



## Upgrading or adding rider to IncomeShield Standard Plan (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.
- For upgrade main plan/rider or add rider, you may submit your request via My Income customer portal ([me.income.com.sg](http://me.income.com.sg)).



#### 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 Insurance. 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 ([me.income.com.sg](http://me.income.com.sg)). To change policyholder, please fill in the 'IncomeShield payment alteration (change policyholder) form'.
- Your advisor is not allowed to collect any cash from you. All references to 'cash' payment in this and subsequent forms/notices refer to payments to be made to us via our ePayment services. Please make payment using these ePayment services. We will be sending you an SMS acknowledgement or official receipt once we have processed your application. Please call our hotline at 6788 1777 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 payments we encourage you to pay via e-GIRO where you can log in to My Income customer portal ([me.income.com.sg](http://me.income.com.sg)) to apply with instant approval if your bank is a participating bank. You may refer to [income.com.sg/ppm](http://income.com.sg/ppm) for the full list of payment methods accepted by us.
- All pages of this application form need to be submitted.

### Advisor's details

- ☐ Change to a new advisor (Please provide details below. The new advisor will have access to your policy information including claims details.) ☐ 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 [income.com.sg/account](http://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:**  
a. If your year of birth is 1955 or earlier, we will send you hardcopy documents by mail as a default.  
b. You can change your preference to receive electronic copy or hardcopy documents anytime by submitting a request via [income.com.sg/enquiry](http://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
		IncomeShield Standard Plan
Existing main plan	Enhanced IncomeShield Preferred	Downgrade
	IncomeShield Plan P	
	Enhanced IncomeShield Advantage	
	IncomeShield Plan A	
	Enhanced IncomeShield Basic	
	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		

**Main plan:** If you want to upgrade your main plan, please tick below.

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.

☐ IncomeShield Standard Plan

### 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 tonsillitis	<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 (CPFBoard)

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

I authorise the Central Provident Fund Board (the "CPFBoard") 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 CPFBoard 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 CPFBoard 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 CPFBoard 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 CPFBoard's possession, between the Insurer and the CPFBoard 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 IncomeShield Standard Plan 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 IncomeShield Standard Plan 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 Insurance"), its representatives, agents, relevant third parties (referred to in Income Insurance's Privacy Policy at [income.com.sg/privacy-policy](https://income.com.sg/privacy-policy)), Income Insurance's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Insurance 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 Insurance 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 Insurance, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income Insurance, its affiliates, business partners and/or NTUC Enterprise group of social enterprises ("NE Group") where required for Income Insurance, 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 Insurance's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my/our family member, employee, payee/payor or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Insurance 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/our relevant policy(ies) information including the insured's name, by Income Insurance 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 Insurance's Privacy Policy ([income.com.sg/privacy-policy](https://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 Insurance's Privacy Policy available on its website may be amended, supplemented and/or substituted by Income Insurance from time to time.

## Section H: Declarations (This section must be completed)

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

- provide Income Insurance my/our correct email address or mobile number;
- inform Income Insurance 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 Insurance any medical or relevant information to do with me/us or the Insured whether Income Insurance accepts this application or not;
- Income Insurance and its relevant third parties stated in Income Insurance'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 Insurance or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income Insurance 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 Insurance 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 Insurance. 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 [income.com.sg](http://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 Insurance is entitled not to accept this application; and
- if any policy is issued, Income Insurance 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 Insurance's decision in every respect of the above will be final. I/We will inform Income Insurance 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 Insurance'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 – IncomeShield Standard Plan

### Product information

#### IncomeShield Standard 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.

#### 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 (CPF 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 IncomeShield Standard Plan

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

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

- if the payout computed based on the full IncomeShield Standard 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 IncomeShield Standard Plan additional coverage payout.
- In the case where the payout based on MSHL benefits is higher than that from the IncomeShield Standard Plan benefits, the eventual payout will be based on the MSHL benefits.

Benefits	MediShield Life			IncomeShield Standard Plan (Payout includes MediShield Life payout)		
Ward entitlement				Restructured hospital for ward class B1 and below		
Inpatient hospital treatment	Limits of compensation					
Daily ward and treatment charges (each day) <sup>1</sup> – Normal ward <sup>^</sup> – Intensive care unit ward	\$830 <sup>^^</sup> \$5,140 <sup>^^</sup>			\$2,250 <sup>^^</sup> \$6,850 <sup>^^</sup>		
Surgical benefits (including day surgery) (each procedure) 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	A	B	C
– Table 1 A/B/C (less complex procedures)	\$240	\$420	\$490	\$590	\$1,050	\$1,050
– Table 2 A/B/C	\$760	\$1,120	\$1,120	\$1,800	\$2,300	\$2,370
– Table 3 A/B/C	\$1,390	\$1,740	\$1,920	\$3,290	\$4,240	\$4,760
– Table 4 A/B/C	\$2,310	\$2,370	\$2,460	\$5,970	\$8,220	\$8,220
– Table 5 A/B/C	\$2,700	\$3,270	\$3,270	\$8,920	\$9,750	\$11,030
– Table 6 A/B/C	\$3,540	\$3,540	\$3,540	\$15,910	\$15,910	\$17,300
– Table 7 A/B/C (more complex procedures)	\$3,900	\$3,900	\$3,900	\$21,840	\$21,840	\$21,840
Surgical implants (each treatment) <sup>2</sup>	\$7,000			\$9,800		
Radiosurgery, including proton beam therapy – Category 4 (each treatment course) <sup>#</sup>	\$15,700			\$31,300		
Community hospital (Rehabilitative) (each day) <sup>1, 3</sup>	\$370			\$760		
Community hospital (Sub-acute) (each day) <sup>1, 3</sup>	\$570			\$960		
Inpatient psychiatric treatment (each day, up to 60 days for each policy year)	\$230			\$680		
Inpatient palliative care service (General) (each day)	\$460			\$560		
Inpatient palliative care service (Specialised) (each day)	\$500			\$760		
Continuation of autologous bone marrow transplant treatment for multiple myeloma (each treatment)	Not covered			\$14,040		
Serious pregnancy and delivery-related complications <sup>4</sup>	Covered up to inpatient hospital treatment limits					

<sup>^</sup> Includes eligible Mobile Inpatient Care @ Home stays

<sup>^^</sup> Limits are higher by \$800 for first 2 days of inpatient stay

Benefits	MediShield Life	IncomeShield Standard Plan
Outpatient hospital treatment <sup>5</sup>	Limits of compensation	
Radiotherapy for cancer (each treatment session)		
– External (except Hemi-body)	\$400	\$880
– Brachytherapy	\$620	\$1,100
– Hemi-body	\$620	\$2,510
– Stereotactic	\$460	\$6,210
– Proton beam therapy – Category 1 <sup>#</sup>	\$400	\$880
– Proton beam therapy – Category 2 <sup>#</sup>	\$620	\$1,100
– Proton beam therapy – Category 3 <sup>#</sup>	\$460	\$6,210



