singapore Permanent Resident FR: Foreigner

### Rider options:

☐ Deluxe Care Rider ☐ Classic Care Rider

### Termination of existing rider:

☐ Plus/Assist/Deluxe Care/Classic Care Rider ☐ Daily Cash Rider ☐ Child Illness Rider

The selected rider(s) above will end on the date before the new plan starts. If no new plan is selected, please submit the 'IncomeShield policy alteration form' for termination.

## Section D: Lifestyle and health details (This section must be completed)



### Important notes

- Please ensure that each question below is answered correctly and fully, and that all relevant information is disclosed, including any information and declaration that you may have previously given to us.

### 1. Lifestyle – Life to be insured

1. Have you smoked cigarettes or cigars in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details below:	
		Years of smoking	_____ years
		Sticks of cigarettes	_____ per day
		Sticks of cigars	_____ per day
2. Do you consume alcohol (quantity per week)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details below:	
		Cans of beer	_____ per 330ml
		Glasses of wine	_____ per 125ml
		Glasses of spirit	_____ per 30ml
3a. Have you ever been advised by a health care professional or a counsellor to reduce your alcohol intake, see a specialist, or to attend a support group because of your alcohol intake?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details below and answer Question 3b.	
		Name of doctor / support group / institution / clinic / hospital / rehabilitation centre	
		Address of doctor / support group / institution / clinic / hospital / rehabilitation centre	
3b. Have you completed treatment or been discharged from medical follow up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details below:	
		Date of last follow-up (dd/mm/yyyy)	
4a. Are you taking or have taken addictive drugs or substances (for example: narcotics or glue sniffing)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details below and answer Question 4b.	
		Addictive drug or substance taken	
4b. Have you ever completed treatment or counselling for addictive drugs or substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details below:	
		Name of doctor / support group / institution / clinic / hospital / rehabilitation centre	
		Address of doctor / support group / institution / clinic / hospital / rehabilitation centre	
		Date of last follow-up (dd/mm/yyyy)	

<p>5. Have you or your spouse/partner received any medical advice, counselling or treatment in connection with any of the condition below?</p> <ul style="list-style-type: none"> <li>HIV</li> <li>Sexually transmitted diseases</li> <li>AIDS, AIDS-related complex or any other AIDS-related conditions</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details below and submit a copy of all results, if available.	
		Party involved	<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner
		Reason for test / medical advice / counselling	
		Exact diagnosis / condition / concern	
		Date of test / medical advice / counselling (dd/mm/yyyy)	
		Type of test done and results (if any)	
		Medical advice / counselling given by doctor (if any)	
		Name and address of clinic / hospital	

## 2. Build – Life to be insured

1. What is your height (metres) and weight (kilograms)?	Height	_____ m
	Weight	_____ kg

## 3. Medical – Life to be insured

### 3.1. Medical – General (Questions for all ages)

1. Do you have a doctor whom you consult for medical reasons other than minor illness such as common cold or flu?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details below:	
		Date of last consultation (dd/mm/yyyy)	
		Reason for last consultation	
		Name of doctor	
		Name and address of clinic / hospital	
<p>2. In the last 5 years, have you had, or been advised to undergo any medical tests or investigations with the following outcome:</p> <ul style="list-style-type: none"> <li>Abnormal results or findings</li> <li>Inconclusive results</li> <li>Additional or repeat test</li> <li>Doctor referral</li> <li>Close monitoring or short interval follow up</li> <li>Regular surveillance test</li> </ul> <p>Typical examples of medical tests or investigations include blood test, urine test, x-ray, ECG, ultrasound, imaging scan, biopsy, mammogram, pap smear, prostate check. You should answer yes if your regular health screenings resulted in further follow up, repeat tests, inconclusive results or doctor referral.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details below and submit a copy of all results, if available.	
		<b>Medical Test / Investigation 1</b>	
		Date of test / investigation (dd/mm/yyyy)	
		Reason for test / investigation	
		Type of test / investigation	
		Test / Investigation result	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, please give details
		Name and address of clinic / hospital	

		<b>Medical Test / Investigation 2</b>	
		Date of test / investigation (dd/mm/yyyy)	
		Reason for test / investigation	
		Type of test / investigation	
		Test / Investigation result	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, please give details
		Name and address of clinic / hospital	

### 3.2 Medical – Adult (Questions for age 16 years old and above)



**Important notes:** If you have answered “Yes” to any of the question(s) in Question 1 or 2 below, please complete the Medical history questionnaire in page 9 - 11.

#### 1. Have you

- been diagnosed, experienced symptoms, received medical advice or treatment, or are currently under investigation, referred for further consultation; or
  - been refused, accepted with special terms, or deferred for any application or reinstatement for life, or critical illness or disability or accident or hospital insurance with any insurer; or
  - made any claims or intend to make claims for any of your life, critical illness or disability or accident or hospital insurance with any insurer,
- for following medical condition and/or symptoms?

#### a. Cancer or Growth

i. Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Carcinoma-in-situ	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Enlarged lymph node, lump, tumour or any growth	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Cyst	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Polyp	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Nodule	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii. Unusual skin lesion	<input type="checkbox"/> Yes <input type="checkbox"/> No
viii. Leukemia	<input type="checkbox"/> Yes <input type="checkbox"/> No
ix. Lymphoma	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### b. Heart, blood vessel or circulatory system disorders

i. High blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. High cholesterol	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Coronary artery disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Heart attack	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Heart murmur	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii. Heart valve disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
viii. Fast heart rate	<input type="checkbox"/> Yes <input type="checkbox"/> No
ix. Slow heart rate	<input type="checkbox"/> Yes <input type="checkbox"/> No
x. Irregular heart rate	<input type="checkbox"/> Yes <input type="checkbox"/> No
xi. Transient ischemic attack	<input type="checkbox"/> Yes <input type="checkbox"/> No
xii. Chest pain or discomfort	<input type="checkbox"/> Yes <input type="checkbox"/> No
xiii. Any other heart, blood vessel or circulatory disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### c. Blood disorders or autoimmune system disorders

i. Anaemia	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Haemophilia	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Thalassaemia	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Systemic lupus erythematosus	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Scleroderma or mixed connective tissue diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Any other blood disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii. Any other autoimmune diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### d. Endocrine disorders

i. Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Impaired glucose tolerance	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Raised blood sugar level	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Hyperthyroidism / Graves' Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Hypothyroidism	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Goitre	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii. Any other endocrine disorders (glands that secrete hormones)	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### e. Digestive, liver, gall bladder, pancreas or spleen disorders

i. Hepatitis (including Hepatitis B carrier)	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Fatty liver	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Cirrhosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Raised liver enzymes	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Pancreatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Gall stones	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii. Stomach or duodenal ulcer	<input type="checkbox"/> Yes <input type="checkbox"/> No
viii. Gastritis	<input type="checkbox"/> Yes <input type="checkbox"/> No
ix. Gastric reflux	<input type="checkbox"/> Yes <input type="checkbox"/> No
x. Gastro-intestinal bleeding	<input type="checkbox"/> Yes <input type="checkbox"/> No
xi. Colitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
xii. Crohn's disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
xiii. Piles	<input type="checkbox"/> Yes <input type="checkbox"/> No
xiv. Blood in stool	<input type="checkbox"/> Yes <input type="checkbox"/> No
xv. Any other oesophagus, stomach, intestines, colon, rectum or digestive disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
xvi. Any other pancreas, liver or spleen disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No

f. Nervous, neurological or mental disorders	
i. Anxiety	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Bipolar disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Schizophrenia	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Eating disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Epilepsy or fits	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii. Dementia	<input type="checkbox"/> Yes <input type="checkbox"/> No
viii. Alzheimer's disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
ix. Parkinson's disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
x. Cerebral palsy	<input type="checkbox"/> Yes <input type="checkbox"/> No
xi. Aneurysm	<input type="checkbox"/> Yes <input type="checkbox"/> No
xii. Multiple sclerosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
xiii. Motor neuron disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
xiv. Prolonged headache	<input type="checkbox"/> Yes <input type="checkbox"/> No
xv. Unconsciousness	<input type="checkbox"/> Yes <input type="checkbox"/> No
xvi. Paralysis	<input type="checkbox"/> Yes <input type="checkbox"/> No
xvii. Numbness or weakness of limbs	<input type="checkbox"/> Yes <input type="checkbox"/> No
xviii. Any other nervous, neurological or mental disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Urinary or reproductive organ disorders	
i. Protein in urine / Proteinuria	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Blood in urine / Haematuria	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Sugar in urine / Glycosuria	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Kidney stones	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Kidney infection	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Chronic kidney disease or kidney failure	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii. Prolapsed urinary bladder	<input type="checkbox"/> Yes <input type="checkbox"/> No
viii. Polycystic kidney disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
ix. Urinary incontinence	<input type="checkbox"/> Yes <input type="checkbox"/> No
x. Prostate Enlargement / Benign Prostate Hyperplasia / Benign Prostatic Hypertrophy (BPH)	<input type="checkbox"/> Yes <input type="checkbox"/> No
xi. Prostatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
xii. Any other urinary or reproductive organ disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Respiratory disorders	
i. Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Bronchitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Pneumonia	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Chronic obstructive pulmonary disease (COPD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Emphysema	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii. Breathlessness	<input type="checkbox"/> Yes <input type="checkbox"/> No
viii. Persistent cough (longer than 4 weeks)	<input type="checkbox"/> Yes <input type="checkbox"/> No
ix. Coughing with blood	<input type="checkbox"/> Yes <input type="checkbox"/> No
x. Any other respiratory disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No

i. Eyes, ears, nose or throat conditions	
i. Cataracts	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Impaired sight (exclude myopia)	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Double vision	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Sleep apnoea	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Sinusitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Rhinitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii. Nose bleeds (recurring or continuous longer than 1 week)	<input type="checkbox"/> Yes <input type="checkbox"/> No
viii. Impaired hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No
ix. Ear discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No
x. Recurrent tonsilitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
xi. Impaired speech	<input type="checkbox"/> Yes <input type="checkbox"/> No
xii. Any other eyes, ears, nose or throat disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Gout, bone, spine, joint or muscle disorders	
i. Slipped disc	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Chronic back pain	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Arthritis	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Gout	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Osteoporosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Amputation of limbs (partial or full)	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii. Any other bone, spine, joint or muscle disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Skin disorders	
i. Chronic eczema	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Psoriasis	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Any other skin disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Others	
i. HIV or AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Sexually transmitted diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Learning disability or has special learning needs	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Autism	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Attention deficit hyperactivity disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Pain, discomfort or limp that have continued for more than one month	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii. Any other illness, disorders, abnormalities, accident, operation, treatment, or hospitalisation	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you experienced any of the following?	
a. Unexplained weight loss more than 5 kg in last 1 year	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Unexplained or persistent fatigue for more than 1 week	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Giddiness for more than 2 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Breathlessness for more than 2 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Persistent fever for more than 2 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Diarrhoea for more than 2 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Any other recurring symptoms for more than 2 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. COVID-19 with hospitalisation	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 3.3 Medical – Female (Additional questions for female age 16 years old and above)



**Important notes:** If you have answered “Yes” to any of the question(s) in Question 3, 4, 5 or 6 below, please complete the Medical history questionnaire in page 9 - 11.

1. Are you now pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details below:	
		Number of weeks pregnant	_____ weeks
2. Have there been any complication(s) relating to this and / or previous pregnancies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details below:	
		Past or Current pregnancy	<input type="checkbox"/> Past <input type="checkbox"/> Current
		Date of diagnosis (dd/mm/yyyy)	
		Details of complications	
3. Have you experienced symptoms for any of these conditions?			
a. Gestational diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	d. Thrombosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Eclampsia	<input type="checkbox"/> Yes <input type="checkbox"/> No	e. Miscarriage	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Pregnancy induced hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No	f. Any other symptoms or complications	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you had or received any treatment for, or plan to be treated for any of the following breast(s) conditions?			
a. Breast lump	<input type="checkbox"/> Yes <input type="checkbox"/> No	f. Mammary dysplasia	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Breast cyst	<input type="checkbox"/> Yes <input type="checkbox"/> No	g. Paget’s disease of the nipple or breast	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Fibroadenoma of the breast	<input type="checkbox"/> Yes <input type="checkbox"/> No	h. Carcinoma-in-situ of the breast	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Fibrocystic disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	i. Cancer or growth of the breast or any disease or disorder of the breast	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Nipple changes or discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Have you had or received any treatment for, or plan to be treated for any of the following female reproductive conditions?			
a. Ovarian cyst	<input type="checkbox"/> Yes <input type="checkbox"/> No	e. Abnormal enlargement of the abdomen	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Uterine fibroids	<input type="checkbox"/> Yes <input type="checkbox"/> No	f. Cancer of ovaries, cervix uteri or vulva	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Endometriosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	g. Carcinoma-in-situ of ovaries, cervix uteri or vulva	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Abnormal uterine or vaginal bleeding	<input type="checkbox"/> Yes <input type="checkbox"/> No	h. Any other ovaries, cervix uteri or vulva disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had any abnormal tests or been advised to undergo any further investigations?			
a. Mammogram, breast ultrasound or other tests done on breasts	<input type="checkbox"/> Yes <input type="checkbox"/> No	b. PAP smear or pelvis ultrasound, cone biopsy, colposcopy, CA125 or other gynaecological tests	<input type="checkbox"/> Yes <input type="checkbox"/> No


### 3.4 Medical – Juvenile (Questions for age below 16 years old)



**Important notes:** If you have answered “Yes” to any of the question(s) in Question 1 or 2 below, please complete the Medical history questionnaire in page 9 - 11.

1. Have you	
<ul style="list-style-type: none"> <li>• been diagnosed, experienced symptoms, received medical advice or treatment, or are currently under investigation, referred for further consultation; or</li> <li>• been refused, accepted with special terms, or deferred for any application or reinstatement for life, or critical illness or disability or accident or hospital insurance with any insurer; or</li> <li>• made any claims or intend to make claims for any of your life, critical illness or disability or accident or hospital insurance with any insurer,</li> </ul>	
for following medical condition and/or symptoms?	
<b>a. Cancer or Growth</b>	
i. Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Carcinoma-in-situ	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Enlarged lymph node, lump, tumour or any growth	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Cyst	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Polyp	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Nodule	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii. Unusual skin lesion	<input type="checkbox"/> Yes <input type="checkbox"/> No
viii. Leukemia	<input type="checkbox"/> Yes <input type="checkbox"/> No
ix. Lymphoma	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b. Heart, blood vessel or circulatory system disorders</b>	
i. Heart murmur	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Heart valve disorders or diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Hole in heart	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Kawasaki’s disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Fast heart rate	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Slow heart rate	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii. Irregular heart rate	<input type="checkbox"/> Yes <input type="checkbox"/> No
viii. Any other heart, blood vessels disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>c. Blood disorders or autoimmune system disorders</b>	
i. Anaemia	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Haemophilia	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Thalassaemia	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Systemic lupus erythematosus	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Scleroderma or mixed connective tissue diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Any other blood disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii. Any other autoimmune diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d. Endocrine disorders</b>	
i. Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Hyperthyroidism / Graves' Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Hypothyroidism	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Goitre	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Any other endocrine disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e. Digestive, liver, gall bladder, pancreas or spleen disorders</b>	
i. Prolonged jaundice / Jaundice requiring medical treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Hepatitis (including Hepatitis B carrier)	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Any other disorder of the digestive system including oesophagus, stomach, intestines, colon, rectum, anus, liver, gallbladder, pancreas	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>f. Nervous, neurological or mental disorders</b>	
i. Epilepsy or fits	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Weakness of limbs	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Developmental delay	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Physical abnormality	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Unconsciousness	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Any other neurological, cognitive, language or psychosocial aspect, or nervous or mental disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>g. Urinary or reproductive organ disorders</b>	
i. Protein in urine / Proteinuria	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Blood in urine / Haematuria	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Sugar in urine / Glycosuria	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Kidney infection	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Urinary tract infection	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Any other kidney, bladder or reproductive organ disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>h. Respiratory disorders</b>	
i. Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Bronchitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Pneumonia	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Persistent cough (longer than 4 weeks)	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Any other respiratory disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>i. Eyes, ears, nose or throat conditions</b>	
i. Impaired sight (exclude myopia)	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Double vision	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Nose bleeds (recurring or continuous longer than 1 week)	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Impaired hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Ear discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Impaired speech	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii. Any other disorder of eyes, ears and nose	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>j. Others</b>	
i. Learning disability or has special learning needs	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Autism	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Attention deficit hyperactivity disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Pain, discomfort or limp that have continued for more than one month	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. HIV or AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Sexually transmitted diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii. Any other illness, disorders, abnormalities, accident, operation, treatment, or hospitalisation	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2. Have you experienced any of the following?</b>	
a. Unexplained weight loss more than 5 kg in last 1 year	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Unexplained or persistent fatigue for more than 1 week	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Giddiness for more than 2 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Breathlessness for more than 2 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Persistent fever for more than 2 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Diarrhoea for more than 2 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Any other recurring symptoms for more than 2 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. COVID-19 with hospitalisation	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3.5 Medical – Juvenile (Additional questions for age below 2 years old)</b>	
 <b>Important notes:</b> If you have answered “Yes” to any of the question(s) in Question 2 below, please complete the Medical history questionnaire in page 9 - 11.	
1. Is the child a premature baby (i.e. less than 37 weeks of gestation)? If yes, please provide details below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Gestation period	_____ weeks
b. Length at birth	_____ cm
c. Weight at birth	_____ kg
d. APGAR score at 1 minute	
e. APGAR score at 5 minute	
f. Date of discharge from hospital (dd/mm/yyyy)	
2a. Was there any significant event during pregnancy / delivery such as the following?	
i. Birth difficulty	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Infection (exclude flu)	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Congenital deformities	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Lack of mental development	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Respiratory distress syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Prolonged jaundice that lasted more than 2 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii. G6PD deficiency	<input type="checkbox"/> Yes <input type="checkbox"/> No
viii. Respiratory disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
ix. Intrauterine growth retardation	<input type="checkbox"/> Yes <input type="checkbox"/> No
x. Others	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Any special care needed after birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Has the child been advised, or been told to go for further follow-up, or further evaluation, or monitoring after each routine assessment check?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Has the child had any physical, congenital or developmental defects, or shown any sign of slow physical or mental development?	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### 4. Insurance history

1. Has any application or reinstatement for a life, or critical illness, or disability, or accident, or hospital insurance policy ever been refused, postponed or accepted at special terms with any insurer?

