

Important: This is a sample of the policy document. To determine the precise terms, conditions and exclusions of your cover, please refer to the actual policy and any endorsement issued to you

Conditions for Care Secure Pro

Your policy

This is **your** Care Secure Pro policy. It is made up of:

- these conditions;
- the **policy schedule**; and
- the application form.

These documents, any future endorsements that **we** issue, and all health declaration forms and supporting documents which **you** sent to **us** for **our** underwriting purposes form the entire agreement between **you** and **us**.

We refer to them all together as '**your policy**'. Please examine them to make sure **you** have the protection **you** need. It is important that **you** read them together to avoid misunderstanding.

Words defined in the definitions section of these conditions have the meanings given to them. The same definitions apply if the defined words are used in any of the documents in **your policy** or any correspondence between **you** and **us**.

Care Secure Pro is an insurance plan which pays **you** a monthly sum if **you** become and continue to be **disabled**. It is designed to provide benefits to meet the needs of those who would like more comprehensive disability cover. Details of what **we** will pay are set out in **your policy** documents.

1 What your policy covers

Your policy provides the following benefits.

a. Disability benefit

If **you** become and continue to be **disabled**, **we** will pay a monthly **disability benefit** as shown in table 1 below.

Table 1

Disability status	Benefit
Mildly disabled	<ul style="list-style-type: none"> Before 75 age last birthday as of the claim date: 60% of disability benefit, for up to 60 months in your lifetime. On and after 75 age last birthday as of the claim date: 100% of disability benefit, for up to 12 months in your lifetime. <p>We will only pay up to a total of 3600% of the disability benefit for all mild disability in your lifetime.</p>
Moderately disabled	100% of disability benefit .
Severely disabled	There is no limit for total benefits paid for moderate disability and severe disability in your lifetime.

We pay the **disability benefit** depending on the following conditions:

- When **we** have approved the claim, **we** will pay the first payment of monthly **disability benefit** on the day immediately after the **deferment period**. **We** will then pay it on the same day every month thereafter. If **we** do not approve the claim until after the **deferment period**, the first payment of the monthly **disability benefit** will be treated as due from the day immediately after the **deferment period**.
- If **you** recover from **mild disability** and **you** have not fully used the amount under this benefit for **mild disability**, **you** may make another claim for the remaining amount if **you** become **mildly disabled** again up to the applicable limits in table 1 in **your** lifetime.
- If **you** recover from the **moderate disability** or **severe disability** (where applicable) but become **moderately disabled** or **severely disabled** again, **you** are entitled to further payment of this benefit.

You must tell **us** within 30 days if there is any change in your **disability**. If **you** fail to tell **us** or delay in telling **us**, and **you** receive any benefit payment which **you** are not entitled to, **we** have the right to recover the payment as shown in clause 4a.

b. Support benefit

If **you** become and continue to be **moderately disabled** or **severely disabled**, **we** will pay the support benefit shown in table 2 below.

Table 2

Disability status	Benefit
Moderately disabled	300% of disability benefit .
Severely disabled	600% of disability benefit .

We will pay the support benefit immediately after the **deferment period**.

The maximum support benefit **we** will pay is 600% of the **disability benefit** as of the **claim date**. If **you** become **moderately disabled**, **you** can only make another claim for the remaining amount of support benefit if **you** later become **severely disabled**.

To avoid doubt, if **you** recover from **moderate disability** and become **moderately disabled** again, **we** will not pay this benefit.

c. Dependant benefit

If **you** have at least one **dependant** and **you** become **moderately disabled** or **severely disabled**, **we** pay the monthly dependant benefit as shown in table 3 below.

Table 3

Disability status	Benefit
Moderately disabled	25% of disability benefit , for up to 36 months in your lifetime.
Severely disabled	

This benefit depends on the following conditions.

- If **you** recover from **moderate disability** or **severe disability** and **you** have not fully used the amount under this benefit, **you** may make another claim for the remaining amount if **you** become **moderately disabled** or **severely disabled** again up to the applicable limit in table 3 in **your** lifetime.
- If the **child** is no longer considered a **child** (because of their age or otherwise) at any time after **we** have begun paying this benefit, **we** will continue to pay this benefit until **your** death or **you** recover from **moderate disability** or **severe disability**. The payment will then end.