Benefits	MediShield Life		IncomeShield Standard Plan		
Outpatient hospital treatment <sup>5</sup>	Limits of compensation				
Kidney dialysis (each month)	\$1,750		\$3,740		
Erythropoietin for chronic kidney failure (each month)	\$220		\$450		
Immunosuppressants for organ transplant (each month)	\$710		\$1,480		
Long-term parenteral nutrition (each month)	\$2,200		\$3,980		
Insured receiving treatment for one primary cancer					
Cancer drug treatment (each month) *	\$200 - \$9,600, depending on cancer drug treatment		3x MSHL Limit for one primary cancer		
Cancer drug services (each policy year) **	\$3,600		2x MSHL Limit for one primary cancer		
Insured receiving treatment for multiple primary cancers ***					
Cancer drug treatment (each month) *	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer		Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer		
Cancer drug services (each policy year) **	\$7,200		2x MSHL Limit for multiple primary cancers		
Limit in each policy year	\$200,000		\$200,000		
Limit in each lifetime	Unlimited		Unlimited		
Last entry age (age next birthday)	Does not apply		Does not apply		
Maximum coverage age	Lifetime		Lifetime		
Pro-ration factor <sup>6</sup>	SG	PR	SG	PR	FR
Inpatient Daily Ward and Treatment Charges					
– Restructured hospital					
– Ward class C	100%	50%	Does not apply	Does not apply	Does not apply
– Ward class B2	100%	50%	Does not apply	Does not apply	Does not apply
– Ward class B2+	100%	50%	Does not apply	Does not apply	Does not apply
– Ward class B1	34%	29%	Does not apply	90%	80%
– Ward class A	27%	25%	80%	80%	80%
– Private hospital or private medical institution	16%	16%	50%	50%	50%
– Community hospital					
– Ward class C, B2 or B2+	100%	60%	Does not apply	Does not apply	Does not apply
– Ward class B1	45%	37%	Does not apply	90%	80%
– Ward class A	45%	37%	80%	80%	80%
Day surgery					
– Restructured hospital subsidised	100%	54%	Does not apply	Does not apply	Does not apply
– Restructured hospital non-subsidised	33%	33%	Does not apply	Does not apply	Does not apply
– Private hospital or private medical institution	21%	21%	65%	65%	65%
Short-stay ward					
– Restructured hospital subsidised	100%	50%	Does not apply	Does not apply	Does not apply
– Restructured hospital non-subsidised	27%	25%	Does not apply	Does not apply	Does not apply
Pro-ration factor <sup>6</sup>					
	SG	PR	SG	PR	FR
Inpatient Surgical Charges					
– Restructured hospital					
– Ward class C	100%	60%	Does not apply	Does not apply	Does not apply
– Ward class B2	100%	60%	Does not apply	Does not apply	Does not apply
– Ward class B2+	100%	60%	Does not apply	Does not apply	Does not apply
– Ward class B1	35%	30%	Does not apply	90%	80%
– Ward class A	25%	25%	80%	80%	80%
– Private hospital or private medical institution	10%	10%	50%	50%	50%

Benefits	MediShield Life		IncomeShield Standard Plan		
Pro-ration factor <sup>6</sup>	SG	PR	SG	PR	FR
<b>Day surgery</b>					
- Restructured hospital subsidised	100%	58%	Does not apply	Does not apply	Does not apply
- Restructured hospital non-subsidised	25%	25%	Does not apply	Does not apply	Does not apply
- Private hospital or private medical institution	15%	15%	65%	65%	65%
<b>Short-stay ward</b>					
- Restructured hospital subsidised	100%	60%	Does not apply	Does not apply	Does not apply
- Restructured hospital non-subsidised	25%	25%	Does not apply	Does not apply	Does not apply
<b>Outpatient hospital treatment excluding dialysis and erythropoietin</b>					
- Restructured hospital subsidised	100%	56%	Does not apply	Does not apply	Does not apply
- Restructured hospital non-subsidised <sup>7</sup>	35%	35%	Does not apply	Does not apply	Does not apply
- Private hospital or private medical institution <sup>7</sup>	30%	30%	65%	65%	65%
<b>Outpatient hospital treatment for dialysis and erythropoietin</b>					
- Restructured hospital subsidised	100%	67%	Does not apply	Does not apply	Does not apply
- MOH-subsented Voluntary Welfare Organisations	100%	67%	Does not apply	Does not apply	Does not apply
- Restructured hospital non-subsidised <sup>7</sup>	100%	56%	Does not apply	Does not apply	Does not apply
- Private hospital or private medical institution <sup>7</sup>	100%	56%	65%	65%	65%

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](http://go.gov.sg/pbt-approved-indications)). MOH may update these from time to time.

<sup>\*</sup> For cancer drug treatment on the Cancer Drug List (CDL), the benefit limit for a plan is a multiple of the MSHL Limit for the specific cancer drug treatment. The latest MSHL limits are shown under "MediShield Life Claim Limit per month" in the CDL on MOH's website ([go.gov.sg/moh-cancerdruglist](http://go.gov.sg/moh-cancerdruglist)). MOH may update these limits from time to time. The revised list will apply to the cancer drug treatment administered on and after the date the revised list comes into effect.

<sup>\*\*</sup> The cancer drug services benefit limit is based on a multiple of the MSHL Limit for cancer drug services. For the latest MSHL Limit for cancer drug services, refer to "Cancer Drug Services" under the MSHL benefits on MOH's website ([go.gov.sg/mshlbenefits](http://go.gov.sg/mshlbenefits)). MOH may update this from time to time. The revised limit will be applicable to the cancer drug services incurred within the Policy Year of the revised limit.

<sup>\*\*\*</sup> Defined as two or more cancers arising from different sites and are of a different histology or morphology group. The claim limits for patients receiving treatment for multiple primary cancers are accorded on an application basis; doctors are to send the application form to MOH and Income Insurance for assessment of MSHL and Integrated Shield Plan coverage respectively.