☐ Yes ☐ No

If yes, please provide details below:

Insurance company

Type of policy

Reasons

2. Have you ever made any claims or are you intending to make any claims, on any policy with any insurer?

☐ Yes ☐ No

If yes, please provide details below:

Insurance company

Nature of claim

Year of claim

#### 5. Medical history questionnaire



##### Important notes

- This section must be completed only if you have answered "Yes" to any of the mentioned question in the following section:
  - > Section D 3.2 Question 1 or 2
  - > Section D 3.3 Question 3, 4, 5 or 6
  - > Section D 3.4 Question 1 or 2
  - > Section D 3.5 Question 2
- If you have more medical conditions to declare, please continue on a separate Medical history questionnaire, date and sign it.

#### 5.1. Medical history

	Medical condition 1	Medical condition 2	Medical condition 3
1. Details of medical condition			
Name of Condition			
Section No.			
Question No.			
2. Signs or symptoms			
State the signs or symptoms			
Date of first occurrence (dd/mm/yyyy)			
3. Medical tests or investigations			
a. Medical Test / Investigation 1			
Type of test or investigation			
Date of test or investigation (dd/mm/yyyy)			
Results of test or investigation	<input type="radio"/> Normal <input type="radio"/> Abnormal, please give details <input type="text"/>	<input type="radio"/> Normal <input type="radio"/> Abnormal, please give details <input type="text"/>	<input type="radio"/> Normal <input type="radio"/> Abnormal, please give details <input type="text"/>

	Medical condition 1	Medical condition 2	Medical condition 3
<b>b. Medical Test / Investigation 2</b>			
Type of test or investigation			
Date of test or investigation (dd/mm/yyyy)			
Results of test or investigation	<input type="radio"/> Normal <input type="radio"/> Abnormal, please give details <input type="text"/>	<input type="radio"/> Normal <input type="radio"/> Abnormal, please give details <input type="text"/>	<input type="radio"/> Normal <input type="radio"/> Abnormal, please give details <input type="text"/>
<b>4. Diagnosis</b>			
State the diagnosis			
Date of first diagnosis (dd/mm/yyyy)			
Underlying cause	<input type="radio"/> Unknown <input type="radio"/> Known, please specify <input type="text"/>	<input type="radio"/> Unknown <input type="radio"/> Known, please specify <input type="text"/>	<input type="radio"/> Unknown <input type="radio"/> Known, please specify <input type="text"/>
<b>5. Treatment</b>			
Type of treatment(s). You may tick more than one treatment.	<input type="radio"/> Dietary advice <input type="radio"/> Medication, please state name of medication <input type="text"/> <input type="radio"/> Surgery, please state name of procedure and date operated <input type="text"/> Date: (dd/mm/yyyy) <input type="radio"/> Others, please specify <input type="text"/>	<input type="radio"/> Dietary advice <input type="radio"/> Medication, please state name of medication <input type="text"/> <input type="radio"/> Surgery, please state name of procedure and date operated <input type="text"/> Date: (dd/mm/yyyy) <input type="radio"/> Others, please specify <input type="text"/>	<input type="radio"/> Dietary advice <input type="radio"/> Medication, please state name of medication <input type="text"/> <input type="radio"/> Surgery, please state name of procedure and date operated <input type="text"/> Date: (dd/mm/yyyy) <input type="radio"/> Others, please specify <input type="text"/>
Name and address of the doctor whom you consulted			
<b>6. Current status</b>			
<b>a. Full recovery</b>			
Have you made a full recovery with no further treatment, follow-up with doctor, recurrence of condition, ongoing symptoms or complications?	<input type="radio"/> Yes, please state the date of full recovery Date: (dd/mm/yyyy) <input type="radio"/> No, please proceed to Question 6b	<input type="radio"/> Yes, please state the date of full recovery Date: (dd/mm/yyyy) <input type="radio"/> No, please proceed to Question 6b	<input type="radio"/> Yes, please state the date of full recovery Date: (dd/mm/yyyy) <input type="radio"/> No, please proceed to Question 6b

	Medical condition 1	Medical condition 2	Medical condition 3
b. Still on regular treatment or follow-up (not applicable if Insured has made full recovery)			
Date of last consultation (dd/mm/yyyy)			
Date of next consultation (dd/mm/yyyy)			
Frequency of follow-up			
Planned date for further investigation / treatment / surgery (dd/mm/yyyy)			
7. Medical Report			
Any enclosed medical report(s) with this application	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

5.2. Additional questions for life to be insured diagnosed with high blood pressure and / or high cholesterol

Details	Blood pressure readings		Cholesterol level readings			
Date last measured (dd/mm/yyyy)						
Result when last measured	Systolic		Total Cholesterol		HDL Cholesterol	
	Diastolic		Triglycerides		LDL Cholesterol	
Average results for the 6 months before date last measured	Systolic		Total Cholesterol		HDL Cholesterol	
	Diastolic		Triglycerides		LDL Cholesterol	

6. Additional details

If you require additional space for your answer to any of the questions, please write the section and question number and details of the answer below:

## Section E: Client acknowledgement (upgrading/downgrading your Integrated Shield plan)

Your advisor is required to explain the following to you if you are upgrading/downgrading your Integrated Shield plan. (This does not apply for direct marketing.)

- ☐ I confirm that my advisor has explained to my satisfaction the implications associated with this switch/replacement and, based on his/her recommendation, I agree to proceed with the switch/replacement of my existing Integrated Shield Plan. I am aware that each life to be insured can only have one Integrated Shield Plan. Once this policy commences, the existing Integrated Shield Plan covering the life to be insured will be automatically terminated.
- ☐ My advisor has explained to me the implications associated with this switch/replacement. I am aware that the implications that may arise from a switch/replacement could outweigh any potential benefit such as:
- The new policy may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at higher cost and, the new policy may be less suitable for me.
  - If I am switching to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may lose coverage for those conditions.
  - If I am replacing my existing plan by upgrading to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may not be given the enhanced benefits for those conditions.

## Section F: Declaration to Central Provident Fund Board (CPF)

### 1. Authorisation by CPF account holder (applicant)

I authorise the Central Provident Fund Board (the "CPF") to deduct premium(s) due for the Life/Lives to be Insured as named under this application (the "Life/Lives to be Insured") from my MediSave account (including any new MediSave account(s) which I may have arising from obtaining Singapore Permanent Resident status or otherwise) in accordance with the provisions of the Central Provident Fund Act 1953, the MediShield Life Scheme Act 2015 and the respective subsidiary legislation made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the CPF from time to time for the purposes of the Private Medical Insurance Scheme (or by such other name as it may be referred to from time to time) (PMIS).

I authorise the CPF to disclose information/seek information on a confidential basis to/from any Insurer(s) for the PMIS in respect of the insurance cover issued following this application. Such information includes but is not limited to:

- (i) payment and amount of premiums due, including the deduction of premiums from my MediSave account and my MediSave account balance;
- (ii) the making of refunds under the PMIS, as the CPF shall reasonably consider appropriate; and
- (iii) the amount of premium subsidies for the Life/Lives to be Insured and the amount of additional premium applicable to the Life/Lives to be Insured.

### 2. Consent of the applicant and Life/Lives to be Insured

I/We, the Life/Lives to be Insured named under this application, hereby consent to the transfer and disclosure, at any time and without notice to me/us, of any medical information on me/us, in the Insurer's or the CPF's possession, between the Insurer and the CPF for the purpose of assessing the insurability of me/us and/or the making of a claim under the PMIS.

### 3. Automatic termination of existing integrated medical insurance plan(s) for Life/Lives to be Insured under certain circumstances

Subject to the relevant laws and terms and conditions, I understand that:

- (i) Upon the commencement of this Enhanced IncomeShield cover, any other existing Integrated Shield Plan (if any) under the PMIS in favour of the Life/Lives to be Insured shall automatically terminate; and
- (ii) Upon the commencement of another Integrated Shield Plan in favour of the Life/Lives to be Insured, this Enhanced IncomeShield cover of the Life/Lives to be Insured shall automatically terminate.

## Section G: Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance Limited ("Income"), its representatives, agents, relevant third parties (referred to in Income's Privacy Policy at <https://www.income.com.sg/privacy-policy>), Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income including providing me/us with financial advice/financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income, its affiliates, business partners and/or NTUC Enterprise group of social enterprises ("NE Group") where required for Income, its affiliates, business partners and/or NE Group, to develop, improve and/or customise their products/services and/or to provide me/us with their respective products/services, and in the manner and for other purposes described in Income's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family member, employee, payee/payor or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorisation and approval on their behalf,

for the purposes as set out in this Personal Data Use Statement.

I/We agree that if my/our policy(ies) premiums are paid by third-party payor(s), I/We consent to the use and disclosure of my/insured name(s) and relevant policy(ies) information by Income to such third-party payor(s) for the purposes of processing and/or administering premiums payments for my/our policy(ies).

Please refer to Income's Privacy Policy (<https://www.income.com.sg/privacy-policy>) for more information, including access and correction to personal data and consent withdrawal. I/we agree and understand that Income's Privacy Policy available on its website may be amended, supplemented and/or substituted by Income from time to time.

## Section H: Declarations

I/We cannot alter any of the wordings in this application form. Any attempt to do so will have no effect.

I/We declare that the answers given in this application are true, correct and complete. 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 material information. If it is discovered later that material information is not disclosed in this form, I/we will not be entitled to rely on the defence that the information was disclosed for or in the records of other policies with you. I/We agree that this application and other written answers, statements, information or declarations I/we have made or which have been made on my/our behalf will form the basis of the contract of insurance between the policyholder and Income. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.

I/We confirm that there has been no change in the information provided about me/us since the completion of the application and all additional declarations made in connection with the application. I/We will notify Income immediately if there is any change in the information provided about me/us such as any change in the state of health, financial information, any concurrent insurance policy applications with other insurers or if I/we plan to seek medical consultation, investigation, or treatment between the date of this application and the date this policy is in force. I am/we are aware that Income may add special terms to the policy or declare the policy as void according to the information provided or if I/we fail to notify Income of any change in my/our information.

I/We understand that I/we may receive correspondences for this application and my/our policy documents electronically (collectively "policy e-document"). I/We agree that Income can notify me/us by email or SMS to retrieve and read my/our policy e-documents via secure online access.

I/We agree that Income will not be responsible to me/us (or any other person) if I/we fail to:

- provide Income my/our correct email address or mobile number;
- inform Income of any update or change to my/our email address or mobile number; or
- keep the password to access the policy e-documents confidential.

I/We understand that the policy e-documents are considered delivered and received, upon my/our receipt of your SMS or email notification on the availability of the policy e-documents via secure online access.

I/We confirm:

- that I/we understand and agree to the collection, use and disclosure of my/our personal data as stated in the "Personal Data Use Statement" (PDUS);
- on the representation and warranty made in the PDUS.

For the purpose of this application, I/we authorise, consent and agree to:

- the medical source, insurance office, reinsurer, organisation to release to Income any medical or relevant information to do with me/us or the Insured whether Income accepts this application or not;
- Income and its relevant third parties stated in Income's Privacy Policy to collect from, use and/or disclose to any medical source, insurance office, reinsurer, or organisation any medical or relevant information to do with me/us or the Insured; and
- Income or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income to underwrite and evaluate me/us or the Insured's health status or condition in relation to this application.

I/We agree that a copy of this authorisation is valid and binding as an original copy.

Where applicable, I/we further authorise, consent and agree to Income disclosing my/our personal data to the Government of Singapore and statutory boards and organisations approved by the Government of Singapore, for the purpose of determining my/our suitability and eligibility for public schemes (including, without limitation, schemes relating to healthcare, aged care, disability, social assistance, financial assistance, retirement, savings, insurance and/or disability insurance) when required.

I/We agree that your legal responsibility will only begin when you accept this application and you have received the first full premium of the plan. The start date of the plan will be shown in the Policy Certificate.

I/We agree that you can end any IncomeShield/IncomeShield Standard Plan/Enhanced IncomeShield policy that was previously issued to me/us when you have accepted this application.

I/We understand that any pre-existing illness, disease or condition which the life to be insured may have suffered from before the start date of the upgraded policy or new rider to be issued will not be covered under the increased benefit provided under the upgraded plan or new rider.

I/We declare that my/our advisor has advised me/us that:

All Singapore Citizens and Permanent Residents will be covered by MediShield Life, regardless of my/our decision on an Integrated Shield Plan. An Integrated Shield Plan comprises two parts – a MediShield Life portion provided by the Central Provident Fund Board (CPFB) and an additional private insurance coverage portion provided by Income. As Integrated Shield Plan premiums are higher than MediShield Life premiums, there should be sufficient monies in my/our MediSave account(s) or I/we should have enough cash to pay for MediShield Life premiums on an ongoing basis before I/we consider purchasing an Integrated Shield Plan.

I/We agree that the product summary has been explained to me/us to my/our satisfaction by my/our advisor (this does not apply if transaction is performed with no advice from an advisor). A copy will be provided together with my/our policy document.

I/We have fully read through the contents of the product summary and I/we understand them.

I am/we are aware that I/we can ask for a copy of Your Guide to Health Insurance from my/our advisor (this does not apply if transaction is performed with no advice from an advisor). Or, I/we can download one at [www.income.com.sg](http://www.income.com.sg).

I/We can ask for advice from an advisor before I/we sign this application. I/We will make sure that this product is appropriate to my/our financial needs and insurance aims (this applies if transaction is performed with no advice from an advisor).

This application is governed by and interpreted according to the laws of the Republic of Singapore.

I/We agree that the policy is issued as a Singapore Policy and agree that the policy will be entered in the Register of the Singapore policies.

I/We agree that if I/we or any #Relevant Person is found to be a +Prohibited Person:

- Income is entitled not to accept this application; and
- if any policy is issued, Income is entitled to end this policy, not pay any benefit or not allow any transaction, such as surrender and assignment, to be carried out under this policy. You will not refund any unutilised premium when this policy is ended.

Income's decision in every respect of the above will be final. I/We will inform Income immediately if there is any change in my/our or any Relevant Person's identity, status or identity documents.

# Relevant Person includes insured, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of this application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.

+ Prohibited Person means a person or entity who is, or who is ^Related to a person or entity:

- subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict you from providing insurance or carrying out any transaction under this policy, or
- who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.

^ Related includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.

I/We agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

**WARNING:**  
I/We agree that if I/we do not reveal any significant facts in this application (which would have affected Income’s decision to accept my/our application on standard terms), any policy issued may be invalid. This includes any facts I/we may not be sure is significant, and any information I/we have given to my/our advisor but was not included in the application.

Signed in Singapore on (dd/mm/yyyy): \_\_\_\_\_

Signature of policyholder

Signature of life to be insured (16 years old and above must sign)

**Section I: Advisor’s certification**

1. All the answers given to me by the policyholder or life to be insured are declared in the application. I have not withheld any information which may affect your decision to accept this application.