We only have to start paying the dependant benefit after the **deferment period**.

If **you** recover from **moderate disability** or **severe disability**, or die after **we** have started paying this benefit, this benefit will end immediately on the date of **your** recovery or death (as the case may be).

d. Caregiver benefit

If **you** become and continue to be **moderately disabled** or **severely disabled**, **we** pay the monthly caregiver benefit as shown in table 4 below.

Table 4

Disability status	Benefit
Moderately disabled	60% of disability benefit , for up to 12 months in your lifetime.
Severely disabled	

If **you** recover from **moderate disability** or **severe disability** and **you** have not fully used the amount under this benefit, **you** may make another claim for the remaining amount if **you** become **moderately disabled** or **severely disabled** again up to the applicable limit in table 4 in **your** lifetime.

We only have to start paying the caregiver benefit after the **deferment period**.

If **you** recover from **moderate disability** or **severe disability**, or die after **we** have started paying this benefit, this benefit will end immediately on the date of **your** recovery or death (as the case may be).

e. Death benefit

We will pay the death benefit, which is 300% of the **disability benefit** as of the date of **your** death, if:

- the date of **your** death is after the **deferment period** and during the term of **your policy**; and
- **you** are **disabled** at the time of **your** death.

2 Our responsibilities to you

a. Claims

Depending on the terms, conditions and limits of **your policy**, and as long as **you** have paid the **premium** or any amount **you** owe **us** under **your policy**, **we** will pay **you** the benefits.

To claim under **your policy**, **you** must send **us** a completed claim form. A certification by an approved assessor under the **Relevant Act** that **you** are suffering from **disability** must also be sent to us. **You** will have to arrange for the disability assessment. For the first disability assessment, **you** will have to pay the disability assessment fee. If we accept your claim, **we** will refund **you** the disability assessment fee provided **you** have paid for the disability assessment and have not received reimbursement from any other source. If the approved assessor informs **us** that **you** need further assessment, **we** may ask **you** to have a further disability assessment which **we** will pay for. If **we** cannot assess **your** claim, **we** may withhold benefit payments until **we** receive more evidence.

b. Waiting period

During the **waiting period**, **we** do not pay any claim except claims resulting from an **accident**. If **you** become **disabled** during the **waiting period** (other than due to an **accident**), **your policy** will end and **you** will receive a full refund of **your premium**.

c. Right to examine you

We can determine, at any time, to appoint a doctor to examine **you** and **you** must give **us** reasonable opportunity to do so. **We** will pay the costs and expenses of this examination and any other medical evidence needed to prove whether **you** are still **disabled**.

We will stop any benefit payments and waiver of premium if **you** do not allow **us** to examine **you** or **you** fail to turn up for an examination.

3 Your responsibilities

a. Premium

The **premium** that **you** have to pay **us** to receive the benefits is shown in the **policy schedule**. **You** must pay the **premium** up to the age shown in the **policy schedule**.

As the amount of **premium** that **you** have to pay **us** depends on **your** age at the **policy entry date** of **this policy**, **your** sex and the **disability benefit**, if **you** have been paying lower **premiums** because **we** have incorrect information or because of some other mistake, **you** must promptly pay **us** the shortfall when **we** ask. If **you** fail to pay the shortfall in **premium** promptly, **we** may cancel **this policy**. This will depend on, clause 3c (Non-forfeiture). **We** can then make a claim against **you** for the shortfall. If **you** have paid higher **premiums** because of incorrect information or some other mistake, **we** will promptly refund the difference after working out the correct **premium**.

We give **you** 75 days' grace to pay the **premium** or shortfall in **premium** for **your policy** to continue. During this grace period, **your policy** will stay in force. **You** must first pay any outstanding **premium** or amounts owing to **us** before **we** pay any claim under **your policy**.

If **you** have still not paid the **premium** or shortfall in **premium** after the grace period, and unless clause 3c (Non-Forfeiture) applies to **you**, **your policy** will end immediately.

You are responsible for making sure that **your premium** is paid up to date.

You may choose to pay the **premium** using a **MediSave** account, according to the **Relevant Act**, or in cash.