Deductible for each policy year for an insured aged 80 years or below at next birthday <sup>8</sup>		
<b>Inpatient</b>		
- Restructured hospital		
- Ward class C	\$2,000	\$1,500
- Ward class B2 or B2+	\$2,500	\$2,000
- Ward class B1	\$2,500	\$2,500
- Ward class A	\$3,500	\$2,500
- Private hospital or private medical institution	\$3,500	\$2,500
- Community hospital		
- Ward class C	\$2,000	\$1,500
- Ward class B2 or B2+	\$2,000	\$2,000
- Ward class B1	\$2,500	\$2,500
- Ward class A	\$2,500	\$2,500
<b>Day surgery</b>		
- Subsidised	\$1,500	\$1,500
- Non-subsidised	\$1,500	\$2,000
<b>Short-stay ward</b>		
- Subsidised	\$2,000	\$1,500
- Non-subsidised	\$2,500	\$2,000

Benefits	MediShield Life	IncomeShield Standard Plan
<b>Deductible for each policy year for an insured aged over 80 years at next birthday <sup>8</sup></b>		
<b>Inpatient</b>		
- Restructured hospital		
- Ward class C	\$2,750	\$2,000
- Ward class B2 or B2+	\$3,500	\$3,000
- Ward class B1	\$3,500	\$3,000
- Ward class A	\$4,500	\$3,000
- Private hospital or private medical institution	\$4,500	\$3,000
- Community hospital		
- Ward class C	\$2,750	\$2,000
- Ward class B2 or B2+	\$2,750	\$3,000
- Ward class B1	\$3,500	\$3,000
- Ward class A	\$3,500	\$3,000
<b>Day surgery</b>		
- Subsidised	\$2,000	\$2,000
- Non-subsidised	\$2,000	\$3,000
<b>Short-stay ward</b>		
- Subsidised	\$2,750	\$2,000
- Non-subsidised	\$3,500	\$3,000

<b>Co-insurance</b>		
<b>Inpatient</b>		
- Inpatient hospital treatment		
Claimable amount <sup>9</sup> :		
\$0 - \$5,000	10%	10%
\$5,001 - \$10,000	5%	10%
Above \$10,000	3%	10%
- Outpatient hospital treatment	10%	10%

- <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> 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 1.1f in the policy contract for IncomeShield Standard Plan for details.
- <sup>4</sup> Serious pregnancy and delivery-related complications pays for inpatient hospital treatment if conditions as set out in the policy contract are met. You can refer to clause 1.1j in the policy contract for IncomeShield Standard Plan for details.
- <sup>5</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 proton beam therapy, 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.

- For long-term parenteral nutrition, it covers the parenteral bags and consumables necessary for administering long-term parenteral nutrition that meets the MSHL claimable criteria.
- For cancer drug treatment, only cancer drug treatments listed on the Cancer Drug List (CDL) and used according to the indications for the cancer drugs, as specified in the CDL on MOH's website ([go.gov.sg/moh-cancerdruglist](http://go.gov.sg/moh-cancerdruglist)) will be covered.

For each primary cancer, if the cancer drug treatment on the CDL involves more than one drug, we allow a particular drug to be removed from the treatment or replaced with another drug on the CDL that has the indication "for cancer treatment", only if this is due to intolerance or contraindications (for example, allergic reactions). In such cases, the claim limit of the original cancer drug treatment on the CDL will apply.

For each primary cancer, if more than one cancer drug treatment is administered in a month, the following will apply.

- If any of the cancer drug treatments that are on the CDL has an indication that states "monotherapy", only the treatments on the CDL that have the indication "for cancer treatment" will be covered in that month.
- If none of the cancer drug treatments that are on the CDL has an indication that states "monotherapy":
  - if more than one of the cancer drug treatments administered in a month has an indication other than "for cancer treatment", only cancer drug treatments that are on the CDL and have the indication "for cancer treatment" will be covered in that month.
  - if one or none of the cancer drug treatments administered in a month has an indication other than "for cancer treatment", all cancer drug treatments that are on the CDL will be covered in that month.

Cancer drug treatments not on the CDL will be considered as having an indication other than "for cancer treatment".

- 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 drug, 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. The registered medical practitioner can apply for higher claim limits for the insured receiving treatment for multiple primary cancers by sending an application to us (for assessment against your policy) and MOH (for assessment against the cover provided by MSHL).

<sup>6</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 a percentage of the reasonable expenses for necessary medical treatment of the insured. The percentage will depend on the pro-ration factor which applies to the plan. If the insured receives outpatient hospital treatment from a private hospital or private medical institution, we will only pay the percentage of the reasonable expenses for the necessary medical treatment of the insured, depending on the pro-ration factor which applies to the plan.

<sup>7</sup> Pro-ration 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>8</sup> Deductible does not apply to outpatient treatment.

<sup>9</sup> Claimable amount is the lower of (i) the claim limit in the table or (ii) the amount after adjusting the charges for pro-ration, if needed.

**What you will need to pay**

You may use your MediSave to pay the yearly premium for the IncomeShield Standard Plan. If the insured is a Singapore citizen or Singapore 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 that is not covered by your IncomeShield Standard Plan.

## Breakdown of yearly standard premiums for IncomeShield Standard 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	MediShield Life Premiums (Fully payable by MediSave) <sup>2,3</sup>	Additional Withdrawal Limits (AWLs)	Additional private insurance coverage	
			IncomeShield Standard Plan	
			Premiums	Cash outlay <sup>4</sup>
1 to 18	\$200.00	300	\$35.00	-
19 to 20	\$200.00		\$36.00	-
21 to 25	\$295.00		\$45.00	-
26 to 30	\$295.00		\$45.00	-
31 to 35	\$503.00		\$67.00	-
36 to 40	\$503.00		\$67.00	-
41 to 45	\$637.00	600	\$117.00	-
46 to 50	\$637.00		\$140.00	-
51 to 55	\$903.00		\$152.00	-
56 to 60	\$903.00		\$176.00	-
61 to 65	\$1,131.00		\$242.00	-
66 to 70	\$1,326.00		\$436.00	-
71 to 73	\$1,643.00	900	\$678.00	-
74 to 75	\$1,816.00		\$803.00	-
76 to 78	\$2,027.00		\$930.00	\$30.00
79 to 80	\$2,187.00		\$991.00	\$91.00
81 to 83	\$2,303.00		\$1,072.00	\$172.00
84 to 85	\$2,616.00		\$1,327.00	\$427.00
86 to 88	\$2,785.00		\$1,572.00	\$672.00
89 to 90	\$2,785.00		\$1,732.00	\$832.00
91 to 93	\$2,826.00		\$1,871.00	\$971.00
94 to 95	\$2,826.00		\$1,990.00	\$1,090.00
96 to 98	\$2,826.00		\$2,301.00	\$1,401.00
99 to 100	\$2,826.00		\$2,406.00	\$1,506.00
Over 100	\$2,826.00		\$2,434.00	\$1,534.00
Estimated lifetime premium summed from age next birthday 1 to 100			\$51,907.00	\$17,630.00

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> 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>3</sup> The MSHL premiums here are accurate as of 1 April 2025. Please refer to [www.medishieldlife.sg](http://www.medishieldlife.sg) for the latest MediShield Life 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 MSHL Premiums + Premiums for Additional private insurance coverage. For example, for an insured aged 30 (at next birthday), the total premium = \$295.00 + \$45.00 = \$340.00.