2. I am aware that you will treat this seriously and take action against me if I am aware of any information which is not correct or which has not been provided.

3. I have personally seen the policyholder and life to be insured and have explained the terms of the policy to them. I have also seen the proof of identity of the policyholder and life to be insured and confirm that the details are the same as given on this proposal.

Signature of advisor

**Section J: Product summary**

**Declaration**

I agree that the contents of the product summary have been explained to me to my satisfaction by my advisor. I have fully read through the contents of the product summary and I understand them.

Full name of policyholder (as in NRIC/Long-Term Pass)

Signature and date (dd/mm/yyyy)

Full name of advisor (as in NRIC)

Signature and date (dd/mm/yyyy)

## Product summary – Enhanced IncomeShield Plan

### Product information

#### Enhanced IncomeShield Plan

This is a hospital and surgical plan that helps you reduce the financial burden on your family if you, or your family members who are covered, have to stay in hospital. Depending on the plan you have chosen, we will pay the reasonable expenses for the insured person's necessary medical treatment according to the limits of compensation set out in the benefits schedule below.

**Enhanced C plan is not available for new business, upgrade or downgrade from 1 March 2019. Only switch of plan corresponding to nationality is allowed.**

#### Integration with MediShield Life (MSHL)

If the insured person is a Singapore citizen or a Singapore permanent resident, the insured person will be jointly insured under MSHL which is run by the Central Provident Fund Board and governed by the Central Provident Fund Act 1953 and the MediShield Life Scheme Act 2015 and any subsidiary legislation made under such acts (the "act and regulations"). Upon renunciation of your Singapore citizenship or Singapore permanent resident status, your policy will continue as a non-integrated plan.

#### Comparison of Benefits between MSHL and Enhanced IncomeShield Plan

An Enhanced IncomeShield Plan policy is made up of two parts – a MSHL portion provided by the Central Provident Fund Board (CPF Board) and an additional private insurance coverage portion provided by Income. The full Enhanced IncomeShield Plan premium comprises the MSHL premium and your Enhanced IncomeShield Plan's additional coverage premium.

In the event of hospitalisation/medical treatment, your final payout will comprise the MSHL payout and the Enhanced IncomeShield Plan coverage payout. For example,

- if the payout computed based on the full Enhanced IncomeShield Plan benefits is \$2,000, and the payout based on MSHL benefits is \$500, the policyholder will receive \$2,000, which comprises \$500 from the MSHL payout, and \$1,500 from the Enhanced IncomeShield Plan additional coverage payout.
- in the case where the payout based on MSHL benefits is higher than that from the Enhanced IncomeShield Plan benefits, the eventual payout will be based on the MSHL benefits.

Benefits	Full benefit features				
	MediShield Life	Enhanced IncomeShield Plan (Payout includes MediShield Life payout)			
		Preferred	Advantage	Basic	Enhanced C
Ward entitlement		Standard room in private hospital or private medical institution	Restructured hospital for ward class A and below	Restructured hospital for ward class B1 and below	Restructured hospital for ward class B2 and below
Inpatient hospital treatment	Limits of compensation				
Daily ward and treatment charges (each day) <sup>1</sup>					
– Normal ward	\$800 (each day) *				
– Intensive care unit ward	\$2,200 (each day) *				
Surgical benefits (including day surgery)					
Surgical limits table – limits for various categories of surgery, as classified by the Ministry of Health (MOH) in its latest surgical operation fees table:					
	A	B	C		
– Table 1 A/B/C (less complex procedures)	\$240	\$340	\$340		
– Table 2 A/B/C	\$580	\$760	\$760		
– Table 3 A/B/C	\$1,060	\$1,160	\$1,280		
– Table 4 A/B/C	\$1,540	\$1,580	\$1,640		
– Table 5 A/B/C	\$1,800	\$2,180	\$2,180		
– Table 6 A/B/C	\$2,360	\$2,360	\$2,360		
– Table 7 A/B/C (more complex procedures)	\$2,600	\$2,600	\$2,600		
Organ transplant benefit (including stem-cell transplant)	Covered under inpatient hospital treatment				
Surgical implants <sup>2</sup>	\$7,000 (each treatment)				
Radiosurgery	\$10,000 (each treatment course)				
Accident inpatient dental treatment	Covered under inpatient hospital treatment				
Pre-hospitalisation treatment <sup>3,5</sup>	Not covered	As charged	As charged Up to 100 days before admission		
		Not provided by our Panel <sup>4</sup> : up to 100 days before admission  Provided by our Panel <sup>4</sup> : Up to 180 days before admission			
Post-hospitalisation treatment <sup>3,5</sup>	Not covered	As charged	As charged Up to 100 days after discharge		
		Not provided by our Panel <sup>4</sup> : up to 100 days after discharge  Provided by our Panel <sup>4</sup> : Up to 365 days after discharge			

\* An additional claim limit of \$200 per day applies for the first 2 days

Benefits	MediShield Life	Preferred	Advantage	Basic	Enhanced C
Inpatient hospital treatment	Limits of compensation				
Community hospital (Rehabilitative) <sup>1,6</sup>	\$350 (each day)	As charged (up to 90 days for each admission)	As charged (up to 90 days for each admission)	As charged (up to 90 days for each admission)	As charged (up to 45 days for each admission)
Community hospital (Sub-acute) <sup>1,6</sup>	\$430 (each day)				
Inpatient palliative care service (General)	\$250 (each day)	As charged	As charged	As charged	As charged
Inpatient palliative care service (Specialised)	\$350 (each day)				
Outpatient hospital treatment <sup>7</sup>					
Limits of compensation					
Radiotherapy for cancer – External (except Hemi-body) – Brachytherapy – Hemi-body – Stereotactic	\$300 (each session) \$500 (each session) \$900 (each session) \$1,800 (each session)	As charged	As charged	As charged	As charged
Kidney dialysis	\$1,100 (each month)				
Erythropoietin for chronic kidney failure	\$200 (each month)				
Immunosuppressants for organ transplant	\$550 (each month)				
Long-term parenteral nutrition	\$1,700 (each month)				
Cancer drug treatment (each month) *	\$200 - \$9,600, depending on cancer drug treatment	5x MSHL Limit	4x MSHL Limit	3x MSHL Limit	2x MSHL Limit
Cancer drug services (each policy year) **	\$3,600	5x MSHL Limit	4x MSHL Limit	3x MSHL Limit	2x MSHL Limit
Special benefits					
Limits on special benefits					
Breast reconstruction after mastectomy <sup>8</sup>	Covered under inpatient hospital treatment	As charged	As charged	As charged	As charged
Congenital abnormalities benefit		As charged (with 12 months’ waiting period)	As charged (with 12 months’ waiting period)	As charged (with 12 months’ waiting period)	Covered up to MediShield Life benefits only
Pregnancy and delivery-related complications benefit <sup>4,9</sup>		As charged (with 10 months’ waiting period)	As charged (with 10 months’ waiting period)	As charged (with 10 months’ waiting period)	
Living organ donor (insured) transplant benefit – insured as the living donor donating an organ		As charged, up to \$60,000 (each transplant with 24 months’ waiting period for the person receiving the organ)	As charged, up to \$40,000 (each transplant with 24 months’ waiting period for the person receiving the organ)	As charged, up to \$20,000 (each transplant with 24 months’ waiting period for the person receiving the organ)	
Living organ donor (non-insured) transplant benefit (each transplant) – insured as the recipient of organ		As charged, up to \$60,000	Covered up to MediShield Life benefits only	Covered up to MediShield Life benefits only	
Cell, tissue and gene therapy benefit (each policy year)		As charged, up to \$250,000	As charged, up to \$250,000	As charged, up to \$150,000	As charged, up to \$150,000
Proton beam therapy (each policy year) <sup>#, 10</sup>		\$300 (Category 1) (each treatment) \$500 (Category 2) (each treatment) \$1,800 (Category 3) (each treatment) \$10,000 (Category 4) (each treatment course)	As charged up to \$100,000	As charged, up to \$100,000	As charged, up to \$70,000
Continuation of autologous bone marrow transplant treatment for multiple myeloma	\$6,000 (each treatment)	As charged, up to \$25,000 (each policy year)	As charged, up to \$25,000 (each policy year)	As charged, up to \$10,000 (each policy year)	As charged, up to \$10,000 (each policy year)
Inpatient psychiatric treatment benefit	\$160 (each day, up to 60 days for each policy year)	As charged, up to \$7,000 (each policy year)	As charged, up to \$7,000 (each policy year)	As charged, up to \$5,000 (each policy year)	As charged, up to \$5,000 (each policy year)

Benefits	MediShield Life		Preferred	Advantage	Basic	Enhanced C
Special benefits	Limits on special benefits					
Prosthesis benefit (each policy year)	Covered under surgical implants		As charged, up to \$10,000	As charged, up to \$6,000	As charged, up to \$6,000	As charged, up to \$3,000
Emergency overseas treatment	Not covered		As charged but limited to costs of Singapore private hospitals	As charged but limited to costs of ward class A in Singapore restructured hospitals	As charged but limited to costs of ward class B1 in Singapore restructured hospitals	As charged but limited to costs of ward class B2 in Singapore restructured hospitals
Does not apply			Waive pro-ration factor for applicable treatment provided by our preferred partner <sup>4</sup>			
Does not apply			Does not apply			
Waiver of pro-ration factor for outpatient kidney dialysis						
Final expenses benefit (waiver of co-insurance and deductible) <sup>11</sup>			\$5,000	\$5,000	\$3,000	\$1,500
Limit in each policy year	\$150,000		\$1,500,000	\$500,000	\$250,000	\$150,000
Limit in each lifetime	Unlimited		Unlimited	Unlimited	Unlimited	Unlimited
Last entry age (age next birthday)	Does not apply		75	75	75	75
Maximum coverage age	Lifetime		Lifetime	Lifetime	Lifetime	Lifetime
Pro-ration factor <sup>12</sup>	SG	PR	SG/PR/FR	SG/PR/FR	SG/PR/FR <sup>13</sup>	SG/PR/FR <sup>13</sup>
Inpatient						
– Restructured hospital						
– Ward class C	100%	44%	Does not apply	Does not apply	Does not apply	Does not apply
– Ward class B2	100%	58%		Does not apply	Does not apply	Does not apply
– Ward class B2+	70%	47%		Does not apply	Does not apply	Does not apply
– Ward class B1	43%	38%		Does not apply	Does not apply	40%
– Ward class A	35%	35%		Does not apply	85%	20%
– Private hospital or private medical institution or emergency overseas treatment <sup>14</sup>	25%	25%		65%	50%	15%
– Community hospital						
– Ward class C, B2 or B2+	100%	50%		Does not apply	Does not apply	Does not apply
– Ward class B1	50%	50%		Does not apply	Does not apply	40%
– Ward class A	50%	50%		Does not apply	85%	20%
Day surgery or short-stay ward						
– Restructured hospital subsidised	100%	58%	Does not apply	Does not apply	Does not apply	Does not apply
– Restructured hospital non-subsidised	35%	35%		Does not apply	Does not apply	20%
– Private hospital or private medical institution or emergency overseas treatment <sup>14</sup>	25%	25%		65%	50%	15%
Outpatient hospital treatment						
– Restructured hospital subsidised	100%	67%	Does not apply	Does not apply	Does not apply	Does not apply
– Restructured hospital non-subsidised <sup>15</sup>	50%	50%		Does not apply	Does not apply	Does not apply
– Private hospital or private medical institution <sup>15</sup>	50%	50%		65%	50%	15%

SG: Singapore Citizen PR: Singapore Permanent Resident FR: Foreigner

<sup>#</sup> The MOH-approved proton beam therapy indications and eligibility criteria are set out on MOH's website (go.gov.sg/pbt-approved-indications). MOH may update these from time to time.

<sup>\*</sup> The cancer drug treatment benefit limit is based on a multiple of the MSHL Limit for the specific cancer drug treatment. Refer to the Cancer Drug List (CDL) published at go.gov.sg/moh-cancerdruglist for the applicable MSHL Limit. MOH may update this list from time to time.

<sup>\*\*</sup> The cancer drug services benefit limit is based on a multiple of the MSHL Limit for cancer drug services. Refer to the MediShield Life Benefits published at go.gov.sg/mshlbenefits for the applicable MSHL Limit.

Benefits	MediShield Life	Preferred	Advantage	Basic	Enhanced C
<b>Deductible for each policy year for an insured aged 80 years or below next birthday <sup>16</sup></b>					
<b>Inpatient</b>					
– Restructured hospital					
– Ward class C	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
– Ward class B2 or B2+	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
– Ward class B1	\$2,000	\$2,500	\$2,500	\$2,500	\$2,000
– Ward class A	\$2,000	\$3,500	\$3,500	\$2,500	\$2,000
– Private hospital or private medical institution or emergency overseas treatment <sup>14</sup>	\$2,000	\$3,500	\$3,500	\$2,500	\$2,000
– Community hospital					
– Ward class C	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
– Ward class B2 or B2+	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
– Ward class B1	\$2,000	\$2,500	\$2,500	\$2,500	\$2,000
– Ward class A	\$2,000	\$3,500	\$3,500	\$2,500	\$2,000
<b>Day surgery or short-stay ward</b>					
– Subsidised	\$1,500	\$2,000	\$2,000	\$2,000	\$2,000
– Non-subsidised	\$1,500	\$3,500	\$3,500	\$2,500	\$2,000
<b>Deductible for each policy year for an insured aged over 80 years at next birthday <sup>16</sup></b>					
<b>Inpatient</b>					
– Restructured hospital					
– Ward class C	\$2,000	\$2,250	\$2,250	\$2,250	\$2,250
– Ward class B2 or B2+	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
– Ward class B1	\$3,000	\$3,750	\$3,750	\$3,750	\$3,000
– Ward class A	\$3,000	\$5,250	\$5,250	\$3,750	\$3,000
– Private hospital or private medical institution or emergency overseas treatment <sup>14</sup>	\$3,000	\$5,250	\$5,250	\$3,750	\$3,000
– Community hospital					
– Ward class C	\$2,000	\$2,250	\$2,250	\$2,250	\$2,250
– Ward class B2 or B2+	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
– Ward class B1	\$3,000	\$3,750	\$3,750	\$3,750	\$3,000
– Ward class A	\$3,000	\$5,250	\$5,250	\$3,750	\$3,000
<b>Day surgery or short-stay ward</b>					
– Subsidised	\$2,000	\$3,000	\$3,000	\$3,000	\$3,000
– Non-subsidised	\$2,000	\$5,250	\$5,250	\$3,750	\$3,000
<b>Co-insurance</b>					
– Inpatient hospital treatment					
Claimable amount <sup>17</sup> :					
\$0 - \$3,000	10%	10%	10%	10%	10%
\$3,001 - \$5,000	10%	10%	10%	10%	10%
\$5,001 - \$10,000	5%	10%	10%	10%	10%
Above \$10,000	3%	10%	10%	10%	10%
– Outpatient hospital treatment	10%	10%	10%	10%	10%

“As charged” means we will reimburse you the eligible hospitalisation cost you have incurred, subject to deductible, co-insurance, admission of ward class, benefit limits and any other policy terms (including exclusions).

<sup>1</sup> Includes meals, prescriptions, medical consultations, miscellaneous medical charges, specialist consultations, examinations, and laboratory tests. Daily ward and treatment charges include being admitted to a high-dependency ward or a short-stay ward.