You may pay the **premium** or any part of it using cash if:

- the **premium** due is more than the maximum amount allowed to be deducted from **your MediSave** account; or
- there are not enough funds in **your MediSave** account to pay the **premium** due.

Unless clause 2b (Waiting period), clause 4h (Not revealing a pre-existing disability) or the free-look period applies to **you**, **we** will not refund any unused part of the **premium** when **your policy** ends.

The **premium** that **you** pay for **your policy** can change. If **we** change the **premium** for **your policy**, **we** will write to **you** at **your** last-known address. **We** will do this at least 30 days before the change is to take place. **We** will tell **you** what **your new premium** will be.

b. Waiver of premium

After the **deferment period**, if **you** are **disabled** on the date when the **premium** is due, **you** do not have to pay the **premium**. **You** will have to start paying **premiums** again after **you** are no longer **disabled**.

c. Non-forfeiture (not cancelling your policy)

You will need to pay the **premium** for **your policy** every year up to the age shown in the **policy schedule**. After **you** have made a minimum number of **premium** payments, **we** will treat **your policy** as a paid-up policy and if **you** fail to pay a **premium**, **we** will not automatically cancel your policy. Instead, **we** will reduce the **benefits** and **we** will only pay reduced **benefits**. **We** will decide on the minimum number of **premium** payments **you** will need to make, and the level of the reduced **benefits**, and tell **you** what these are.

4 What you need to be aware of

a. Right of recovery

If **you** receive payment for any benefit which **you** are not entitled to or are no longer entitled to, **you** must repay the benefit payment to **us** when **we** ask **you** to do so.

If **you** fail to return the benefit payment to **us** by the deadline that **we** specify:

- **we** shall have the right to deduct the benefit payment from any benefit payments that **you** are entitled to under **your policy**; and
- **you** must pay **us** in full for any loss, damage, cost or expense that **we** may suffer as a result of **your** failing to return the benefit payment to **us** or **our** having to enforce **our** rights to recover it. This includes all legal costs. **We** shall have the right to deduct all such costs from any benefit payments that **you** are entitled to under **your policy**.

In addition to the terms and conditions under clause 4c, **we** will not reinstate **your policy** until **you** have returned the benefit payment to **us**.

b. Ending your policy

Your policy will end when any one of the following happens.

- Unless clause 3c (Non-forfeiture) applies to **you**, **we** have not received **your premium** or shortfall in **premium** by the end of the grace period set out in clause 3a (Premium).
- **You** die.
- Unless clause 3c (Non-forfeiture) applies to **you**, **you** give **us** written notice to end **your policy**. (**Your policy** will end on the day before the next renewal date for **your policy**, and **we** will not refund any **premium**.)
- **You** give **us** written notice, during the free-look period, to end **your policy**. (**Your policy** will end and **you** will receive a full refund of **your premium**, less any medical and other expenses **we** spent to consider **your** application.)
- **Your CareShield Life** plan ends and **you** do not have a **Basic ElderShield** Plan. (If **your CareShield Life** plan is reinstated or **you** are covered under a **Basic ElderShield** plan, **your policy** will not end.)
- **You** become **disabled** during the **waiting period** (other than due to an **accident**), as explained in clause 2b (Waiting period).

- **We** find out that **you** have not given **us** all the material information **we** need, as explained in clause 4g (Giving us all information).
- **We** find out that **you** did not tell **us** about any **pre-existing disability**, as explained in clause 4h (Not revealing a pre-existing disability).
- **We** discover fraud, as explained in clause 4i (Fraud).

c. Reinstating your policy

If **your policy** ends because **you** have not paid the **premium** or shortfall in **premium**, **you** may apply to reinstate your policy within 180 days from the end of the grace period. **We** will reinstate **your policy** depending on the following conditions.

- **You** give evidence that **you** can be insured which **we** must be satisfied with. **You** must pay any costs involved in doing this.
- **You** must pay all **premiums**, interests and any other amounts **you** owe **us** (including any benefit payments under clause 4a) up to the **reinstatement date** before **your policy** is reinstated.

If **we** are not satisfied with the evidence which **you** have given, **we** have the right not to reinstate **your policy**. **We** will refund any overdue **premiums** **you** have paid.