**For insured person who is a foreigner**

Age next birthday	Total MediSave Withdrawal Limits <sup>2</sup>	IncomeShield Standard Plan	
		Total Premiums	Cash outlay <sup>3</sup>
1 to 18	\$500.00	\$235.00	-
19 to 20	\$500.00	\$236.00	-
21 to 25	\$595.00	\$340.00	-
26 to 30	\$595.00	\$340.00	-
31 to 35	\$803.00	\$570.00	-
36 to 40	\$803.00	\$570.00	-
41 to 45	\$1,237.00	\$754.00	-
46 to 50	\$1,237.00	\$777.00	-
51 to 55	\$1,503.00	\$1,055.00	-
56 to 60	\$1,503.00	\$1,079.00	-
61 to 65	\$1,731.00	\$1,373.00	-
66 to 70	\$1,926.00	\$1,762.00	-
71 to 73	\$2,543.00	\$2,321.00	-
74 to 75	\$2,716.00	\$2,619.00	-
76 to 78	\$2,927.00	\$2,957.00	\$30.00
79 to 80	\$3,087.00	\$3,178.00	\$91.00
81 to 83	\$3,203.00	\$3,375.00	\$172.00
84 to 85	\$3,516.00	\$3,943.00	\$427.00
86 to 88	\$3,685.00	\$4,357.00	\$672.00
89 to 90	\$3,685.00	\$4,517.00	\$832.00
91 to 93	\$3,726.00	\$4,697.00	\$971.00
94 to 95	\$3,726.00	\$4,816.00	\$1,090.00
96 to 98	\$3,726.00	\$5,127.00	\$1,401.00
99 to 100	\$3,726.00	\$5,232.00	\$1,506.00
Over 100	\$3,726.00	\$5,260.00	\$1,534.00
Estimated lifetime premium summed from age next birthday 1 to 100		\$164,914.00	\$17,630.00

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> 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. However, please note that foreigners will not be allowed to use their sibling's MediSave to pay for premiums.
- <sup>3</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), the total cash outlay will be \$340.00.

You can pay premiums for the main plan by MediSave or cash.

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.

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

You must tell us, as soon as possible, if 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.

### **Using MediSave**

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

### **Pro-ratio 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 a percentage of the reasonable expenses for necessary medical treatment of the insured. The percentage will depend on the pro-ratio factor which applies to the plan. If the insured receives outpatient hospital treatment from a private hospital or private medical institution, we will only pay the percentage of the reasonable expenses for the necessary medical treatment of the insured, depending on the pro-ratio factor which applies to the plan.



The deductible is the part of the benefit you are claiming that you must pay before we will pay any benefit. The co-insurance is the amount 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 Insurance. 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 (or should have asked for or received) treatment, medication, advice or diagnosis 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 your 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 your policy has not been ended.

**Changing the policy terms and conditions**

We may change the premiums, benefits, cover or conditions specified in the policy contract at any time. We will write to you at your last-known address at least 30 days before doing so. We will apply the changes only if they apply to all policies within the same class.

If MOH, the CPFB or any other regulatory authority relating to MSHL introduces any mandatory changes to the benefits, features, guidelines or conditions of your policy, we may immediately apply those mandatory changes without giving you written notice.

**Change in premium**

The premium that you pay for the policy can change from time to time. If we change the premium for the policy, we will write to you at your last-known address, at least 30 days before the change is to take place, to tell you what your new premium is. We will change the premium for the policy only if the change applies to all policies within the same class.

**Changing the plan**

You may ask in writing to change your plan. If we approve your request, we will tell you when the change in plan will take place.

**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 IncomeShield Standard 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 IncomeShield Standard 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 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 or, if it applies, between the date the policy ends and the date immediately before the reinstatement date of the policy.
- b Any pre-existing illness, disease or condition from which the insured was suffering, unless this was declared in the application form and we accepted the application without any exclusions. However, any pre-existing illness, disease or condition which falls under any other exclusion stated here is not covered under your policy, whether a declaration was made in the application form or not. To avoid doubt, any pre-existing illness, disease or condition (including birth defects and congenital sickness or abnormalities) will be covered under MSHL according to the act and regulations, as long as the insured satisfies the eligibility criteria for MSHL at the time the claim is made under your policy.

- c Cosmetic surgery (unless covered under cosmetic surgery due to accident or breast reconstruction after mastectomy) or any medical treatment claimed to generally prevent illness, promote health or improve bodily function or appearance.
- d General outpatient medical expenses, retail items or treatment before or after the inpatient hospital treatment or outpatient hospital treatment, even when the treatment arises from the same injury, illness or disease that resulted in the inpatient or outpatient hospital treatment (unless covered under outpatient hospital treatment).
- e Treatment for birth defects, hereditary conditions and disorders, and congenital sickness or abnormalities.
- f Overseas medical 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 covered under inpatient psychiatric treatment benefit).
- h Pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, lactation complications, or any related stay in hospital or treatment (unless covered under serious pregnancy and delivery-related complications).
- 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 or 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.
- p Dental treatment (unless covered under accident inpatient dental treatment), regardless of whether it is a direct or indirect result of an illness or injury.
- q Transport-related services including ambulance fees, emergency evacuation, and sending home a body or ashes.
- r Sex-change operations.
- s The costs of 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), including all associated fees such as general or specialist medical services and consultations, diagnostic and laboratory services, examinations and investigations.
- t Optional items which are outside the scope of treatment, prostheses and corrective devices, and medical appliances which are not needed surgically.
- 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 a convalescent home or nursing home, care provided in a sanatorium or similar establishment, or outpatient rehabilitation services such as counselling and physical rehabilitation (unless covered under inpatient palliative care service (general or specialised)).

- aa Alternative or complementary treatments, including those provided by a traditional Chinese medicine practitioner, chiropractor, naturopath, acupuncturist, homeopath, osteopath or 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 A stay in 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, charges for laundry, television rental, personal-care and hygiene products or newspapers, or fees for medical reports (including test results).
- af Genetic testing that is carried out for health screening, risk evaluation or assessing prognosis, unless the genetic testing is ordered by a registered medical practitioner 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 aids.
- ah Outpatient cancer drug treatments that are not on the CDL.