<sup>2</sup> Includes charges for the following approved medical items:

- Intravascular electrodes used for electrophysiological procedures
- Percutaneous transluminal coronary angioplasty (PTCA) balloons

- Intra-aortic balloons (or balloon catheters).
- <sup>3</sup> Pre-hospitalisation and post-hospitalisation treatment are not covered for treatment given before or after inpatient psychiatric treatment benefit, accident inpatient dental treatment or emergency overseas treatment. Pre-hospitalisation and post-hospitalisation treatment are also not payable if the inpatient hospital treatment received during the stay in hospital are not payable. Post-hospitalisation treatment such as medications purchased during a post-hospitalisation period when the treatment is not used during the same post-hospitalisation period is not payable.
- <sup>4</sup> Panel or preferred partner means a registered medical practitioner, specialist, hospital or medical institution approved by us. The lists of approved panels and preferred partners, which we may update from time to time, can be found at [www.income.com.sg/specialist-panel](http://www.income.com.sg/specialist-panel). Our list of approved panels also includes all restructured hospitals, community hospitals and voluntary welfare organisation (VWO) dialysis centres.
- <sup>5</sup> If the inpatient hospital treatment is provided by our panel and paid for under the Enhanced IncomeShield Preferred Plan, we will cover the cost of medical treatment the insured received in the policy year for up to 180 days before the date they went into hospital and up to 365 days after the date they left hospital. To avoid doubt, if the insured is under the care of more than one registered medical practitioner or specialist for the insured's stay in a hospital, we will cover up to 180 days of pre-hospitalisation treatment and up to 365 days of post-hospitalisation treatment only when the main treating registered medical practitioner or specialist (shown in the hospital records as the principal doctor) is part of our panel.
- <sup>6</sup> To claim for staying in a community hospital, the conditions as set out in the policy contract must be met. You can refer to clause 1.1j in the policy contract for Enhanced IncomeShield Plan for details.
- <sup>7</sup> This benefit covers the following main outpatient hospital treatment received by the insured from a hospital or a licensed medical centre or clinic.
  - For long-term parenteral nutrition, it covers the parenteral bags and consumables necessary for administering long-term parenteral nutrition that meets MSHL claimable criteria.
  - For cancer drug treatment, only treatments listed on the Cancer Drug List (CDL) and used according to the indications on the CDL will be covered. If the insured is claiming for more than one cancer drug treatment, we will pay a total amount of up to the highest limit for the cancer drugs administered in that month, as long as they are used according to the indications on the CDL. If any of the cancer drug treatments provided are not used according to the indications on the CDL, we will not cover any of the cancer drug treatments used, even individual treatments that are listed on the CDL, except where a particular drug being removed from the indicated treatment, or replaced with another drug indicated 'for cancer treatment' on the CDL, is a necessary medical treatment due to intolerance or contraindications (for example, allergic reactions).
  - For cancer drug services, it covers services that are part of any outpatient cancer drug treatment, such as consultations, scans, lab investigations, preparing and administering the cancer drugs, supportive-care drugs and blood transfusions. It does not cover services provided before the insured is diagnosed with cancer or after the cancer drug treatment has ended.
- <sup>8</sup> The breast reconstruction must be performed by a registered medical practitioner during a stay in hospital within 365 days from the date the insured leaves the hospital when the mastectomy was done.
- <sup>9</sup> Pregnancy and delivery-related complications benefit pays for inpatient hospital treatment if conditions as set out in the policy contract are met. This benefit will also pay for additional complications if treatment is provided by our preferred partner in the areas of obstetrics and gynaecology. You can refer to clause 1.3c in the policy contract for Enhanced IncomeShield Plan for details.

- <sup>10</sup> We will only cover the proton beam therapy if it is administered for an MOH-approved proton beam therapy indication (that is, MOH has approved the therapy for the insured's condition) and the insured meets the eligibility criteria for proton beam therapy under MSHL. The proton beam therapy indications and the eligibility criteria are set out on MOH's website ([go.gov.sg/pbt-approved-indications](http://go.gov.sg/pbt-approved-indications)). MOH may update these from time to time.
- <sup>11</sup> We will waive (not enforce) the co-insurance and deductible due for a claim for the inpatient hospital treatment, pre-hospitalisation treatment and post-hospitalisation treatment if the insured dies (i) while in hospital; or (ii) within 30 days of leaving hospital. If the insured dies within 30 days of leaving the hospital, we will also waive the co-insurance due for a claim of outpatient hospital treatment if the treatment was received by the insured within 30 days of leaving hospital.
- <sup>12</sup> If the insured is admitted into a ward and medical institution that is higher than what they are entitled to, we will only pay the percentage of the reasonable expenses for necessary medical treatment of the insured as shown using the pro-ratio factor which applies to the plan.
- <sup>13</sup> If the insured is not a Singapore citizen or Singapore permanent resident (is a foreigner) but is covered under the plan for Singapore citizen, we will reduce the amount of each benefit we will pay to the percentages (citizenship factors) as specified in the policy contract. The citizenship factor applies to any claim under the policy.
  - Enhanced Basic: 80% (for foreigner)
  - Enhanced C: 28% (for foreigner)
- <sup>14</sup> MSHL does not cover emergency overseas treatment.
- <sup>15</sup> Pro-ratio will apply under MSHL for outpatient radiotherapy for cancer, long-term parenteral nutrition and cancer drug treatment if the insured is a non-subsidised patient. Kidney dialysis and immunosuppressant drugs approved under MSHL for organ transplant will not be pro-rated for MSHL.
- <sup>16</sup> Deductible does not apply to outpatient hospital treatment.
- <sup>17</sup> Claimable amount is the lower of (i) the claim limit in the table or (ii) the amount after adjusting the charges for pro-ratio and citizenship factor, if needed.

## What you will need to pay

You may use your MediSave to pay the yearly premium for the Enhanced IncomeShield Plan. If the insured is a Singapore citizen or permanent resident, the MSHL portion of the premium is fully payable by MediSave. For the remaining portion of the premium for additional private insurance coverage, the amount that can be paid by MediSave is subject to the Additional Withdrawal Limits (AWLs). If the insured is a foreigner whose plan does not have a MSHL component, the MediSave Withdrawal Limits for the plan's full premium is equivalent to the combined Standard MSHL premium amount and AWLs that can be used for Singapore citizens and Singapore permanent residents. The premium rate is based on the insured person's age at their next birthday, and will increase when the insured person reaches the next age band. You will also need to pay the deductible and co-insurance parts of the medical expenses that is not covered by your Enhanced IncomeShield Plan.

## Breakdown of yearly standard premiums for Enhanced IncomeShield Plan (S\$, Premiums include GST.)

The tables below show the breakdown of premiums for a standard life<sup>1</sup> under your plan type.

For insured person who is a Singapore citizen or Singapore permanent resident

Age next birthday <sup>2</sup>	MediShield Life Premiums (Fully payable by MediSave) <sup>3</sup>	Additional Withdrawal Limits (AWLs)	Additional private insurance coverage							
			Enhanced IncomeShield Plan							
			Preferred		Advantage		Basic-SG / Basic-PR		Enhanced C-SG / Enhanced C-PR	
			Premiums	Cash outlay <sup>4</sup>	Premiums	Cash outlay <sup>4</sup>	Premiums	Cash outlay <sup>4</sup>	Premiums	Cash outlay <sup>4</sup>
1 - 18	\$147.71	300	\$178.28	-	\$29.54	-	\$24.44	-	\$18.34	-
19 - 20	\$147.71		\$188.46	-	\$44.82	-	\$38.72	-	\$34.64	-
21 - 25	\$254.67		\$203.74	-	\$44.82	-	\$32.60	-	\$16.30	-
26 - 30	\$254.67		\$219.02	-	\$44.82	-	\$32.60	-	\$16.30	-
31 - 35	\$397.29		\$295.42	-	\$84.56	-	\$64.18	-	\$28.52	-
36 - 40	\$397.29		\$305.60	\$5.60	\$107.98	-	\$74.36	-	\$28.52	-
41 - 45	\$534.81	600	\$708.00	\$108.00	\$204.76	-	\$115.12	-	\$60.10	-
46 - 50	\$534.81		\$840.42	\$240.42	\$215.96	-	\$132.42	-	\$62.14	-
51 - 55	\$814.95		\$1,100.18	\$500.18	\$339.22	-	\$148.72	-	\$83.54	-
56 - 60	\$814.95		\$1,405.80	\$805.80	\$375.90	-	\$160.96	-	\$87.60	-
61 - 65	\$1,039.07		\$1,884.58	\$1,284.58	\$600.00	-	\$302.56	-	\$187.44	-
66 - 70	\$1,120.56		\$2,623.14	\$2,023.14	\$918.86	\$318.86	\$477.76	-	\$303.58	-
71 - 73	\$1,217.34	900	\$3,443.18	\$2,543.18	\$1,310.04	\$410.04	\$728.36	-	\$465.54	-
74 - 75	\$1,344.67		\$3,932.14	\$3,032.14	\$1,557.58	\$657.58	\$863.86	-	\$562.32	-
76 - 78	\$1,558.60		\$4,431.30	\$3,531.30	\$1,896.80	\$996.80	\$1,033.98	\$133.98	\$708.00	-
79 - 80	\$1,619.72		\$4,991.58	\$4,091.58	\$2,199.36	\$1,299.36	\$1,176.58	\$276.58	\$811.90	-
81 - 83	\$1,706.31		\$5,246.26	\$4,346.26	\$2,273.72	\$1,373.72	\$1,290.68	\$390.68	\$998.32	\$98.32
84 - 85	\$1,971.17		\$5,959.34	\$5,059.34	\$2,596.64	\$1,696.64	\$1,520.90	\$620.90	\$1,072.68	\$172.68
86 - 88	\$2,062.85		\$6,529.82	\$5,629.82	\$2,889.00	\$1,989.00	\$1,677.78	\$777.78	\$1,132.78	\$232.78
89 - 90	\$2,062.85		\$7,156.30	\$6,256.30	\$3,196.66	\$2,296.66	\$1,954.86	\$1,054.86	\$1,219.38	\$319.38
91 - 93	\$2,093.41		\$7,640.18	\$6,740.18	\$3,536.90	\$2,636.90	\$2,338.92	\$1,438.92	\$1,322.26	\$422.26
94 - 95	\$2,093.41		\$8,236.12	\$7,336.12	\$3,934.18	\$3,034.18	\$2,608.86	\$1,708.86	\$1,542.30	\$642.30
96 - 98	\$2,093.41		\$8,658.88	\$7,758.88	\$4,311.10	\$3,411.10	\$2,875.76	\$1,975.76	\$1,748.08	\$848.08
99 - 100	\$2,093.41		\$9,219.16	\$8,319.16	\$4,676.82	\$3,776.82	\$3,151.84	\$2,251.84	\$1,890.70	\$990.70
Over 100	\$2,093.41		\$9,219.16	\$8,319.16	\$5,057.80	\$4,157.80	\$3,443.18	\$2,543.18	\$2,093.42	\$1,193.42
Estimated lifetime premium summed from age next birthday 1 to 100			\$238,353.60	\$184,676.74	\$100,280.92	\$59,569.46	\$60,614.00	\$25,977.44	\$38,093.10	\$9,054.44

SG: Singapore Citizen PR: Singapore Permanent Resident

Yearly premiums are based on the insured's age at next birthday, and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time.

<sup>1</sup> A standard life is an insured, who at the point of proposal, does not have any pre-existing conditions.

<sup>2</sup> The last entry age is 75, based on the insured's age next birthday.

<sup>3</sup> Your MSHL premiums may differ depending on your premium subsidies, premium rebates and whether you need to pay for the Additional Premiums. The net MSHL premium payable after accounting for these is fully payable by MediSave.

<sup>4</sup> This refers to the cash outlay if you are paying by MediSave (assuming you have sufficient monies in your MediSave account). If you are not paying by MediSave, your total cash outlay will be equal to MSHL Premiums + Premiums for Additional private insurance coverage. For example, for an insured aged 30 (at next birthday) buying Enhanced IncomeShield Preferred Plan, the total premium = \$254.67 + \$219.02 = \$473.69.

**For insured person who is a foreigner**

Age next birthday <sup>2</sup>	Total MediSave Withdrawal Limits <sup>3</sup>	Enhanced IncomeShield Plan							
		Preferred		Advantage		Basic-FR		Enhanced C-FR	
		Total Premiums	Cash outlay <sup>4</sup>	Total Premiums	Cash outlay <sup>4</sup>	Total Premiums	Cash outlay <sup>4</sup>	Total Premiums	Cash outlay <sup>4</sup>
1 to 18	\$447.71	\$325.99	-	\$177.25	-	\$185.40	-	\$183.36	-
19 to 20	\$447.71	\$336.17	-	\$192.53	-	\$196.60	-	\$193.56	-
21 to 25	\$554.67	\$458.41	-	\$299.49	-	\$298.48	-	\$296.44	-
26 to 30	\$554.67	\$473.69	-	\$299.49	-	\$298.48	-	\$296.44	-
31 to 35	\$697.29	\$692.71	-	\$481.85	-	\$481.84	-	\$472.68	-
36 to 40	\$697.29	\$702.89	\$5.60	\$505.27	-	\$513.42	-	\$472.68	-
41 to 45	\$1,134.81	\$1,242.81	\$108.00	\$739.57	-	\$721.24	-	\$665.20	-
46 to 50	\$1,134.81	\$1,375.23	\$240.42	\$750.77	-	\$742.62	-	\$670.30	-
51 to 55	\$1,414.95	\$1,915.13	\$500.18	\$1,154.17	-	\$1,087.96	-	\$995.26	-
56 to 60	\$1,414.95	\$2,220.75	\$805.80	\$1,190.85	-	\$1,103.24	-	\$1,016.66	-
61 to 65	\$1,639.07	\$2,923.65	\$1,284.58	\$1,639.07	-	\$1,509.70	-	\$1,400.70	-
66 to 70	\$1,720.56	\$3,743.70	\$2,023.14	\$2,039.42	\$318.86	\$1,789.84	\$69.28	\$1,673.72	-
71 to 73	\$2,117.34	\$4,660.52	\$2,543.18	\$2,527.38	\$410.04	\$2,326.70	\$209.36	\$2,113.78	-
74 to 75	\$2,244.67	\$5,276.81	\$3,032.14	\$2,902.25	\$657.58	\$2,621.10	\$376.43	\$2,401.06	\$156.39
76 to 78	\$2,458.60	\$5,989.90	\$3,531.30	\$3,455.40	\$996.80	\$3,086.64	\$628.04	\$2,822.80	\$364.20
79 to 80	\$2,519.72	\$6,611.30	\$4,091.58	\$3,819.08	\$1,299.36	\$3,376.96	\$857.24	\$3,094.78	\$575.06
81 to 83	\$2,606.31	\$6,952.57	\$4,346.26	\$3,980.03	\$1,373.72	\$3,359.64	\$753.33	\$3,079.50	\$473.19
84 to 85	\$2,871.17	\$7,930.51	\$5,059.34	\$4,567.81	\$1,696.64	\$3,887.32	\$1,016.15	\$3,583.76	\$712.59
86 to 88	\$2,962.85	\$8,592.67	\$5,629.82	\$4,951.85	\$1,989.00	\$4,607.54	\$1,644.69	\$4,208.22	\$1,245.37
89 to 90	\$2,962.85	\$9,219.15	\$6,256.30	\$5,259.51	\$2,296.66	\$4,967.14	\$2,004.29	\$4,483.26	\$1,520.41
91 to 93	\$2,993.41	\$9,733.59	\$6,740.18	\$5,630.31	\$2,636.90	\$5,498.90	\$2,505.49	\$4,774.60	\$1,781.19
94 to 95	\$2,993.41	\$10,329.53	\$7,336.12	\$6,027.59	\$3,034.18	\$5,848.30	\$2,854.89	\$5,110.78	\$2,117.37
96 to 98	\$2,993.41	\$10,752.29	\$7,758.88	\$6,404.51	\$3,411.10	\$6,194.66	\$3,201.25	\$5,428.60	\$2,435.19
99 to 100	\$2,993.41	\$11,312.57	\$8,319.16	\$6,770.23	\$3,776.82	\$6,555.28	\$3,561.87	\$5,645.58	\$2,652.17
Over 100	\$2,993.41	\$11,312.57	\$8,319.16	\$7,151.21	\$4,157.80	\$6,935.26	\$3,941.85	\$5,960.36	\$2,966.95
Estimated lifetime premium summed from age next birthday 1 to 100		\$326,689.37	\$184,676.74	\$188,616.69	\$59,569.46	\$176,198.94	\$48,514.62	\$159,408.94	\$34,365.40

FR: Foreigner

Yearly premiums are based on the insured's age at next birthday, and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time.

- <sup>1</sup> A standard life is an insured, who at the point of proposal, does not have any pre-existing conditions.
- <sup>2</sup> The last entry age is 75, based on the insured's age next birthday.
- <sup>3</sup> If you are paying for a foreigner whose plan does not have a MSHL portion, you can utilise an equivalent amount of MediSave to pay for his/her premiums.
- <sup>4</sup> This refers to the cash outlay if you are paying by MediSave (assuming you have sufficient monies in your MediSave account). If you are not paying by MediSave, your total cash outlay will be equal to the Total Premiums. For example, for an insured aged 30 (at next birthday) buying Enhanced IncomeShield Preferred Plan, the total cash outlay will be \$473.69.

You can pay premiums for the main plan by MediSave, cash, cheque, credit card or GIRO.

The Total Distribution Cost of this product is 55.5% of the additional private insurance premium for the first year and 5.5% of the additional private insurance premiums for renewal years. Total Distribution Cost is each year's expected distribution-related costs, without interest. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.

## **The product conditions – what you need to know**

This is only a brief summary of the product. Please read the policy contract for the actual terms, conditions and exclusions of this product. Please contact your advisor if you have more questions.