If **we** reinstate **your policy** under this clause, **we** will treat it as if the cancellation never happened.

d. Geographical cover

Your policy provides 24-hour worldwide cover.

e. Guaranteed renewal

We guarantee to renew **your policy** every year as long as none of the events in clause 4b (Ending your policy) happen.

f. Lifetime cover

We guarantee to provide cover under **your policy** for **your** lifetime. **We** will not end **your policy** for any reason other than those shown in clause 4b (Ending your policy).

g. Giving us all information

You must give **us** fully and truthfully, up to the **cover start date** or **reinstatement date**, all significant facts and circumstances that may influence **our** decision whether or not to provide cover or to add terms to **this policy**. This responsibility applies to all information given to **us**.

If **you** do not reveal all material information or **you** misrepresent anything, and if not more than one year has passed since the **cover start date** or **reinstatement date**, whichever is later, **we** will:

- declare **your policy** not valid from the **cover start date or reinstatement date**; or
- end **your** cover and not pay any benefits; or
- add extra terms and conditions to **your policy**.

If **you** do not reveal all material information or **you** have misrepresented information, and more than one year has passed since the **cover start date** or **reinstatement date**, whichever is later, **we** will not declare **your policy** not valid or deny any claim under it apart from in the following situations.

- If **you** made a fraudulent mis-statement or fraudulently left out material information from **your** application.
- If **your policy** was reinstated and **you** made a fraudulent mis-statement or fraudulently left out material information from **your** application for reinstatement.

h. Not revealing a pre-existing disability

If **we** discover that **you** have a **pre-existing disability** which **you** did not tell **us** about before the **cover start date** or **reinstatement date**, whichever is later, **we** will cancel **your policy** and declare it as not valid from the **cover start date** or **reinstatement date**. When **we** cancel **your policy**, **we** will refund all **premiums you** have paid, without interest and less any amount **you** owe **us**, from the **cover start date** or **reinstatement date**, whichever is later.

i. Fraud

If a claim or any part of a claim is false or fraudulent, or if **you** use fraudulent methods to gain any benefit, **we** can do any or all of the following.

- End **your policy** (in which case **you** will lose all benefits under it).
- Refuse to renew **your policy**.
- Add extra terms and conditions. (If **you** disagree with **us** adding extra terms and conditions, **you** can write to **us** to cancel **your policy**.)

j. No cash-in value

Your policy has no cash-in value.

k. Changes to policy terms or conditions

We may change the benefits, terms, conditions or name of **your policy** at any time. However, **we** will write to **you** at **your** last-known address at least 30 days before doing so. The change will take effect from the next renewal date. For changes to the benefits, terms and conditions of **your policy** that are required by the **Relevant Act** or by government advice or guidelines, **we** will make the changes within the timescale

required by the **Relevant Act** or the government advice or guidelines, and **we** may do so without giving **you** written notice.

l. Currency

All **premiums** and benefits will be paid in Singapore dollars.

m. Dealing with disputes

If **we** refuse to pay a claim because **you** are not **disabled**, and **you** disagree with **our** decision, **we** will pass the dispute to a review panel set up by **MOH**. The review panel may appoint a qualified medical practitioner to assess **you**. If the panel decides that **you** are **disabled**, **we** will pay the costs of the assessment. If the panel decides that **you** are not **disabled**, **you** will have to pay the costs of the assessment.

The **Government** pays the costs of maintaining the review panel and them carrying out review proceedings. The decision of the review panel is final and binding on both **you** and **us**.

n. Excluding third-party rights

A person who is not directly involved in **your policy** will have no right, under the Contracts (Rights of Third Parties) Act 2001, to enforce any of its terms.

o. Notice of communication

We will assume any notice or communication under **your policy** has been given and received if sent:

- personally – on the day it is delivered;
- by prepaid mail – within seven days after the mail is sent;
- by fax – immediately, as long as a transmission report is produced by the machine from which the fax was sent which shows that the fax was sent to the correct fax number; or
- by email, SMS or other electronic method – as soon as it is sent.

p. Exclusions

Your policy does not cover any **disability** arising directly or indirectly from:

- deliberately injuring yourself or attempted suicide, whether **you** are sane or insane;
- war, whether declared or not; or
- alcoholism or drug addiction.