Some of the exclusions shown above may be covered under MSHL.

To avoid doubt, your policy does not cover any item or exclusion that is set out in the act and regulations or is not allowed by MediShield Life Claims Rules, unless we issue an endorsement to your policy.

### **Claim**

All claims 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 and we will pay the hospital direct.

For claims which are not eligible for electronic filing (for example, claims under plans which are not integrated with MSHL), you must send the claim to us by post or have it delivered by hand. These claims must be sent to us within 90 days from the date of billing or the date the insured leaves the hospital, whichever is later.

If we need to investigate a claim after it has been paid, we may recover the claim payment (depending on the outcome of the investigation).

### **Reinstatement**

We can reinstate this policy when you have paid all premiums you owe and we give our written permission. We will not pay for any expenses which happen between the date your policy ends and the date immediately before the reinstatement date of your policy. When we reinstate the policy, we may add exclusions or charge an extra premium from the reinstatement date if there is any change in the insured's medical or physical condition.

### **Limit in each policy year**

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

**Other insurance, employee benefits and incentive or subsidy scheme**

We do not pay for claims if the medical expenses have been paid from other sources, or you or the insured has received a refund or similar benefits from other sources, whether under any insurance, incentive (including discounts) or subsidy scheme. If you or the insured has other medical insurance, or medical benefits under any employment contract, which allows you or them to claim a refund for medical expenses, you or the insured must first claim from these policies before making any claim under the IncomeShield Standard 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 Insurance 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 the policyholder and Income Insurance.

## Product summary: Deluxe Care Rider

### Product information

This is a rider that can be added to the IncomeShield Standard Plan. It can be taken up only if the insured person under this rider is covered under the IncomeShield Standard Plan.

### 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:

	Treatment provided by		
	Our panel	Extended panel	Others
Co-payment	5% co-payment of the benefits due under your policy		
Co-payment limit	Up to \$3,000 each policy year	Up to \$3,000 each policy year	No limit

<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 [income.com.sg/specialist-panel](http://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 cover for the benefits under this rider. The registered medical practitioner or specialist must not also be on our lists of approved panels or preferred partners and must meet other criteria, including being on another Integrated Shield Plan provider's panel list. The list of our approved extended panel can be found at [income.com.sg/specialist-panel](http://income.com.sg/specialist-panel). We may update this list from time to time.

For pre-hospitalisation treatment, post-hospitalisation treatment or special benefits claim(s) (if covered), 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 they apply) or the limit in each policy year for the policy, the co-payment for that claim will not count 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>.

#### Extended panel and 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 Extended panel and Non-panel Payment (ENP) of up to \$2,000 per policy year for your claims for inpatient hospital treatment, pre-hospitalisation treatment, post-hospitalisation treatment or special benefits (if covered). You must pay the co-payment followed by the ENP. We will only pay the amount of your claim which is more than the total of the co-payment and the ENP.

When there is more than one treating registered medical practitioner or specialist for the insured's stay in hospital, we will apply the ENP if 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>.

To avoid doubt, the ENP also applies to claims for emergency overseas treatment benefit under your policy.

#### Additional cancer drug treatment benefit

This benefit pays for outpatient cancer drug treatments that are on the Cancer Drug List (CDL) and selected cancer drug treatments that are not on the CDL (non-CDL treatments), up to the limits shown 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 for one primary cancer
	IncomeShield Standard Plan
Treatment on CDL (each month)	6x MSHL Limit
Non-CDL treatment (each month)	\$5,200

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

- We cover outpatient cancer drug treatments on the CDL in line with the conditions set out in your policy.
- If the insured is receiving treatment for multiple primary cancers, we will pay up to the limits shown below for the cancer drugs administered in that month.
- For cancer drug treatment on the CDL, the benefit limit for a plan is a multiple of the MSHL Limit for the specific cancer drug treatment.

The latest MSHL limits are shown under "MediShield Life Claim Limit per month" in the CDL on MOH's website ([go.gov.sg/moh-cancerdruglist](http://go.gov.sg/moh-cancerdruglist)). MOH may update these limits from time to time. The revised list will apply to the cancer drug treatment administered on and after the date the revised list comes into effect.

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.

Type of cancer drug treatment	Additional cancer drug treatment benefit limits for multiple primary cancers
	IncomeShield Standard Plan
Treatment on CDL (each month)	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer
Non-CDL treatment (each month)	\$5,200 x number of primary cancers

For each outpatient cancer drug treatment claim under this rider, you will have to make a co-payment shown below. If the insured receives cancer drug treatment that is on the CDL and is provided by our panel or extended panel, the co-payment for that claim will count towards the co-payment limit of \$3,000 for each policy year. To avoid doubt, we will not apply the co-payment limit for all non-CDL treatments, even if they are provided by our panel or extended panel.

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

#### Extra bed benefit

If, during the insured's stay in hospital, their parent or guardian stays and shares the same room, we will reimburse up to \$80 for each day the parent or guardian stays. This applies while the insured is a child aged 18 or younger during their stay in hospital. We will pay up to 10 days for each stay in hospital. If the insured is in hospital for only part of a day, we will pay half of this benefit for that day.

You do not need to pay the co-payment or ENP if we pay 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 this rider is in force, there is no deductible or co-insurance due under the IncomeShield Standard Plan. However, you will have to make a co-payment and, if it applies, an ENP for each claim, before we pay any benefit. We will only pay the amount of your claim which is more than the co-payment and ENP, and we will apply the co-payment before the ENP (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 Insurance. 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 your policy, based on the insured's age on their next birthday.

#### Cancellation

You can cancel this rider by giving us at least 30 days' notice in writing. This will not affect the validity of your policy.

#### Ending the rider

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

#### Changing the terms and conditions

We may change the premiums, benefits and cover of this rider, or the conditions of the policy contract, at any time. However, we will write to you at your last-known address at least 30 days before doing so. We will apply the changes only if they apply to all policies within the same class.



If there is any inconsistency between the terms and conditions of this rider and the terms and conditions of your policy, the terms and conditions of this rider will apply.

### Exclusions

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

The premium for this rider can change from time to time. If we change the premium for this rider, we will write to you at your last-known address, at least 30 days before the change is to take place, to tell you what your new premium for this rider is. We will change the premium for this rider only if the change applies to all policies within the same class.