### **Eligibility**

The applicant must be aged 16 and above. Both applicant and insured must be a

- Singapore citizen;
- Singapore permanent resident; or
- foreigner who has an eligible valid pass with a foreign identification number (FIN).

Anyone who pays for, or is insured under IncomeShield Plan/IncomeShield Standard Plan/Enhanced IncomeShield Plan is not eligible for Additional Premium Support (APS) from the Government. \*

If you are currently receiving APS to pay for your MSHL and/or CareShield Life premiums, and you choose to be insured under this IncomeShield Plan/IncomeShield Standard Plan/Enhanced IncomeShield Plan, you will stop receiving APS. This applies even if you are not the person paying for this IncomeShield Plan/IncomeShield Standard Plan/Enhanced IncomeShield Plan.

In addition, if you choose to be insured under this IncomeShield Plan/IncomeShield Standard Plan/Enhanced IncomeShield Plan, the person paying for IncomeShield Plan/IncomeShield Standard Plan/Enhanced IncomeShield Plan will stop receiving APS, if he or she is currently receiving APS.

\* APS is for families who need assistance with MSHL and/or CareShield Life premiums, even after receiving premium subsidies and making use of MediSave to pay for these premiums.

### **Nationality**

You must buy the Enhanced IncomeShield Plan based on the nationality or citizenship status of the insured person.

Foreigners who hold a long-term visit pass plus (LTVP+) may buy plans under the Singapore Permanent Resident (PR) category, but the plan will not be integrated with MSHL. Please attach a copy of the LTVP+ pass together with your application form.

### **Change of citizenship and residency status**

You must tell us, as soon as possible, when the insured's citizenship or residency status changes in any way.

If the insured is, or becomes, a Singapore citizen or Singapore permanent resident, we can convert the existing plan to a MediSave-approved Integrated Shield Plan.

If, at the time your policy is converted to our MediSave-approved Integrated Shield plan, you have an existing MediSave-approved Integrated Shield plan with another insurer, the policy with that insurer will end automatically as you can only be insured under one Integrated Shield plan.

If the insured is no longer a Singapore citizen or Singapore permanent resident, we can convert the existing plan to a foreigner plan.

**Citizenship factor**

For insured who is not a Singapore citizen or Singapore permanent resident (is a foreigner) but covered under the plan for Singapore citizens, we will reduce the amount of each benefit we will pay to the percentage (citizenship factors) in the following table.

Plan type	Enhanced Basic	Enhanced C
Percentage of benefit we will pay	80%	28%

**Using MediSave**

Premium payments by MediSave are governed by the relevant MediSave regulations.

**Pro-ration factor, deductible and co-insurance**

If the insured is admitted into a ward and medical institution that is higher than what they are entitled to, we will only pay the percentage of the reasonable expenses for necessary medical treatment of the insured using the pro-ration factor which applies to the plan. The deductible is the part of the benefit you are claiming that you must pay first in each policy year before we will pay the benefit. The amount of deductible depends on the actual ward you are admitted to. The co-insurance is that percentage share that you need to pay after the deductible.

**Start of cover**

We will start the cover after we have approved your application, and full premium payment is received by Income. The start date of the plan will be shown in the Policy Certificate.

**Pre-existing illness, disease or condition**

Pre-existing illness, disease or condition means any illness, disease or condition:

- for which the insured asked for or received treatment, medication, advice or diagnosis (or which they ought to have asked for or received) before the start date or the last reinstatement date (if any), whichever is later;
- which was known to exist before the start date or the last reinstatement date (if any), whichever is later, whether or not the insured asked for treatment, medication, advice or diagnosis; or
- the conditions or symptoms of which existed before the start date or the last reinstatement date (if any), whichever is later, and would have led a reasonable and sensible person to get medical advice or treatment.

**Terms of renewal**

We will automatically renew the cover if you pay the premium within 60 days from the renewal date of the policy, based on the insured person's age on their next birthday.

**Guaranteed renewal**

We will renew the policy automatically every year. We guarantee to do this for life as long as the premium is paid at the current rate which applies; and the cover for the insured under the policy has not been ended.

**Changing the terms and conditions**

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

**Change in premium**

The premium that you pay for the plan may change. We will give you at least 30 days' written notice of any change in premium to your last-known address. However, any change in the premium will apply to all policies within the same class of Enhanced IncomeShield Plan.

**Changing the plan**

If you ask to change the plan, we will tell you the start date of the new plan if we approve your request.

**Upgrading or switching of plan**

You can only have one Integrated Shield Plan. Once this policy commences, your previous Integrated Shield Plan (if any) will be automatically terminated. Where applicable, your health will be assessed by us. If you are not in good health, we may

- decline your application; or
- not provide you with certain benefits

If you are currently holding an Integrated Shield Plan with us and are upgrading your plan, you may not be given the enhanced benefits due to your existing medical conditions.

If you are currently holding an Integrated Shield Plan with another insurer and are switching to this plan with us, and you have existing medical conditions that are currently covered by the existing plan, you may lose coverage for your existing medical conditions.

**Downgrading of plan**

In the event that you cannot afford, or do not wish to continue paying the premiums for your Integrated Shield Plan, you can switch to a lower coverage but more affordable plan with us (if available), or cease your Integrated Shield Plan. If you are a Singapore citizen or Singapore permanent resident, regardless of your decision, you will continue to be covered by MSHL for life without any exclusion.

**Free-look**

You will have 21 days from the date you receive the policy documents to be sure that you want to keep the policy. If we deliver the policy by email or any other electronic means to you, the 21 days will start 7 days after the date of the delivery. If we deliver the policy both by post and email or any other electronic means to you, the 21 days will start 7 days after the date of the delivery by post.

During this time, if you choose to cancel the policy, we will refund you the premiums you have paid. Please note that this right of free-look does not apply if you reinstate your policy.

**Cancellation**

You may cancel the Enhanced IncomeShield Plan by giving us at least 30 days' written notice. If you are a Singapore citizen or Singapore permanent resident, even though you have terminated your Enhanced IncomeShield Plan, you will

continue to be covered under MSHL, which is a basic healthcare insurance that helps to pay for large hospital bills and expensive outpatient treatments such as dialysis. For more details, please visit [www.medishieldlife.sg](http://www.medishieldlife.sg).

### Ending the policy

All benefits will end when one of the following events happens, and we will not be legally responsible for any further payment under the policy.

- a After we received your written notice to cancel the policy and upon the cancellation date of the policy as determined by us.
- b We do not receive your premium after the period of grace.
- c The insured dies.
- d You fail or refuse to pay or refund any amount you owe us.
- e Fraud is identified.
- f Relevant information is not revealed or is misrepresented.
- g You take out another MediSave-approved Integrated Shield Plan covering the insured.
- h The insured is no longer a Singapore citizen or Singapore permanent resident
- i The insured, who is a foreigner, no longer has an eligible valid pass.

### Exclusions

The following treatment items, procedures, conditions, activities and their related complications are not covered under your policy.

- a A stay in hospital if the insured was admitted to the hospital before the start date.
- b Any pre-existing illness, disease or condition from which the insured was suffering, unless declared in the application form and we accepted the application without any exclusions. However, we will exclude any pre-existing illness, disease or condition which is specifically excluded in the policy, whether a declaration was made in the application form or not. To avoid doubt, any pre-existing illness, disease or condition will be covered under MediShield Life according to the act and regulations, as long as the insured satisfies the eligibility criteria for MediShield Life at the time the claim is made under the policy.
- c Cosmetic surgery (unless this is covered under breast reconstruction after mastectomy benefit or cosmetic surgery due to accident) or any medical treatment claimed to generally prevent illness, promote health or improve bodily function or appearance.
- d General outpatient medical expenses (unless this is covered under outpatient hospital treatment, pre-hospitalisation treatment or post-hospitalisation treatment).
- e Treatment for birth defects, hereditary conditions and disorders, and congenital sickness or abnormalities (unless we do cover it under congenital abnormalities benefit).
- f Overseas medical treatment (unless we cover it under emergency overseas treatment).
- g Psychological disorders, personality disorders, mental conditions or behavioural disorders, including any addiction or dependence arising from these disorders such as gambling or gaming addiction (unless we cover it under inpatient psychiatric treatment benefit).
- h Pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, lactation complications, or any form of related stay in hospital or treatment (unless we cover this under pregnancy and delivery-related complications benefit).
- i Infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment.
- j Treatment of sexually-transmitted diseases.
- k Acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency

virus (HIV) (except HIV due to blood transfusion and occupationally acquired HIV).

- l A stay in hospital before 1 April 2023 for injuries or illness resulting from attempted suicide and for self-inflicted injuries, whether the insured is sane or insane.
- m A stay in hospital before 1 April 2023 for drug or alcohol abuse or misuse, or any injury, illness or disease caused directly or indirectly by the abuse or misuse of alcohol, drugs or substance.
- n Injuries or illness resulting directly or indirectly from addiction to or the influence of any controlled drug that is specified in the First Schedule in the Misuse of Drugs Act 1973.
- o Expenses of getting an organ or body part for a transplant from a living organ donor for the insured and all expenses the living organ donor has to pay (unless this is covered under living organ donor (insured) transplant benefit or living organ donor (non-insured) transplant benefit).
- p Dental treatment (unless this is covered under accident inpatient dental treatment).
- q Transport-related services including ambulance fees, emergency evacuation, sending home a body or ashes.
- r Sex-change operations.
- s Buying or renting special braces, appliances, equipment, machines and other devices, such as wheelchairs, walking or home aids, dialysis machines, iron lungs, oxygen machines and any other hospital-type equipment to use at home or as an outpatient.
- t Optional items which are outside the scope of treatment, prostheses and corrective devices, and medical appliances which are not needed surgically (unless this is covered under prosthesis benefit).
- u Experimental or pioneering medical or surgical techniques and medical devices not approved by the Institutional Review Board and the Centre of Medical Device Regulation and medical trials for medicinal products whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority of Singapore.
- v Private nursing charges and home-based nursing services.
- w Vaccinations.
- x Treatment of injuries arising from being directly or indirectly involved in civil commotion, riot, strike, terrorist activities, breaking or attempting to break the law, resisting arrest or any imprisonment.
- y The consequences arising, whether directly or indirectly, from nuclear fallout, radioactivity, any nuclear fuel, material or waste, war and related risks.
- z Rest cures, hospice care, home or outpatient nursing, home visits or treatments, home rehabilitation or palliative care, convalescent care in convalescent or nursing homes, sanatoriums or similar establishments, outpatient rehabilitation services such as counselling and physical rehabilitation (unless we cover it under inpatient palliative care service (general or specialised)).
- aa Alternative or complementary treatments, including traditional Chinese medicine (TCM), chiropractor, naturopath, acupuncturist, homeopath, osteopath, dietician or a stay in any health-care establishment for social or non-medical reasons.
- ab Treatment for any illness or injury resulting from the insured taking part in a dangerous activity or sport whether as a professional or when an income could or would be earned from the activity or sport.
- ac Treatment arising from or related to obesity, weight reduction or weight management (regardless of whether it is for medical or psychological reasons), including but not limited to gastric band or stapling, or removing fat or surplus tissue from any part of the body.
- ad Staying in a hospital for the main purpose of an X-ray, CT scan or MRI scan, a medical check-up, health screening or primary prevention (except for surveillance screening that is related to the insured's history of cancer and is ordered by a registered medical practitioner).
- ae Non-medical items such as parking fees, hospital administration and registration fees, laundry, television rental, personal-care and hygiene products, newspapers or fees for medical reports (including test results).

- af Genetic testing that is carried out for health screening, risk evaluation or assessing prognosis. To avoid doubt, genetic testing is only covered when it is ordered by the registered medical practitioner because the result of the genetic testing is needed to determine the medical treatment for the diagnosed condition.
- ag Routine eye and ear examinations, correction for refractive errors of the eye (conditions such as nearsightedness, farsightedness, presbyopia (gradual loss of the eye's ability to focus on nearby objects) and astigmatism), lasik treatments, costs of spectacles, costs of contact lenses and costs of hearing aid.
- ah Outpatient cancer drug treatments that are not on the CDL.

**Claim**

All claims (except pre-hospitalisation treatment and post-hospitalisation treatment) must be made and sent to us through the system set up by MOH (electronic filing) and according to the act and regulations within 90 days from the date of billing or the date the insured person leaves the hospital, whichever is later. We will only accept claims that are electronically filed.

For claims which are not integrated with MSHL, you have to submit a claim form, hospital discharge summary or medical report, original final bill (fully settled) and copy of settlement details from other insurers (if applicable) after the date of billing or the date the insured person leaves the hospital, whichever is later. Claims for pre-hospitalisation treatment and post-hospitalisation treatment must be sent to us within 120 days from the date the insured leaves hospital with the claim form, hospital discharge summary or medical report, original final bill (fully settled) and copy of settlement details from other insurers (if applicable).

**Reinstatement**

We can reinstate this policy when you have paid all premiums you owe and we give our written permission. When we reinstate the policy, we may add exclusions or charge extra premiums from the date of reinstatement if there is a change in the insured person's medical or physical condition.

**Limit in each policy year**

A limit in each policy year will apply to the Enhanced IncomeShield Plan. This is provided in the "Comparison of Benefits between MSHL and Enhanced IncomeShield Plan".

**Other medical insurance or employee benefits**

When making a claim, you must tell us about any other medical insurance policies or employee benefits of the insured person. If there are other medical insurance policies or employee benefits, you must claim first from those policies or benefits before claiming under the Enhanced 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 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 only meant to be a simplified description of the product features which apply to this plan and does not explain the whole contract. The contents of this product summary may be different from the terms of cover we eventually issue. Please read the policy contract for the precise terms, conditions and exclusions. Only the terms, conditions and exclusions in the policy contract will be enforceable by you and us.

## Product summary: Deluxe Care Rider

### Product information

This rider can be added to the Enhanced IncomeShield Plan only if the insured person under this rider is covered under the Enhanced IncomeShield Plan (Preferred, Advantage and Basic plan). This rider is applicable for Enhanced IncomeShield Plan (Enhanced C plan) due to rider transition only.

### Benefits we will pay

#### Co-payment

With this rider, you will have to make a co-payment, as shown in the table below. If the treatment is provided by our panel<sup>1</sup> or extended panel<sup>2</sup>, we will apply a co-payment limit as shown in the table:

Types of Treatment	Co-payment
Treatment not provided by our panel <sup>1</sup> or extended panel <sup>2</sup>	5% of the benefits due under your policy
Treatment provided by our panel <sup>1</sup> or extended panel <sup>2</sup>	5% of the benefits due under your policy, up to a co-payment limit of \$3,000 for each policy year

<sup>1</sup> Panel or preferred partner means a registered medical practitioner, specialist, hospital or medical institution approved by us. The list of approved panels and preferred partners, which we may update from time to time, can be found at [www.income.com.sg/specialist-panel](http://www.income.com.sg/specialist-panel). Our list of approved panels also includes all restructured hospitals, community hospitals and voluntary welfare organisations (VWO) dialysis centres.

<sup>2</sup> Extended panel means a registered medical practitioner or specialist approved by us to provide coverage on the benefits for this rider. The registered medical practitioner or specialist must not be on Income's panel or preferred partners lists and must meet other criteria including being on another Integrated Shield Plan provider's panel listing. The approved extended panel list, which we may update from time to time, can be found at [www.income.com.sg/specialist-panel](http://www.income.com.sg/specialist-panel).

For pre-hospitalisation treatment, post-hospitalisation treatment or special benefits claim(s) (if it applies), we will not apply the co-payment limit if the treatment during the insured's stay in hospital is not provided by our panel<sup>1</sup> or extended panel<sup>2</sup>.

For consultation fees, medicines, examinations or tests for the main outpatient hospital treatment claim that is covered under the policy, we will apply the co-payment limit only if the main outpatient hospital treatment is provided by our panel<sup>1</sup> or extended panel<sup>2</sup>. For each claim that meets the limits on special benefits (if it applies) or the limit for each policy year of the policy, the co-payment for that claim will not be added towards the co-payment limit of \$3,000 for each policy year.

When the insured is under the care of more than one registered medical practitioner or specialist for their stay in hospital or the main outpatient hospital treatment under the policy, we will apply the co-payment limit as long as the main treating registered medical practitioner or specialist (shown in the hospital records as the principal doctor) is part of our panel<sup>1</sup> or extended panel<sup>2</sup>.

### Additional non-panel payment

If the treatment during the insured's stay in hospital is provided by a registered medical practitioner or specialist who is not from our panel<sup>1</sup> or is from the extended panel<sup>2</sup>, you will have to make an additional non-panel payment of up to \$2,000 in each policy year for your claims for inpatient hospital treatment, pre-hospitalisation treatment, post-hospitalisation treatment or special benefits (if it applies). You must pay the co-payment followed by the additional non-panel payment. We will only pay the amount of your claim which is more than the total of the co-payment and the additional non-panel payment.