Your policy does not cover any claim if it's excluded or not permitted by the **Relevant Act** or government advice or guidelines.

We do not pay any benefit for **disability** arising from **pre-existing conditions** unless **you** have told **us** about the **pre-existing conditions** and **we** have accepted them before the **cover start date** or **reinstatement date**.

If **you** commit suicide within one year from the **cover start date** or **reinstatement date**, whichever is later, **we** may do any of the following.

- a Declare **your policy** as not valid from the **cover start date** or **reinstatement date**, if no claim has been paid. **We** will refund **you** all the **premiums** paid to **us**, without interest, less any amounts **you** owe **us**, from the **cover start date** or **reinstatement date**, whichever is later, and **we** will not pay any benefits.
- b End **your policy**, if any claim has been paid.

5 Definitions

Accident means an unexpected incident that results in an injury. The injury must be caused entirely by being hit by an external object that produces a bruise or wound, except for injury caused specifically by drowning, food poisoning, choking on food, or suffocation by smoke, fumes or gas.

Activities of Daily Living means:

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

Basic ElderShield means a **severe disability** insurance product governed by the **Relevant Act**.

CareShield Life means a **severe disability** insurance product run by the **Government** and governed by the **Relevant Act**.

Claim date means the date on which disability assessment is performed and **disability** is certified by an approved assessor under the **Relevant Act**.

Child means **your** biological child or stepchild, or legally adopted child, who has not reached the age of 21 years on the **claim date**.

Cover start date means the cover start date of **your policy** shown in the **policy schedule**.

Deferment period means the 90-day period from the **claim date** (inclusive). **We** will pay the first **benefit** payment immediately after the **deferment period**.

If **you** have recovered from a **disability** but become **disabled** again from the same cause within 180 days, **we** will not enforce the **deferment period** for the new claim. If **you** suffer **disability** arising from the same cause after the 180-day period, or suffer a **disability** arising from a different cause, the **deferment period** of 90 days applies for the new claim.

Dependants are:

- **your child** (or children);
- **your** husband or wife;
- **your** parents (biological parents, step-parents, or parents who legally adopted **you**); and
- **your** parents-in-law.

Disability means **mild disability**, **moderate disability** or **severe disability**, as appropriate.

Disabled means having a **mild disability**, **moderate disability** or **severe disability**.

Disability benefit is the amount set out in the **policy schedule**.

Government means the Government of the Republic of Singapore and includes any officer authorised by the **Government** to act on its behalf.

MediSave means MediSave as defined in the **relevant act**.

Mild disability or **mildly disabled** means **your** inability to perform one of the **activities of daily living**, even with the aid of special equipment and always to require the physical assistance of another person throughout the entire activity.

Moderate disability or **moderately disabled** means **your** inability to perform two of the **activities of daily living**, even with the aid of special equipment and always to require the physical assistance of another person throughout the entire activity.

MOH means the Ministry of Health, Singapore.

Policy entry date means the policy entry date of **your policy** shown in the **policy schedule**.

Policy schedule means the policy schedule attached to **your policy**.

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

- for which **you** asked for or received treatment, medication, advice or diagnosis for, or ought to have done so;
- which was known to exist, whether or not **you** asked for or received treatment, medication, advice or diagnosis; or
- the conditions or symptoms of which existed and would have led a reasonable and sensible person to get medical advice or treatment;

before the **cover start date** or **reinstatement date**.

Pre-existing disability refers to the **disability** you were suffering from before the **cover start date** or **reinstatement date**.

Premium means the premium set out in the **policy schedule** and as explained in clause 3a.

Premium term means the premium term set out in the **policy schedule**.

Relevant Act means the Central Provident Fund Act 1953 or CareShield Life and Long-Term Care Act 2019, as amended, extended or re-enacted from time to time.

Reinstatement date means the date when **we** approve **your** application for reinstatement or when **we** receive the reinstatement **premium**, whichever is later.

Severe disability or **severely disabled** means **your** inability to perform at least three of the **activities of daily living**, even with the aid of special equipment and always to require the physical assistance of another person throughout the entire activity.

Waiting period means the first 90 days from the **cover start date** or **reinstatement date**, whichever is later.

We, us or our means Income Insurance Limited.

You or your means the person named in the **policy schedule** as the policyholder.