### Reinstatement

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. We will not pay for any expenses which arise between the date this rider ends and the date immediately before the date this rider is reinstated. When we reinstate the rider, we may add exclusions or charge an extra premium for this rider from the date this rider is reinstated, if there is any change in the insured's medical or physical condition.

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

Age next birthday <sup>3</sup>	Standard Plan	Age next birthday <sup>3</sup>	Standard Plan
1 - 18	\$112.00	76 - 78	\$1,056.00
19 - 30	\$121.00	79 - 80	\$1,273.00
31 - 35	\$136.00	81 - 83	\$1,467.00
36 - 40	\$144.00	84 - 85	\$1,620.00
41 - 45	\$227.00	86 - 88	\$1,785.00
46 - 50	\$253.00	89 - 90	\$1,955.00
51 - 55	\$313.00	91 - 93	\$2,134.00
56 - 60	\$337.00	94 - 95	\$2,262.00
61 - 65	\$453.00	96 - 98	\$2,407.00
66 - 70	\$584.00	99 - 100	\$2,566.00
71 - 73	\$737.00	over 100	\$2,664.00
74 - 75	\$884.00	Estimated lifetime premium summed from age next birthday 1 to 100	\$65,581.00

<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 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.

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## Product summary: Classic Care Rider

### Product information

This is a rider that can be added to the IncomeShield Standard Plan. It can be taken up only if the insured person under this rider is covered under the IncomeShield Standard Plan.

### 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:

	Treatment provided by		
	Our panel	Extended panel	Others
Co-payment	10% co-payment of the benefits due under your policy		
Co-payment limit	Up to \$3,000 each policy year	Up to \$3,000 each policy year	No limit

<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 [income.com.sg/specialist-panel](http://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 cover for the benefits under this rider. The registered medical practitioner or specialist must not also be on our lists of approved panels or preferred partners and must meet other criteria, including being on another Integrated Shield Plan provider's panel list. The list of our approved extended panel can be found at [income.com.sg/specialist-panel](http://income.com.sg/specialist-panel). We may update this list from time to time.

For pre-hospitalisation treatment, post-hospitalisation treatment or special benefits claim(s) (if covered), 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 they apply) or the limit in each policy year for the policy, the co-payment for that claim will not count 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>.

#### Extended panel and 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 Extended panel and Non-panel Payment (ENP) of up to \$2,000 per policy year for your claims for inpatient hospital treatment, pre-hospitalisation treatment, post-hospitalisation treatment or special benefits (if covered). You must pay the co-payment followed by the ENP. We will only pay the amount of your claim which is more than the total of the co-payment and the ENP.

When there is more than one treating registered medical practitioner or specialist for the insured's stay in hospital, we will apply the ENP if 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>.

To avoid doubt, the ENP also applies to claims for emergency overseas treatment benefit under your policy.

#### Additional cancer drug treatment benefit

This benefit pays for outpatient cancer drug treatments that are on the Cancer Drug List (CDL) and selected cancer drug treatments that are not on the CDL (non-CDL treatments), up to the limits shown 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 for one primary cancer
	IncomeShield Standard Plan
Treatment on CDL (each month)	6x MSHL Limit
Non-CDL treatment (each month)	\$5,200

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

- We cover outpatient cancer drug treatments on the CDL in line with the conditions set out in your policy.
- If the insured is receiving treatment for multiple primary cancers, we will pay up to the limits shown below for the cancer drugs administered in that month.
- For cancer drug treatment on the CDL, the benefit limit for a plan is a multiple of the MSHL Limit for the specific cancer drug treatment.

The latest MSHL limits are shown under "MediShield Life Claim Limit per month" in the CDL on MOH's website ([go.gov.sg/moh-cancerdruglist](http://go.gov.sg/moh-cancerdruglist)). MOH may update these limits from time to time. The revised list will apply to the cancer drug treatment administered on and after the date the revised list comes into effect.

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.

Type of cancer drug treatment	Additional cancer drug treatment benefit limits for multiple primary cancers
	IncomeShield Standard Plan
Treatment on CDL (each month)	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer
Non-CDL treatment (each month)	\$5,200 x number of primary cancers

For each outpatient cancer drug treatment claim under this rider, you will have to make a co-payment as shown below. If the insured receives cancer drug treatment that is on the CDL and is provided by our panel or extended panel, the co-payment for that claim will count towards the co-payment limit of \$3,000 for each policy year. To avoid doubt, we will not apply the co-payment limit for all non-CDL treatments, even if they are provided by our panel or extended panel.

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

#### Extra bed benefit

If, during the insured's stay in hospital, their parent or guardian stays and shares the same room, we will reimburse up to \$80 for each day the parent or guardian stays. This applies while the insured is a child aged 18 or younger during their stay in hospital. We will pay up to 10 days for each stay in hospital. If the insured is in hospital for only part of a day, we will pay half of this benefit for that day.

You do not need to pay the co-payment or ENP if we pay 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 this rider is in force, there is no deductible or co-insurance due under the IncomeShield Standard Plan. However, you will have to make a co-payment and, if it applies, an ENP for each claim, before we pay any benefit. We will only pay the amount of your claim which is more than the co-payment and ENP, and we will apply the co-payment before the ENP (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 Insurance. 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 your policy, based on the insured's age on their next birthday.

#### Cancellation

You can cancel this rider by giving us at least 30 days' notice in writing. This will not affect the validity of your policy.

#### Ending the rider

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

#### Changing the terms and conditions

We may change the premiums, benefits and cover of this rider, or the conditions of the policy contract, at any time. However, we will write to you at your last-known address at least 30 days before doing so. We will apply the changes only if they apply to all policies within the same class.

If there is any inconsistency between the terms and conditions of this rider and the terms and conditions of your policy, the terms and conditions of this rider will apply.

### Exclusions

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

The premium for this rider can change from time to time. If we change the premium for this rider, we will write to you at your last-known address, at least 30 days before the change is to take place, to tell you what your new premium for this rider is. We will change the premium for this rider only if the change applies to all policies within the same class.

### Reinstatement

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. We will not pay for any expenses which arise between the date this rider ends and the date immediately before the date this rider is reinstated. When we reinstate the rider, we may add exclusions or charge an extra premium for this rider from the date this rider is reinstated, if there is any change in the insured's medical or physical condition.