When there is more than one treating registered medical practitioner or specialist for the insured's stay in hospital, we will apply the additional non-panel payment as long as the main treating registered medical practitioner or specialist (shown in the hospital records as the principal doctor) is not from our panel<sup>1</sup> or is from the extended panel<sup>2</sup>.

### Additional cancer drug treatment benefit

This benefit pays for outpatient cancer drug treatments that are listed on the CDL, and selected cancer drug treatments that are not listed on the CDL (non-CDL treatments), up to the limits as set out below. This benefit will be paid on top of the benefits covered under your policy.

Type of cancer drug treatment	Additional cancer drug treatment benefit limits			
	Enhanced IncomeShield			
	Preferred	Advantage	Basic	Enhanced C
Treatment on CDL (each month)	10x MSHL Limit	8x MSHL Limit	6x MSHL Limit	4x MSHL Limit
Non-CDL treatment (each month)	\$15,000	\$7,000	\$6,000	\$4,000

For claims under this rider for outpatient cancer drug treatments on the CDL, the following apply.

- The benefit limits (indicated as a multiple of MSHL limit) are equal to 200% of the outpatient cancer drug treatment limits stated in the schedule of benefits in your policy.
- The MSHL limit varies depending on the cancer drug treatment. The latest MSHL limit can be found at [go.gov.sg/moh-cancerdruglist](http://go.gov.sg/moh-cancerdruglist). MOH may update the CDL from time to time.
- If the insured is claiming for more than one cancer drug treatment, we will pay a total amount of up to the highest limit for the cancer drugs administered in that month, as long as they are used according to the indications in the CDL. If any of the cancer drug treatments provided are not used according to the indications on the CDL, we will not cover any of the cancer drug treatments used, even individual treatments that are listed on the CDL, except where a particular drug being removed from the indicated treatment, or replaced with another drug indicated 'for cancer treatment' on the CDL, is a necessary medical treatment due to intolerance or contraindications (for example, allergic reactions).

For outpatient cancer drug treatments not on the CDL, we cover only treatments with drug classes A to E (according to the Life Insurance Association, Singapore's (LIA's) Non-CDL Classification Framework). You can find the details at [www.lia.org.sg](http://www.lia.org.sg). LIA may update the list from time to time.

For each outpatient cancer drug treatment claim under your rider, you will have to make a co-payment as set out below. If you receive cancer drug treatment on the CDL that is provided by our panel or extended panel, the co-payment for that claim will be counted towards the co-payment limit of \$3,000 for each policy year.

Types of Treatment	Co-payment
Treatment on CDL, not provided by our panel or extended panel	5% of the benefits due under the rider
Treatment on CDL, provided by our panel or extended panel	5% of the benefits due under the rider, up to a co-payment limit of \$3,000 for each policy year
Non-CDL treatment	10% of the benefits due under the rider

#### Extra bed benefit

If during the insured's stay in hospital their parent or guardian stays and shares the same room, we will refund up to \$80 for each day the parent or guardian stays. We will pay up to 10 days for each stay in hospital. This applies only if the insured is a child aged 18 or below during the stay in hospital.

The co-payment and additional non-panel payment of this rider does not apply to any claim for this benefit.

#### The product conditions – what you need to know

This is only a brief summary of the product. Please read the policy contract for the actual terms, conditions and exclusions of this product. Please contact your advisor if you have more questions.

#### Deductible and co-insurance

While the rider is in force, there is no deductible or co-insurance due under the Enhanced IncomeShield Plan.

However, you must make the co-payment and additional non-panel payment (if it applies) before we pay any benefit. We will only pay the amount of your claim which is more than the co-payment and additional non-panel payment.

We will apply the co-payment followed by the additional non-panel payment (if it applies).

#### Start of Cover

We will start the cover after we have approved your application, and full premium payment is received by Income. The start date of the rider will be shown in the Rider Endorsement.

#### Terms of renewal

We will automatically renew the cover if you have paid the premium within 60 days from the renewal date of the rider, based on the insured's age on their next birthday.

#### Cancellation

You can cancel the rider by giving us at least 30 days' written notice. This will not affect the main policy.

**Ending the rider**

If your main policy is cancelled, ends or has lapsed for any reason, the rider will automatically and immediately end even if the period of grace for premium has not come to an end.

**Changing the terms and conditions**

We may change the premiums, benefits or cover or the terms and conditions of the policy contract at any time by giving you at least 30 days' written notice to your last-known address.

**Exclusions**

All exclusions under the main policy will also apply to the rider. You can refer to the Exclusions shown in the Product Summary for Enhanced IncomeShield Plan.

**Claim**

For Deluxe Care Rider, we will assess your claim based on the Claim documents submitted and obtained for your main policy. To claim for Extra bed benefit you have to submit a Claim form, Original final bill (fully settled) and Copy of settlement details from other insurers (if applicable).

**Change in premium**

You will need to pay the agreed premium to keep the rider in force. The premium that you pay for the rider may change. We will give you at least 30 days' written notice of any change to your last-known address.

**Reinstatement**

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. When we reinstate the rider, we may add exclusions or charge extra premiums from the date of reinstatement if there is a change in the insured person's medical or physical condition.

**Deluxe Care Rider – yearly standard premium rates (\$\$, Premiums include GST.)**

Age next birthday <sup>3</sup>	Preferred	Advantage	Basic	Enhanced C
1 – 18	\$504.63	\$174.20	\$107.98	\$66.22
19 – 20	\$512.70	\$189.48	\$120.20	\$85.58
21 – 25	\$575.28	\$200.68	\$120.20	\$85.58
26 – 30	\$583.35	\$200.68	\$120.20	\$85.58
31 – 35	\$728.69	\$215.96	\$136.50	\$100.86
36 – 40	\$767.04	\$221.06	\$144.66	\$105.94
41 – 45	\$973.94	\$333.12	\$216.98	\$168.08
46 – 50	\$989.07	\$352.46	\$223.10	\$186.42
51 – 55	\$1,604.72	\$474.72	\$313.76	\$239.40
56 – 60	\$2,405.06	\$541.94	\$366.72	\$255.70
61 – 65	\$3,128.70	\$767.08	\$494.06	\$336.16
66 – 70	\$4,137.96	\$1,015.64	\$634.64	\$437.02
71 – 73	\$4,995.83	\$1,268.28	\$768.10	\$540.92
74 – 75	\$5,510.56	\$1,496.46	\$921.92	\$665.20
76 – 78	\$6,307.87	\$1,577.96	\$1,010.54	\$789.48
79 – 80	\$6,963.89	\$1,810.22	\$1,219.38	\$969.80
81 – 83	\$7,524.03	\$2,031.28	\$1,403.76	\$1,118.52
84 – 85	\$7,655.23	\$2,243.16	\$1,549.42	\$1,219.38
86 – 88	\$7,720.83	\$2,423.46	\$1,707.32	\$1,334.48
89 – 90	\$7,771.30	\$2,741.30	\$1,869.30	\$1,486.28
91 – 93	\$7,872.22	\$2,961.34	\$2,041.46	\$1,626.86
94 – 95	\$7,973.15	\$3,191.56	\$2,161.66	\$1,740.94
96 – 98	\$8,074.07	\$3,426.88	\$2,301.22	\$1,820.40
99 – 100	\$8,175.00	\$3,654.04	\$2,454.02	\$1,970.14
Over 100	\$8,275.93	\$3,825.18	\$2,547.74	\$1,982.38
Estimated lifetime premium summed from age next birthday 1 to 100	\$305,160.60	\$96,472.34	\$64,086.74	\$49,162.28

<sup>3</sup> The last entry age is 75, based on the insured's age next birthday under this rider.

Yearly premiums are based on the insured's age at next birthday, and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time. You can pay premiums for this rider by cash, cheque, credit card or GIRO only.

The Total Distribution Cost of this product is 31.5% of the premium for the first year and 5.5% of the premiums for renewal years. Total Distribution Cost is each year's expected distribution-related costs, without interest. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.

**Disclaimer**

This product summary does not form a part of the contract of insurance. It is only meant to be a simplified description of the product features which apply to this plan and does not explain the whole contract. The contents of this product summary may be different from the terms of cover we eventually issue. Please read the policy contract for the precise terms, conditions and exclusions. Only the terms, conditions and exclusions in the policy contract will be enforceable by you and us.

## Product summary: Classic Care Rider

### Product information

This rider can be added to the Enhanced IncomeShield Plan only if the insured person under this rider is covered under the Enhanced IncomeShield Plan (Preferred, Advantage and Basic plan). This rider is applicable for Enhanced IncomeShield Plan (Enhanced C plan) due to rider transition only.

### Benefits we will pay

#### Co-payment

With this rider, you will have to make a co-payment, as shown in the table below. If the treatment is provided by our panel<sup>1</sup> or extended panel<sup>2</sup>, we will apply a co-payment limit as shown in the table:

Types of Treatment	Co-payment
Treatment not provided by our panel <sup>1</sup> or extended panel <sup>2</sup>	10% of the benefits due under your policy
Treatment provided by our panel <sup>1</sup> or extended panel <sup>2</sup>	10% of the benefits due under your policy, up to a co-payment limit of \$3,000 for each policy year

<sup>1</sup> Panel or preferred partner means a registered medical practitioner, specialist, hospital or medical institution approved by us. The list of approved panels and preferred partners, which we may update from time to time, can be found at [www.income.com.sg/specialist-panel](http://www.income.com.sg/specialist-panel). Our list of approved panels also includes all restructured hospitals, community hospitals and voluntary welfare organisations (VWO) dialysis centres.

<sup>2</sup> Extended panel means a registered medical practitioner or specialist approved by us to provide coverage on the benefits for this rider. The registered medical practitioner or specialist must not be on Income's panel or preferred partners lists and must meet other criteria including being on another Integrated Shield Plan provider's panel listing. The approved extended panel list, which we may update from time to time, can be found at [www.income.com.sg/specialist-panel](http://www.income.com.sg/specialist-panel).

For pre-hospitalisation treatment, post-hospitalisation treatment or special benefits claim(s) (if it applies), we will not apply the co-payment limit if the treatment during the insured's stay in hospital is not provided by our panel<sup>1</sup> or extended panel<sup>2</sup>.

For consultation fees, medicines, examinations or tests for the main outpatient hospital treatment claim that is covered under the policy, we will apply the co-payment limit only if the main outpatient hospital treatment is provided by our panel<sup>1</sup> or extended panel<sup>2</sup>. For each claim that meets the limits on special benefits (if it applies) or the limit for each policy year of the policy, the co-payment for that claim will not be added towards the co-payment limit of \$3,000 for each policy year.

When the insured is under the care of more than one registered medical practitioner or specialist for their stay in hospital or the main outpatient hospital treatment under the policy, we will apply the co-payment limit as long as the main treating registered medical practitioner or specialist (shown in the hospital records as the principal doctor) is part of our panel<sup>1</sup> or extended panel<sup>2</sup>.

### Additional non-panel payment

If the treatment during the insured's stay in hospital is provided by a registered medical practitioner or specialist who is not from our panel<sup>1</sup> or is from the extended panel<sup>2</sup>, you will have to make an additional non-panel payment of up to \$2,000 in each policy year for your claims for inpatient hospital treatment, pre-hospitalisation treatment, post-hospitalisation treatment or special benefits (if it applies). You must pay the co-payment followed by the additional non-panel payment. We will only pay the amount of your claim which is more than the total of the co-payment and the additional non-panel payment.

When there is more than one treating registered medical practitioner or specialist for the insured's stay in hospital, we will apply the additional non-panel payment as long as the main treating registered medical practitioner or specialist (shown in the hospital records as the principal doctor) is not from our panel<sup>1</sup> or is from the extended panel<sup>2</sup>.

### Additional cancer drug treatment benefit

This benefit pays for outpatient cancer drug treatments that are listed on the CDL, and selected cancer drug treatments that are not listed on the CDL (non-CDL treatments), up to the limits as set out below. This benefit will be paid on top of the benefits covered under your policy.

Type of cancer drug treatment	Additional cancer drug treatment benefit limits			
	Enhanced IncomeShield			
	Preferred	Advantage	Basic	Enhanced C
Treatment on CDL (each month)	10x MSHL Limit	8x MSHL Limit	6x MSHL Limit	4x MSHL Limit
Non-CDL treatment (each month)	\$15,000	\$7,000	\$6,000	\$4,000

For claims under this rider for outpatient cancer drug treatments on the CDL, the following apply.

- The benefit limits (indicated as a multiple of MSHL limit) are equal to 200% of the outpatient cancer drug treatment limits stated in the schedule of benefits in your policy.
- The MSHL limit varies depending on the cancer drug treatment. The latest MSHL limit can be found at [go.gov.sg/moh-cancerdruglist](http://go.gov.sg/moh-cancerdruglist). MOH may update the CDL from time to time.
- If the insured is claiming for more than one cancer drug treatment, we will pay a total amount of up to the highest limit for the cancer drugs administered in that month, as long as they are used according to the indications in the CDL. If any of the cancer drug treatments provided are not used according to the indications on the CDL, we will not cover any of the cancer drug treatments used, even individual treatments that are listed on the CDL, except where a particular drug being removed from the indicated treatment, or replaced with another drug indicated 'for cancer treatment' on the CDL, is a necessary medical treatment due to intolerance or contraindications (for example, allergic reactions).

For outpatient cancer drug treatments not on the CDL, we cover only treatments with drug classes A to E (according to the Life Insurance Association, Singapore's (LIA's) Non-CDL Classification Framework). You can find the details at [www.lia.org.sg](http://www.lia.org.sg). LIA may update the list from time to time.

For each outpatient cancer drug treatment claim under your rider, you will have to make a co-payment as set out below. If you receive cancer drug treatment on the CDL that is provided by our panel or extended panel, the co-payment for that claim will be counted towards the co-payment limit of \$3,000 for each policy year.

Types of Treatment	Co-payment
Treatment on CDL, not provided by our panel or extended panel	10% of the benefits due under the rider
Treatment on CDL, provided by our panel or extended panel	10% of the benefits due under the rider, up to a co-payment limit of \$3,000 for each policy year
Non-CDL treatment	20% of the benefits due under the rider

#### Extra bed benefit

If during the insured's stay in hospital their parent or guardian stays and shares the same room, we will refund up to \$80 for each day the parent or guardian stays. We will pay up to 10 days for each stay in hospital. This applies only if the insured is a child aged 18 or below during the stay in hospital.

The co-payment and additional non-panel payment of this rider does not apply to any claim for this benefit.

#### The product conditions – what you need to know

This is only a brief summary of the product. Please read the policy contract for the actual terms, conditions and exclusions of this product. Please contact your advisor if you have more questions.

#### Deductible and co-insurance

While the rider is in force, there is no deductible or co-insurance due under the Enhanced IncomeShield Plan.

However, you must make the co-payment and additional non-panel payment (if it applies) before we pay any benefit. We will only pay the amount of your claim which is more than the co-payment and additional non-panel payment.

We will apply the co-payment followed by the additional non-panel payment (if it applies).

#### Start of Cover

We will start the cover after we have approved your application, and full premium payment is received by Income. The start date of the rider will be shown in the Rider Endorsement.

#### Terms of renewal

We will automatically renew the cover if you have paid the premium within 60 days from the renewal date of the rider, based on the insured's age on their next birthday.

#### Cancellation

You can cancel the rider by giving us at least 30 days' written notice. This will not affect the main policy.

**Ending the rider**

If your main policy is cancelled, ends or has lapsed for any reason, the rider will automatically and immediately end even if the period of grace for premium has not come to an end.

**Changing the terms and conditions**

We may change the premiums, benefits or cover or the terms and conditions of the policy contract at any time by giving you at least 30 days' written notice to your last-known address.

**Exclusions**

All exclusions under the main policy will also apply to the rider. You can refer to the Exclusions shown in the Product Summary for Enhanced IncomeShield Plan.

**Claim**

For Classic Care Rider, we will assess your claim based on the Claim documents submitted and obtained for your main policy. To claim for Extra bed benefit you have to submit a Claim form, Original final bill (fully settled) and Copy of settlement details from other insurers (if applicable).

**Change in premium**

You will need to pay the agreed premium to keep the rider in force. The premium that you pay for the rider may change. We will give you at least 30 days' written notice of any change to your last-known address.

**Reinstatement**

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. When we reinstate the rider, we may add exclusions or charge extra premiums from the date of reinstatement if there is a change in the insured person's medical or physical condition.