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

Age next birthday <sup>3</sup>	Standard Plan	Age next birthday <sup>3</sup>	Standard Plan
1 - 18	\$82.00	76 - 78	\$740.00
19 - 30	\$89.00	79 - 80	\$862.00
31 - 35	\$99.00	81 - 83	\$963.00
36 - 40	\$106.00	84 - 85	\$1,059.00
41 - 45	\$168.00	86 - 88	\$1,350.00
46 - 50	\$178.00	89 - 90	\$1,464.00
51 - 55	\$223.00	91 - 93	\$1,717.00
56 - 60	\$230.00	94 - 95	\$1,839.00
61 - 65	\$318.00	96 - 98	\$1,965.00
66 - 70	\$418.00	99 - 100	\$2,087.00
71 - 73	\$506.00	over 100	\$2,162.00
74 - 75	\$627.00	Estimated lifetime premium summed from age next birthday 1 to 100	\$48,843.00

<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 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 the policyholder and Income Insurance.

**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:

	Treatment provided by		
	Our panel	Extended panel	Others
Co-payment	5% co-payment of the benefits due under your policy		
Co-payment limit	Up to \$3,000 each policy year	Up to \$3,000 each policy year	No limit

<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 [income.com.sg/specialist-panel](http://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 cover for the benefits under this rider. The registered medical practitioner or specialist must not also be on our lists of approved panels or preferred partners and must meet other criteria, including being on another Integrated Shield Plan provider's panel list. The list of our approved extended panel can be found at [income.com.sg/specialist-panel](http://income.com.sg/specialist-panel). We may update this list from time to time.

For pre-hospitalisation treatment, post-hospitalisation treatment or special benefits claim(s) (if covered), 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 they apply) or the limit in each policy year for the policy, the co-payment for that claim will not count 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>.

#### Extended panel and 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 Extended panel and Non-panel Payment (ENP) of up to \$2,000 per policy year for your claims for inpatient hospital treatment, pre-hospitalisation treatment, post-hospitalisation treatment or special benefits (if covered). You must pay the co-payment followed by the ENP. We will only pay the amount of your claim which is more than the total of the co-payment and the ENP.



When there is more than one treating registered medical practitioner or specialist for the insured's stay in hospital, we will apply the ENP if 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>.

To avoid doubt, the ENP also applies to claims for emergency overseas treatment benefit under your policy.

#### Additional cancer drug treatment benefit

This benefit pays for outpatient cancer drug treatments that are on the Cancer Drug List (CDL) and selected cancer drug treatments that are not on the CDL (non-CDL treatments), up to the limits shown 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 for one primary cancer
	IncomeShield Standard Plan
Treatment on CDL (each month)	6x MSHL Limit
Non-CDL treatment (each month)	\$5,200

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

- We cover outpatient cancer drug treatments on the CDL in line with the conditions set out in your policy.
- If the insured is receiving treatment for multiple primary cancers, we will pay up to the limits shown below for the cancer drugs administered in that month.
- For cancer drug treatment on the CDL, the benefit limit for a plan is a multiple of the MSHL Limit for the specific cancer drug treatment.

The latest MSHL limits are shown under "MediShield Life Claim Limit per month" in the CDL on MOH's website ([go.gov.sg/moh-cancerdruglist](http://go.gov.sg/moh-cancerdruglist)). MOH may update these limits from time to time. The revised list will apply to the cancer drug treatment administered on and after the date the revised list comes into effect.

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.

Type of cancer drug treatment	Additional cancer drug treatment benefit limits for multiple primary cancers
	IncomeShield Standard Plan
Treatment on CDL (each month)	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer
Non-CDL treatment (each month)	\$5,200 x number of primary cancers

For each outpatient cancer drug treatment claim under this rider, you will have to make a co-payment as shown below. If the insured receives cancer drug treatment that is on the CDL and is provided by our panel or extended panel, the co-payment for that claim will count towards the co-payment limit of \$3,000 for each policy year. To avoid doubt, we will not apply the co-payment limit for all non-CDL treatments, even if they are provided by our panel or extended panel.

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

#### Extra bed benefit

If, during the insured's stay in hospital, their parent or guardian stays and shares the same room, we will reimburse up to \$80 for each day the parent or guardian stays. This applies while the insured is a child aged 18 or younger during their stay in hospital. We will pay up to 10 days for each stay in hospital. If the insured is in hospital for only part of a day, we will pay half of this benefit for that day.

You do not need to pay the co-payment or ENP if we pay 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 this rider is in force, there is no deductible or co-insurance due under the IncomeShield Standard Plan. However, you will have to make a co-payment and, if it applies, an ENP before each claim, before we pay any benefit. We will only pay the amount of your claim which is more than the co-payment and ENP, and we will apply the co-payment before the ENP (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 Insurance. 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 your policy, based on the insured's age on their next birthday.

#### Cancellation

You can cancel this rider by giving us at least 30 days' notice in writing. This will not affect the validity of your policy.

#### Ending the rider

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

#### Changing the terms and conditions

We may change the premiums, benefits and cover of this rider, or the conditions of the policy contract, at any time. However, we will write to you at your last-known address at least 30 days before doing so. We will apply the changes only if they apply to all policies within the same class.

If there is any inconsistency between the terms and conditions of this rider and the terms and conditions of your policy, the terms and conditions of this rider will apply.

### Exclusions

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

The premium for this rider can change from time to time. If we change the premium for this rider, we will write to you at your last-known address, at least 30 days before the change is to take place, to tell you what your new premium for this rider is. We will change the premium for this rider only if the change applies to all policies within the same class.

### Reinstatement

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. We will not pay for any expenses which arise between the date this rider ends and the date immediately before the date this rider is reinstated. When we reinstate the rider, we may add exclusions or charge an extra premium for this rider from the date this rider is reinstated, if there is any change in the insured's medical or physical condition.

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

Age next birthday <sup>3</sup>	Standard Plan	Age next birthday <sup>3</sup>	Standard Plan
1 - 18	\$112.00	76 - 78	\$1,056.00
19 - 30	\$121.00	79 - 80	\$1,273.00
31 - 35	\$136.00	81 - 83	\$1,467.00
36 - 40	\$144.00	84 - 85	\$1,620.00
41 - 45	\$227.00	86 - 88	\$1,785.00
46 - 50	\$253.00	89 - 90	\$1,955.00
51 - 55	\$313.00	91 - 93	\$2,134.00
56 - 60	\$337.00	94 - 95	\$2,262.00
61 - 65	\$453.00	96 - 98	\$2,407.00
66 - 70	\$584.00	99 - 100	\$2,566.00
71 - 73	\$737.00	over 100	\$2,664.00
74 - 75	\$884.00	Estimated lifetime premium summed from age next birthday 1 to 100	\$65,581.00

<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 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.