**Classic Care Rider – yearly standard premium rates (\$\$, Premiums include GST.)**

Age next birthday <sup>3</sup>	Preferred	Advantage	Basic	Enhanced C
1 – 18	\$250.30	\$86.58	\$66.22	\$49.92
19 – 20	\$255.34	\$89.64	\$72.32	\$54.00
21 – 25	\$265.44	\$89.64	\$72.32	\$54.00
26 – 30	\$270.48	\$89.64	\$72.32	\$54.00
31 – 35	\$307.82	\$95.76	\$79.46	\$58.06
36 – 40	\$322.96	\$104.92	\$84.56	\$63.16
41 – 45	\$479.40	\$159.94	\$135.48	\$95.76
46 – 50	\$499.58	\$173.18	\$142.62	\$106.96
51 – 55	\$807.41	\$208.84	\$179.28	\$135.48
56 – 60	\$938.61	\$222.08	\$185.40	\$141.60
61 – 65	\$1,362.50	\$328.02	\$256.72	\$193.56
66 – 70	\$1,821.71	\$450.26	\$335.14	\$245.50
71 – 73	\$2,508.01	\$597.98	\$405.44	\$320.88
74 – 75	\$2,810.79	\$715.12	\$503.24	\$378.96
76 – 78	\$3,396.16	\$835.32	\$593.90	\$464.52
79 – 80	\$3,971.44	\$921.92	\$692.72	\$547.04
81 – 83	\$4,011.81	\$1,011.56	\$774.20	\$627.52
84 – 85	\$4,082.45	\$1,067.58	\$851.62	\$712.06
86 – 88	\$4,435.69	\$1,295.78	\$1,083.88	\$817.00
89 – 90	\$4,521.48	\$1,385.42	\$1,176.58	\$901.54
91 – 93	\$4,576.99	\$1,600.36	\$1,373.20	\$987.12
94 – 95	\$4,662.78	\$1,649.26	\$1,471.00	\$1,070.64
96 – 98	\$4,723.33	\$1,697.14	\$1,571.84	\$1,157.24
99 – 100	\$4,793.98	\$1,746.04	\$1,669.64	\$1,240.76
Over 100	\$4,920.14	\$1,813.28	\$1,729.74	\$1,291.70
Estimated lifetime premium summed from age next birthday 1 to 100	\$161,037.44	\$47,434.22	\$39,190.08	\$29,571.80

<sup>3</sup> The last entry age is 75, based on the insured's age next birthday under this rider.

Yearly premiums are based on the insured's age at next birthday, and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time. You can pay premiums for this rider by cash, cheque, credit card or GIRO only.

The Total Distribution Cost of this product is 31.5% of the premium for the first year and 5.5% of the premiums for renewal years. Total Distribution Cost is each year's expected distribution-related costs, without interest. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.

**Disclaimer**

This product summary does not form a part of the contract of insurance. It is only meant to be a simplified description of the product features which apply to this plan and does not explain the whole contract. The contents of this product summary may be different from the terms of cover we eventually issue. Please read the policy contract for the precise terms, conditions and exclusions. Only the terms, conditions and exclusions in the policy contract will be enforceable by you and us.

**The following riders are not available from 1 March 2019.**

## Product summary: Plus Rider

### Product information

**This is applicable for existing Plus Rider policyholders only. Plus Rider is not available from 1 March 2019.**

### Benefits we will pay

#### Co-payment

With this rider, you will have to make a co-payment, as shown in the table below. If the treatment is provided by our panel<sup>1</sup> or extended panel<sup>2</sup>, we will apply a co-payment limit as shown in the table:

Types of Treatment	Co-payment
Treatment not provided by our panel <sup>1</sup> or extended panel <sup>2</sup>	5% of the benefits due under your policy
Treatment provided by our panel <sup>1</sup> or extended panel <sup>2</sup>	5% of the benefits due under your policy, up to a co-payment limit of \$3,000 for each policy year

<sup>1</sup> Panel or preferred partner means a registered medical practitioner, specialist, hospital or medical institution approved by us. The list of approved panels and preferred partners, which we may update from time to time, can be found at [www.income.com.sg/specialist-panel](http://www.income.com.sg/specialist-panel). Our list of approved panels also includes all restructured hospitals, community hospitals and voluntary welfare organisations (VWO) dialysis centres.

<sup>2</sup> Extended panel means a registered medical practitioner or specialist approved by us to provide coverage on the benefits for this rider. The registered medical practitioner or specialist must not be on Income's panel or preferred partners lists and must meet other criteria including being on another Integrated Shield Plan provider's panel listing. The approved extended panel list, which we may update from time to time, can be found at [www.income.com.sg/specialist-panel](http://www.income.com.sg/specialist-panel).

For pre-hospitalisation treatment, post-hospitalisation treatment or special benefits claim(s) (if it applies), we will not apply the co-payment limit if the treatment during the insured's stay in hospital is not provided by our panel<sup>1</sup> or extended panel<sup>2</sup>.

For consultation fees, medicines, examinations or tests for the main outpatient hospital treatment claim that is covered under the policy, we will apply the co-payment limit only if the main outpatient hospital treatment is provided by our panel<sup>1</sup> or extended panel<sup>2</sup>. For each claim that meets the limits on special benefits (if it applies) or the limit for each policy year of the policy, the co-payment for that claim will not be added towards the co-payment limit of \$3,000 for each policy year.

When the insured is under the care of more than one registered medical practitioner or specialist for their stay in hospital or the main outpatient hospital treatment under the policy, we will apply the co-payment limit as long as the main treating registered medical practitioner or specialist (shown in the hospital records as the principal doctor) is part of our panel<sup>1</sup> or extended panel<sup>2</sup>.

### Additional non-panel payment

If the treatment during the insured's stay in hospital is provided by a registered medical practitioner or specialist who is not from our panel<sup>1</sup> or is from the extended panel<sup>2</sup>, you will have to make an additional non-panel payment of up to \$2,000 in each policy year for your claims for inpatient hospital treatment, pre-hospitalisation treatment, post-hospitalisation treatment or special benefits (if it applies). You must pay the co-payment followed by the additional non-panel payment. We will only pay the amount of your claim which is more than the total of the co-payment and the additional non-panel payment.

When there is more than one treating registered medical practitioner or specialist for the insured's stay in hospital, we will apply the additional non-panel payment as long as the main treating registered medical practitioner or specialist (shown in the hospital records as the principal doctor) is not from our panel<sup>1</sup> or is from the extended panel<sup>2</sup>.

### Additional cancer drug treatment benefit

This benefit pays for outpatient cancer drug treatments that are listed on the CDL, and selected cancer drug treatments that are not listed on the CDL (non-CDL treatments), up to the limits as set out below. This benefit will be paid on top of the benefits covered under your policy.

Type of cancer drug treatment	Additional cancer drug treatment benefit limits			
	Enhanced IncomeShield			
	Preferred	Advantage	Basic	Enhanced C
Treatment on CDL (each month)	10x MSHL Limit	8x MSHL Limit	6x MSHL Limit	4x MSHL Limit
Non-CDL treatment (each month)	\$15,000	\$7,000	\$6,000	\$4,000

For claims under this rider for outpatient cancer drug treatments on the CDL, the following apply.

- The benefit limits (indicated as a multiple of MSHL limit) are equal to 200% of the outpatient cancer drug treatment limits stated in the schedule of benefits in your policy.
- The MSHL limit varies depending on the cancer drug treatment. The latest MSHL limit can be found at [go.gov.sg/moh-cancerdruglist](http://go.gov.sg/moh-cancerdruglist). MOH may update the CDL from time to time.
- If the insured is claiming for more than one cancer drug treatment, we will pay a total amount of up to the highest limit for the cancer drugs administered in that month, as long as they are used according to the indications in the CDL. If any of the cancer drug treatments provided are not used according to the indications on the CDL, we will not cover any of the cancer drug treatments used, even individual treatments that are listed on the CDL, except where a particular drug being removed from the indicated treatment, or replaced with another drug indicated 'for cancer treatment' on the CDL, is a necessary medical treatment due to intolerance or contraindications (for example, allergic reactions).

For outpatient cancer drug treatments not on the CDL, we cover only treatments with drug classes A to E (according to the Life Insurance Association, Singapore's (LIA's) Non-CDL Classification Framework). You can find the details at [www.lia.org.sg](http://www.lia.org.sg). LIA may update the list from time to time.

For each outpatient cancer drug treatment claim under your rider, you will have to make a co-payment as set out below. If you receive cancer drug treatment on the CDL that is provided by our panel or extended panel, the co-payment for that claim will be counted towards the co-payment limit of \$3,000 for each policy year.

Types of Treatment	Co-payment
Treatment on CDL, not provided by our panel or extended panel	5% of the benefits due under the rider
Treatment on CDL, provided by our panel or extended panel	5% of the benefits due under the rider, up to a co-payment limit of \$3,000 for each policy year
Non-CDL treatment	10% of the benefits due under the rider

#### Extra bed benefit

If during the insured's stay in hospital their parent or guardian stays and shares the same room, we will refund up to \$80 for each day the parent or guardian stays. We will pay up to 10 days for each stay in hospital. This applies only if the insured is a child aged 18 or below on the date the claim is made for this benefit.

The co-payment and additional non-panel payment of this rider does not apply to any claim for this benefit.

#### The product conditions – what you need to know

This is only a brief summary of the product. Please read the policy contract for the actual terms, conditions and exclusions of this product. Please contact your advisor if you have more questions.

#### Deductible and co-insurance

While the rider is in force, there is no deductible or co-insurance due under the Enhanced IncomeShield Plan.

However, you must make the co-payment and additional non-panel payment (if it applies) before we pay any benefit. We will only pay the amount of your claim which is more than the co-payment and additional non-panel payment.

We will apply the co-payment followed by the additional non-panel payment (if it applies).

#### Start of Cover

We will start the cover after we have approved your application, and full premium payment is received by Income. The start date of the rider will be shown in the Rider Endorsement.

#### Terms of renewal

We will automatically renew the cover if you have paid the premium within 60 days from the renewal date of the rider, based on the insured's age on their next birthday.

#### Cancellation

You can cancel the rider by giving us at least 30 days' written notice. This will not affect the main policy.

**Ending the rider**

If your main policy is cancelled, ends or has lapsed for any reason, the rider will automatically and immediately end even if the period of grace for premium has not come to an end.

**Changing the terms and conditions**

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

**Exclusions**

All exclusions under the main policy will also apply to the rider. You can refer to the Exclusions shown in the Product Summary for Enhanced IncomeShield Plan.

**Claim**

For Plus Rider, we will assess your claim based on the Claim documents submitted and obtained for your main policy. To claim for Extra bed benefit you have to submit a Claim form, Original final bill (fully settled) and Copy of settlement details from other insurers (if applicable).

**Change in premium**

You will need to pay the agreed premium to keep the rider in force. The premium that you pay for the rider may change. We will give you at least 30 days' written notice of any change to your last-known address.

**Reinstatement**

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. When we reinstate the rider, we may add exclusions or charge extra premiums from the date of reinstatement if there is a change in the insured person's medical or physical condition.

**Plus Rider – yearly standard premium rates (\$\$, Premiums include GST.)**

Age next birthday	Preferred	Advantage	Basic	Enhanced C
1 - 18	\$504.63	\$174.20	\$107.98	\$66.22
19 - 20	\$512.70	\$189.48	\$120.20	\$85.58
21 - 25	\$575.28	\$200.68	\$120.20	\$85.58
26 - 30	\$583.35	\$200.68	\$120.20	\$85.58
31 - 35	\$728.69	\$215.96	\$136.50	\$100.86
36 - 40	\$767.04	\$221.06	\$144.66	\$105.94
41 - 45	\$973.94	\$333.12	\$216.98	\$168.08
46 - 50	\$989.07	\$352.46	\$223.10	\$186.42
51 - 55	\$1,604.72	\$474.72	\$313.76	\$239.40
56 - 60	\$2,405.06	\$541.94	\$366.72	\$255.70
61 - 65	\$3,128.70	\$767.08	\$494.06	\$336.16
66 - 70	\$4,137.96	\$1,015.64	\$634.64	\$437.02
71 - 73	\$4,995.83	\$1,268.28	\$768.10	\$540.92
74 - 75	\$5,510.56	\$1,496.46	\$921.92	\$665.20
76 - 78	\$6,307.87	\$1,577.96	\$1,010.54	\$789.48
79 - 80	\$6,963.89	\$1,810.22	\$1,219.38	\$969.80
81 - 83	\$7,524.03	\$2,031.28	\$1,403.76	\$1,118.52
84 - 85	\$7,655.23	\$2,243.16	\$1,549.42	\$1,219.38
86 - 88	\$7,720.83	\$2,423.46	\$1,707.32	\$1,334.48
89 - 90	\$7,771.30	\$2,741.30	\$1,869.30	\$1,486.28
91 - 93	\$7,872.22	\$2,961.34	\$2,041.46	\$1,626.86
94 - 95	\$7,973.15	\$3,191.56	\$2,161.66	\$1,740.94
96 - 98	\$8,074.07	\$3,426.88	\$2,301.22	\$1,820.40
99 - 100	\$8,175.00	\$3,654.04	\$2,454.02	\$1,970.14
over 100	\$8,275.93	\$3,825.18	\$2,547.74	\$1,982.38
Estimated lifetime premium summed from age next birthday 1 to 100	\$305,160.60	\$96,472.34	\$64,086.74	\$49,162.28

Yearly premiums are based on the insured's age at next birthday, and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time. You can pay premiums for this rider by cash, cheque, credit card or GIRO only.

The Total Distribution Cost of this product is 31.5% of the premium for the first year and 5.5% of the premiums for renewal years. Total Distribution Cost is each year's expected distribution-related costs, without interest. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.

**Disclaimer**

This product summary does not form a part of the contract of insurance. It is only meant to be a simplified description of the product features which apply to this plan and does not explain the whole contract. The contents of this product summary may be different from the terms of cover we eventually issue. Please read the policy contract for the precise terms, conditions and exclusions. Only the terms, conditions and exclusions in the policy contract will be enforceable by you and us.

## Product summary: Assist Rider

### Product information

**This is applicable for existing Assist Rider policyholders only. Assist Rider is not available from 1 March 2019.**

### Benefits we will pay

#### Co-payment

With this rider, you will have to make a co-payment, as shown in the table below. If the treatment is provided by our panel<sup>1</sup> or extended panel<sup>2</sup>, we will apply a co-payment limit as shown in the table:

Types of Treatment	Co-payment
Treatment not provided by our panel <sup>1</sup> or extended panel <sup>2</sup>	10% of the benefits due under your policy
Treatment provided by our panel <sup>1</sup> or extended panel <sup>2</sup>	10% of the benefits due under your policy, up to a co-payment limit of \$3,000 for each policy year

<sup>1</sup> Panel or preferred partner means a registered medical practitioner, specialist, hospital or medical institution approved by us. The list of approved panels and preferred partners, which we may update from time to time, can be found at [www.income.com.sg/specialist-panel](http://www.income.com.sg/specialist-panel). Our list of approved panels also includes all restructured hospitals, community hospitals and voluntary welfare organisations (VWO) dialysis centres.

<sup>2</sup> Extended panel means a registered medical practitioner or specialist approved by us to provide coverage on the benefits for this rider. The registered medical practitioner or specialist must not be on Income's panel or preferred partners lists and must meet other criteria including being on another Integrated Shield Plan provider's panel listing. The approved extended panel list, which we may update from time to time, can be found at [www.income.com.sg/specialist-panel](http://www.income.com.sg/specialist-panel).

For pre-hospitalisation treatment, post-hospitalisation treatment or special benefits claim(s) (if it applies), we will not apply the co-payment limit if the treatment during the insured's stay in hospital is not provided by our panel<sup>1</sup> or extended panel<sup>2</sup>.

For consultation fees, medicines, examinations or tests for the main outpatient hospital treatment claim that is covered under the policy, we will apply the co-payment limit only if the main outpatient hospital treatment is provided by our panel<sup>1</sup> or extended panel<sup>2</sup>. For each claim that meets the limits on special benefits (if it applies) or the limit for each policy year of the policy, the co-payment for that claim will not be added towards the co-payment limit of \$3,000 for each policy year.

When the insured is under the care of more than one registered medical practitioner or specialist for their stay in hospital or the main outpatient hospital treatment under the policy, we will apply the co-payment limit as long as the main treating registered medical practitioner or specialist (shown in the hospital records as the principal doctor) is part of our panel<sup>1</sup> or extended panel<sup>2</sup>.

### Additional non-panel payment

If the treatment during the insured's stay in hospital is provided by a registered medical practitioner or specialist who is not from our panel<sup>1</sup> or is from the extended panel<sup>2</sup>, you will have to make an additional non-panel payment of up to \$2,000 in each policy year for your claims for inpatient hospital treatment, pre-hospitalisation treatment, post-hospitalisation treatment or special benefits (if it applies). You must pay the co-payment followed by the additional non-panel payment. We will only pay the amount of your claim which is more than the total of the co-payment and the additional non-panel payment.

When there is more than one treating registered medical practitioner or specialist for the insured's stay in hospital, we will apply the additional non-panel payment as long as the main treating registered medical practitioner or specialist (shown in the hospital records as the principal doctor) is not from our panel<sup>1</sup> or is from the extended panel<sup>2</sup>.

### Additional cancer drug treatment benefit

This benefit pays for outpatient cancer drug treatments that are listed on the CDL, and selected cancer drug treatments that are not listed on the CDL (non-CDL treatments), up to the limits as set out below. This benefit will be paid on top of the benefits covered under your policy.

Type of cancer drug treatment	Additional cancer drug treatment benefit limits			
	Enhanced IncomeShield			
	Preferred	Advantage	Basic	Enhanced C
Treatment on CDL (each month)	10x MSHL Limit	8x MSHL Limit	6x MSHL Limit	4x MSHL Limit
Non-CDL treatment (each month)	\$15,000	\$7,000	\$6,000	\$4,000

For claims under this rider for outpatient cancer drug treatments on the CDL, the following apply.

- The benefit limits (indicated as a multiple of MSHL limit) are equal to 200% of the outpatient cancer drug treatment limits stated in the schedule of benefits in your policy.
- The MSHL limit varies depending on the cancer drug treatment. The latest MSHL limit can be found at [go.gov.sg/moh-cancerdruglist](http://go.gov.sg/moh-cancerdruglist). MOH may update the CDL from time to time.
- If the insured is claiming for more than one cancer drug treatment, we will pay a total amount of up to the highest limit for the cancer drugs administered in that month, as long as they are used according to the indications in the CDL. If any of the cancer drug treatments provided are not used according to the indications on the CDL, we will not cover any of the cancer drug treatments used, even individual treatments that are listed on the CDL, except where a particular drug being removed from the indicated treatment, or replaced with another drug indicated 'for cancer treatment' on the CDL, is a necessary medical treatment due to intolerance or contraindications (for example, allergic reactions).

For outpatient cancer drug treatments not on the CDL, we cover only treatments with drug classes A to E (according to the Life Insurance Association, Singapore's (LIA's) Non-CDL Classification Framework). You can find the details at [www.lia.org.sg](http://www.lia.org.sg). LIA may update the list from time to time.

For each outpatient cancer drug treatment claim under your rider, you will have to make a co-payment as set out below. If you receive cancer drug treatment on the CDL that is provided by our panel or extended panel, the co-payment for that claim will be counted towards the co-payment limit of \$3,000 for each policy year.

Types of Treatment	Co-payment
Treatment on CDL, not provided by our panel or extended panel	10% of the benefits due under the rider
Treatment on CDL, provided by our panel or extended panel	10% of the benefits due under the rider, up to a co-payment limit of \$3,000 for each policy year
Non-CDL treatment	20% of the benefits due under the rider

#### Extra bed benefit

If during the insured's stay in hospital their parent or guardian stays and shares the same room, we will refund up to \$80 for each day the parent or guardian stays. We will pay up to 10 days for each stay in hospital. This applies only if the insured is a child aged 18 or below on the date the claim is made for this benefit.

The co-payment and additional non-panel payment of this rider does not apply to any claim for this benefit.

#### The product conditions – what you need to know

This is only a brief summary of the product. Please read the policy contract for the actual terms, conditions and exclusions of this product. Please contact your advisor if you have more questions.

#### Deductible and co-insurance

While the rider is in force, there is no deductible or co-insurance due under the Enhanced IncomeShield Plan.

However, you must make the co-payment and additional non-panel payment (if it applies) before we pay any benefit. We will only pay the amount of your claim which is more than the co-payment and additional non-panel payment.

We will apply the co-payment followed by the additional non-panel payment (if it applies).

#### Start of Cover

We will start the cover after we have approved your application, and full premium payment is received by Income. The start date of the rider will be shown in the Rider Endorsement.

#### Terms of renewal

We will automatically renew the cover if you have paid the premium within 60 days from the renewal date of the rider, based on the insured's age on their next birthday.

#### Cancellation

You can cancel the rider by giving us at least 30 days' written notice. This will not affect the main policy.

**Ending the rider**

If your main policy is cancelled, ends or has lapsed for any reason, the rider will automatically and immediately end even if the period of grace for premium has not come to an end.

**Changing the terms and conditions**

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

**Exclusions**

All exclusions under the main policy will also apply to the rider. You can refer to the Exclusions shown in the Product Summary for Enhanced IncomeShield Plan.

**Claim**

For Assist Rider, we will assess your claim based on the Claim documents submitted and obtained for your main policy. To claim for Extra bed benefit you have to submit a Claim form, Original final bill (fully settled) and Copy of settlement details from other insurers (if applicable).

**Change in premium**

You will need to pay the agreed premium to keep the rider in force. The premium that you pay for the rider may change. We will give you at least 30 days' written notice of any change to your last-known address.

**Reinstatement**

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. When we reinstate the rider, we may add exclusions or charge extra premiums from the date of reinstatement if there is a change in the insured person's medical or physical condition.

### Assist Rider – yearly standard premium rates (\$\$, Premiums include GST.)

Age next birthday	Preferred	Advantage	Basic	Enhanced C
1 - 18	\$250.30	\$86.58	\$66.22	\$49.92
19 - 20	\$255.34	\$89.64	\$72.32	\$54.00
21 - 25	\$265.44	\$89.64	\$72.32	\$54.00
26 - 30	\$270.48	\$89.64	\$72.32	\$54.00
31 - 35	\$307.82	\$95.76	\$79.46	\$58.06
36 - 40	\$322.96	\$104.92	\$84.56	\$63.16
41 - 45	\$479.40	\$159.94	\$135.48	\$95.76
46 - 50	\$499.58	\$173.18	\$142.62	\$106.96
51 - 55	\$807.41	\$208.84	\$179.28	\$135.48
56 - 60	\$938.61	\$222.08	\$185.40	\$141.60
61 - 65	\$1,362.50	\$328.02	\$256.72	\$193.56
66 - 70	\$1,821.71	\$450.26	\$335.14	\$245.50
71 - 73	\$2,508.01	\$597.98	\$405.44	\$320.88
74 - 75	\$2,810.79	\$715.12	\$503.24	\$378.96
76 - 78	\$3,396.16	\$835.32	\$593.90	\$464.52
79 - 80	\$3,971.44	\$921.92	\$692.72	\$547.04
81 - 83	\$4,011.81	\$1,011.56	\$774.20	\$627.52
84 - 85	\$4,082.45	\$1,067.58	\$851.62	\$712.06
86 - 88	\$4,435.69	\$1,295.78	\$1,083.88	\$817.00
89 - 90	\$4,521.48	\$1,385.42	\$1,176.58	\$901.54
91 - 93	\$4,576.99	\$1,600.36	\$1,373.20	\$987.12
94 - 95	\$4,662.78	\$1,649.26	\$1,471.00	\$1,070.64
96 - 98	\$4,723.33	\$1,697.14	\$1,571.84	\$1,157.24
99 - 100	\$4,793.98	\$1,746.04	\$1,669.64	\$1,240.76
over 100	\$4,920.14	\$1,813.28	\$1,729.74	\$1,291.70
Estimated lifetime premium summed from age next birthday 1 to 100	\$161,037.44	\$47,434.22	\$39,190.08	\$29,571.80

Yearly premiums are based on the insured's age at next birthday, and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time. You can pay premiums for this rider by cash, cheque, credit card or GIRO only.

The Total Distribution Cost of this product is 31.5% of the premium for the first year and 5.5% of the premiums for renewal years. Total Distribution Cost is each year's expected distribution-related costs, without interest. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.

#### Disclaimer

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## Product summary: Daily Cash Rider

### Product information

**This is applicable for existing Daily Cash Rider policyholders only. Daily Cash Rider is not available from 1 March 2019.**

If an insured person needs hospitalisation in Singapore as a result of an accident or an illness, we will pay a daily cash benefit as set out below.

Daily cash benefit		
Preferred	Advantage	Basic or Enhanced C
\$150 a day	\$100 a day	\$50 a day

**Up to 365 days (in one or more policy years) for the same accident or illness from the same confirmed diagnosis, of which any stay in a community hospital must not be more than 45 days. We will not pay this benefit for day surgery in clinics.**

We will also pay the get-well benefit as set out below (but no more than one payment for the same accident or illness from the same confirmed diagnosis).

Get-well benefit		
Preferred	Advantage	Basic or Enhanced C
\$300	\$250	\$100

### Benefits we will pay

#### a) Daily cash benefit

We will pay the daily cash benefit for hospitalisation in Singapore as a result of an accident or an illness. This will depend on the following.

- The start date of hospitalisation must be before the end of the policy year in which the insured person reaches age 85.
- Room and board charges are made by the hospital.
- Apart from hospitalisation as a result of an accident, the start date of hospitalisation must be 30 days after the start date.
- We will not pay more than one day's worth of the daily cash benefit for each day the insured person is in hospital.
- The total number of days in hospital arising from the same accident or illness from the same confirmed diagnosis must not be more than 365 days (whether within one or more policy years), of which any hospitalisation in a community hospital must not be for more than 45 days.
- If the insured person has been discharged from hospital for more than 90 days, we will treat any further hospitalisation for the same accident or illness from the same confirmed diagnosis as arising from a separate or different accident or illness.

#### b) Get-well benefit

If the insured is entitled to the daily cash benefit, we will also pay the get-well benefit up to one payment for the same accident or illness from the same confirmed diagnosis. The following will apply.

- If the insured person has been discharged from hospital for a continuous period of more than 90 days, we will treat any further stay in hospital for the same accident or illness from the same confirmed diagnosis as arising from a separate or different accident or illness.
- Apart from hospitalisation arising as a result of an accident, the start date for the hospitalisation will be 30 days after the start date.

We will not pay the get-well benefit if:

- the insured person dies while in hospital; or
- the insured person is in hospital for less than 48 hours.

#### Daily Cash Rider – yearly standard premium rates (\$\$, Premiums include GST.)

Age next birthday	Preferred	Advantage	Basic or Enhanced C
1 - 30	\$84.56	\$62.14	\$28.52
31 - 40	\$112.06	\$81.50	\$37.70
41 - 50	\$136.50	\$99.84	\$45.84
51 - 55	\$171.14	\$124.28	\$57.04
56 - 60	\$228.18	\$166.04	\$76.40
61 - 65	\$287.28	\$208.84	\$95.76
66 - 70	\$403.40	\$293.38	\$134.46
71 - 73	\$517.50	\$375.90	\$172.16
74 - 75	\$630.58	\$458.42	\$209.86
76 - 80	\$729.38	\$529.72	\$243.46
81 - 85	\$844.50	\$613.26	\$281.16

Yearly premiums are based on the insured's age at next birthday, and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time. You can pay premiums for this rider by cash, cheque, credit card or GIRO only.

The Total Distribution Cost of this product is 31.5% of the premium for the first year and 11% of the premiums for renewal years. Total Distribution Cost is each year's expected distribution-related costs, without interest. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.

**The product conditions – what you need to know**

This is only a brief summary of the product. Please read the policy contract for the actual terms, conditions and exclusions of this product. Please contact your advisor if you have more questions.

**Start of cover**

We will start the cover after we have approved your application, and full premium payment is received by Income. The start date of the rider will be shown in the Rider Endorsement.

**Terms of renewal**

We will automatically renew the cover if you have paid the premium within 60 days from the renewal date of the rider, based on the insured person's age at their next birthday.

**Cancellation**

You can cancel the rider by giving us at least 30 days' written notice. This will not affect the main policy.

**Ending the rider**

If your main policy is cancelled, ends or has lapsed for any reason, the rider will automatically and immediately end even if the period of grace for premium has not come to an end. This rider will also end automatically and immediately at the end of the policy year in which the insured reaches the age of 85.

**Changing the terms and conditions**

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

**Exclusions**

All exclusions under the main policy will also apply to the rider except for (e), (g) and (h) which will be replaced with below. You can refer to the Exclusions shown in the Product Summary for Enhanced IncomeShield Plan.

- (e) Birth defects, including hereditary disorders, and congenital sickness or abnormalities (including those covered under congenital abnormalities benefit, if it applies).
- (g) Psychological disorders, personality disorders, mental conditions or behavioural disorders, including any addiction or dependence arising from these disorders such as gambling or gaming addiction (including those covered under inpatient psychiatric benefit, if it applies).
- (h) Pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, or any form of related stay in hospital or treatment (including those covered under pregnancy complications benefit, if it applies).

**Claim**

For Daily Cash Rider, we will assess your claim based on the claim documents submitted and obtained for your main policy.

**Change in premium**

You will need to pay the agreed premium to keep the rider in force. The premium that you pay for the rider may change. We will give you at least 30 days' written notice of any change to your last-known address.

**Reinstatement**

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. When we reinstate the rider, we may add exclusions or charge extra premiums from the date of reinstatement if there is a change in the insured person's medical or physical condition.

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## Product summary: Child Illness Rider

### Product information

**This is applicable for existing Child Illness Rider policyholders only. Child Illness Rider is not available from 1 March 2019.**

The rider pays up to \$20,000 (sum assured) for the following.

#### 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 or accident

#### b) Accidental fracture of the skull, spine, pelvis or femur

If the child suffers from any fracture of the skull, spine, pelvis or femur due to an accident, we will pay 10% of the sum assured for each accident.

The rider will end when we pay the child illness benefit or an amount worth 100% of the sum assured in a policy year for accidental fracture.

### Benefits we will pay

#### a) Child illnesses

We will pay the sum assured less any benefit paid for accidental fracture if:

- the date of the first confirmed diagnosis of the illness is not within two months from the start date of cover under the rider (for leukaemia, this period will be three months);
- the date of the first confirmed diagnosis of the illness is before the end of the policy year in which the child reaches age 25; and
- the child survives beyond one month from the date of the first confirmed diagnosis of the illness.

#### b) Accidental fracture of the skull, spine, pelvis or femur

We will pay 10% of the sum assured for each accident if, as a result of the accident, the child suffers from any fracture of the skull, spine, pelvis or femur if:

- the accident does not happen within two months from the start date of cover under the rider;
- the accident happens before the end of the policy year in which the child reaches age 25;
- the total sum we will pay for a policy year is not more than the sum assured; and
- the child has to be admitted to a hospital for treatment (or if the fracture is a hairline fracture, it must involve the periosteum or articular surface).

## Child Illness Rider – yearly standard premium rates (S\$, Premiums include GST.)

Age next birthday	Preferred, Advantage, Basic or Enhanced C
1 - 25	\$100.86

Premium rates are non-guaranteed and may be reviewed from time to time. You can pay premiums for this rider by cash, cheque, credit card or GIRO only.

The Total Distribution Cost of this product is 31.5% of the premium for the first year and 11% of the premiums for renewal years. Total Distribution Cost is each year's expected distribution-related costs, without interest. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.

## The product conditions – what you need to know

This is only a brief summary of the product. Please read the policy contract for the actual terms, conditions and exclusions of this product. Please contact your advisor if you have more questions.

### Start of cover

We will start the cover after we have approved your application, and full premium payment is received by Income. The start date of the rider will be shown in the Rider Endorsement.

### Terms of renewal

We will automatically renew the cover if you have paid the premium within 60 days from the renewal date of the rider, based on the child's age on their next birthday.

### Cancellation

You can cancel the rider by giving us at least 30 days' written notice. This will not affect the main policy.

### Ending the rider

If your main policy is cancelled, ends or has lapsed for any reason, the rider will automatically and immediately end even if the period of grace for premium has not come to an end. This rider will also end automatically and immediately at the end of the policy year in which the insured reaches the age of 25.

### Changing the terms and conditions

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

### Exclusions

All exclusions under the main policy will also apply to the rider. You can refer to the Exclusions shown in the Product Summary for Enhanced IncomeShield Plan.

**Claim**

To claim, you have to submit a claim form for Child Illness Rider (Section 1) and Attending Physician's Statement for Child Illness Rider (Section 2). The Attending Physician's Statement for Child Illness Rider (Section 2) has to be completed by the attending doctor/specialist at your expense.

**Change in premium**

You will need to pay the agreed premium to keep the rider in force. The premium that you pay for the rider may change. We will give you at least 30 days' written notice of any change to your last-known address.

**Reinstatement**

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. When we reinstate the rider, we may add exclusions or charge extra premiums from the date of reinstatement if there is a change in the child's medical or physical condition.

**Disclaimer**

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