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## 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:

	Treatment provided by		
	Our panel	Extended panel	Others
Co-payment	10% co-payment of the benefits due under your policy		
Co-payment limit	Up to \$3,000 each policy year	Up to \$3,000 each policy year	No limit

<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 [income.com.sg/specialist-panel](http://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 cover for the benefits under this rider. The registered medical practitioner or specialist must not also be on our lists of approved panels or preferred partners and must meet other criteria, including being on another Integrated Shield Plan provider's panel list. The list of our approved extended panel can be found at [income.com.sg/specialist-panel](http://income.com.sg/specialist-panel). We may update this list from time to time.

For pre-hospitalisation treatment, post-hospitalisation treatment or special benefits claim(s) (if covered), 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 they apply) or the limit in each policy year for the policy, the co-payment for that claim will not count 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>.

#### Extended panel and 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 Extended panel and Non-panel Payment (ENP) of up to \$2,000 per policy year for your claims for inpatient hospital treatment, pre-hospitalisation treatment, post-hospitalisation treatment or special benefits (if covered). You must pay the co-payment followed by the ENP. We will only pay the amount of your claim which is more than the total of the co-payment and the ENP.

When there is more than one treating registered medical practitioner or specialist for the insured's stay in hospital, we will apply the ENP if 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>.

To avoid doubt, the ENP also applies to claims for emergency overseas treatment benefit under your policy.

#### Additional cancer drug treatment benefit

This benefit pays for outpatient cancer drug treatments that are on the Cancer Drug List (CDL) and selected cancer drug treatments that are not on the CDL (non-CDL treatments), up to the limits shown 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 for one primary cancer
	IncomeShield Standard Plan
Treatment on CDL (each month)	6x MSHL Limit
Non-CDL treatment (each month)	\$5,200

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

- We cover outpatient cancer drug treatments on the CDL in line with the conditions set out in your policy.
- If the insured is receiving treatment for multiple primary cancers, we will pay up to the limits shown below for the cancer drugs administered in that month.
- For cancer drug treatment on the CDL, the benefit limit for a plan is a multiple of the MSHL Limit for the specific cancer drug treatment.

The latest MSHL limits are shown under "MediShield Life Claim Limit per month" in the CDL on MOH's website ([go.gov.sg/moh-cancerdruglist](http://go.gov.sg/moh-cancerdruglist)). MOH may update these limits from time to time. The revised list will apply to the cancer drug treatment administered on and after the date the revised list comes into effect.

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.

Type of cancer drug treatment	Additional cancer drug treatment benefit limits for multiple primary cancers
	IncomeShield Standard Plan
Treatment on CDL (each month)	Sum of the highest cancer drug treatment limit amongst the claimable treatments received for each primary cancer
Non-CDL treatment (each month)	\$5,200 x number of primary cancers

For each outpatient cancer drug treatment claim under this rider, you will have to make a co-payment as shown below. If the insured receives cancer drug treatment that is on the CDL and is provided by our panel or extended panel, the co-payment for that claim will count towards the co-payment limit of \$3,000 for each policy year. To avoid doubt, we will not apply the co-payment limit for all non-CDL treatments, even if they are provided by our panel or extended panel.

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

#### Extra bed benefit

If, during the insured's stay in hospital, their parent or guardian stays and shares the same room, we will reimburse up to \$80 for each day the parent or guardian stays. This applies while the insured is a child aged 18 or younger during their stay in hospital. We will pay up to 10 days for each stay in hospital. If the insured is in hospital for only part of a day, we will pay half of this benefit for that day.

You do not need to pay the co-payment or ENP if we pay 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 this rider is in force, there is no deductible or co-insurance due under the IncomeShield Standard Plan. However, you will have to make a co-payment and, if it applies, an ENP for each claim, before we pay any benefit. We will only pay the amount of your claim which is more than the co-payment and ENP, and we will apply the co-payment before the ENP (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 Insurance. 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 your policy, based on the insured's age on their next birthday.

#### Cancellation

You can cancel this rider by giving us at least 30 days' notice in writing. This will not affect the validity of your policy.

#### Ending the rider

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

#### Changing the terms and conditions

We may change the premiums, benefits and cover of this rider, or the conditions of the policy contract, at any time. However, we will write to you at your last-known address at least 30 days before doing so. We will apply the changes only if they apply to all policies within the same class.

If there is any inconsistency between the terms and conditions of this rider and the terms and conditions of your policy, the terms and conditions of this rider will apply.

### Exclusions

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

The premium for this rider can change from time to time. If we change the premium for this rider, we will write to you at your last-known address, at least 30 days before the change is to take place, to tell you what your new premium for this rider is. We will change the premium for this rider only if the change applies to all policies within the same class.

### Reinstatement

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. We will not pay for any expenses which arise between the date this rider ends and the date immediately before the date this rider is reinstated. When we reinstate the rider, we may add exclusions or charge an extra premium for this rider from the date this rider is reinstated, if there is any change in the insured's medical or physical condition.

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

Age next birthday <sup>3</sup>	Standard Plan	Age next birthday <sup>3</sup>	Standard Plan
1 - 18	\$82.00	76 - 78	\$740.00
19 - 30	\$89.00	79 - 80	\$862.00
31 - 35	\$99.00	81 - 83	\$963.00
36 - 40	\$106.00	84 - 85	\$1,059.00
41 - 45	\$168.00	86 - 88	\$1,350.00
46 - 50	\$178.00	89 - 90	\$1,464.00
51 - 55	\$223.00	91 - 93	\$1,717.00
56 - 60	\$230.00	94 - 95	\$1,839.00
61 - 65	\$318.00	96 - 98	\$1,965.00
66 - 70	\$418.00	99 - 100	\$2,087.00
71 - 73	\$506.00	over 100	\$2,162.00
74 - 75	\$627.00	Estimated lifetime premium summed from age next birthday 1 to 100	\$48,843.00

<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 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.



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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 of \$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 of \$100 (but no more than one payment for the same accident or illness from the same confirmed diagnosis).

### 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	Standard Plan	Age next birthday	Standard Plan
1 - 30	\$28.52	66 – 70	\$134.46
31 - 40	\$37.70	71 – 73	\$172.16
41 - 50	\$45.84	74 – 75	\$209.86
51 - 55	\$57.04	76 – 80	\$243.46
56 - 60	\$76.40	81 – 85	\$281.16
61 - 65	\$95.76		

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 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 Insurance. 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 in the Product Summary for IncomeShield Standard 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.

**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 the policyholder and Income Insurance.

## 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:

- 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 (\$\$, Premiums include GST.)

Age next birthday	Standard Plan
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 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 Insurance. 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 in the Product Summary for IncomeShield Standard 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**

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 the policyholder and Income Insurance.