





## Section E: Details of plan and riders

### Important notes

- Each life to be insured is only allowed to buy either Plus or Assist Rider and only one Daily Cash Rider and one Child Illness Rider. Cover for Plus Rider, Assist Rider and Daily Cash Rider will follow the main type of plan.
- For existing Plus Rider policyholders, if you have chosen the Assist Rider, your Plus Rider cover will end immediately and without notice once the Assist Rider has been approved and added to the main plan. Once you have downgraded to the Assist Rider, any request for an upgrade back to the Plus Rider is subject to our underwriting and acceptance.

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

#### Enhanced IncomeShield

- Preferred (SG, PR or FR)    
  Advantage (SG, PR or FR)    
  Basic-SG    
  Basic-PR    
  Basic-FR  
 Enhanced C-SG    
  Enhanced C-PR    
  Enhanced C-FR

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

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

**Rider options:** If you want to maintain your existing riders, you do not need to choose any of the following rider options.

- Plus Rider    
  Assist Rider    
  Daily Cash Rider    
  Child Illness Rider

## Section F: Questions on health (Please use extra paper if you need to.)

### Important notes

- If any of your answers to the questions is 'Yes', please provide the details we need by filling in the **medical history questionnaire**. Please fill in one medical history questionnaire for each declared condition. If the declared condition is **high or raised blood pressure, raised blood cholesterol or injury**, please fill in the relevant specific illness questionnaire instead.
- 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.

<p>1. Has the life to be insured ever had, been told they have, been treated for or suffered symptoms of any of the following health conditions?</p> <p>(a) High or raised blood pressure or blood cholesterol <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>(b) Heart or blood vessel and related disorders (for example, stroke, heart attack, heart murmur or prolapsed mitral valve), chest pain or discomfort <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>(c) Respiratory disorders (for example, asthma, bronchitis, pneumonia or tuberculosis) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>(d) Digestive disorders which include those of the oesophagus, colon and rectum (for example, gastritis, stomach or duodenal ulcer or blood in stool) or eating disorders (for example, anorexia nervosa or bulimia) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>(e) Diabetes or impaired glucose tolerance or raised blood sugar level or spleen or other hepatobiliary system disorders which include liver problem, hepatitis (including hepatitis B carrier), gallstone or other gallbladder problems or inflammation of pancreas <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>(f) Eye, ear, nose or throat disorders (for example, cataracts, sinus problem or rhinitis) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>(g) Urinary disorders (for example, protein, blood or sugar in urine, kidney stones, prolapsed urinary bladder, prostate problem or urinary incontinence) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>(h) Breast or reproductive-organ disorders (for example, breast calcifications, lump, cyst or nodule, ovarian cyst, endometriosis or fibroids) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>(i) Gout, thyroid disorders or other endocrine disorders (glands that secrete hormones) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>(j) Bone, spine, joint or muscle disorders (for example, slipped disc or arthritis) or skin or nail condition (for example, eczema, excessive sweating or ingrown toenail) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>(k) Nervous or mental disorders (for example, epilepsy or fits, prolonged headache or depression) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>(l) Cancer, or any abnormal growth or tumour (for example, cyst, polyp or nodule) whether cancerous or benign <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>(m) Blood disorders (for example, anaemia, haemophilia or thalassaemia) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>(n) Autoimmune disease (for example, systemic lupus erythematosus, mixed connective tissue disease or scleroderma) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>(o) HIV infection or sexually transmitted diseases <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>(p) Physical or developmental impairments or problems, or congenital or hereditary disorders (for example, speech impairment, learning disability or has special learning needs, autism or attention deficit hyperactivity disorder) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>(q) Injuries that are recurrent or symptoms of injuries (for example, pain, discomfort or limp) that have continued for more than one month <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>(r) Any illness, disorders, abnormalities, accident or recurrent symptoms which are not mentioned above <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	<p>If 'Yes', please give the name of the conditions, diagnosis and the symptoms.</p>
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<p>2. (a) Are there any medical or health-screening reports (including those found in HealthHub.sg) on the life to be insured to be provided with this application?</p> <p>(b) In the last five years, has the life to be insured ever:</p> <p>(i) been admitted to hospital;</p> <p>(ii) had surgery or procedure or been advised to undergo surgery or procedure;</p> <p>(iii) been on medication for more than one month continuously or been on medical follow-up or received advice or referral for medical treatment or follow-up or to consult a medical specialist; or</p> <p>(iv) had or received advice or referral to have a medical test or screening done (for example, x-ray, ultrasound, ECG, CT scan, biopsy, mammogram, pap smear, sleep test, urine or blood test)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If 'Yes' to Q2(a), please list and describe the reports that you are attaching (for example, type and date of report).</p> <p>If 'Yes' to Q2(b), please give the name of the conditions, diagnosis, symptoms, type of tests, treatment, surgery or procedure done, reasons and results of tests, dates of diagnosis and tests, clinics/hospitals attended, doctors consulted and dates of visits. Please enclose full report.</p>
<p>3. In the last year, has the life to be insured experienced symptoms for more than 2 weeks (for example, feeling giddy, breathless, had an abnormal growth or enlargement, persistent fever, diarrhoea, bodily discomfort or pain) or recurring symptoms or unexplained weight loss?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If 'Yes', please give the name of the conditions, diagnosis and the symptoms.</p>
<p>4. (a) Has the life to be insured had any application to us or any other insurer for life, health or accident insurance policy refused, postponed or accepted but with terms attached to that policy?</p> <p>(b) Has any application been made to us in the last twelve months for the life to be insured?</p> <p>(c) Has the life to be insured made or planned to make any claim under any life, health or accident policies, whether individual or group plans, with us or any other insurer within the last 12 months?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If 'Yes' to Q4(a), please give the reason and medical conditions if any.</p> <p>If 'Yes' to Q4(b), please give details of the type of policy and the policy number.</p> <p>If 'Yes' to Q4(c), please give details of the type of policy and the policy number.</p>
<p>5. Does the life to be insured smoke cigarettes?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If 'Yes', number of cigarettes:</p> <p>_____ sticks per day for _____ years</p>
<p>6. Does the life to be insured drink alcohol?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If 'Yes', amount consumed per week:</p> <p>_____ can of 330ml beer</p> <p>_____ glass of 125ml wine</p> <p>_____ shot of 30ml spirit (for example, whiskey, gin or brandy)</p>
<p>7. <b>Please answer this question if the life to be insured is a Singapore Citizen or Permanent Resident.</b> Does the life to be insured have any serious pre-existing medical conditions that require them to pay an Additional Premium of 30% on their MediShield Life policy?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If 'Yes', please give the name of the serious pre-existing medical conditions.</p>
<p>8. <b>Please answer this question if the life to be insured is a female.</b> Has the life to be insured ever had, or is currently having, any pregnancy complications, pregnancy-related conditions (for example, gestational diabetes, miscarriage or ectopic pregnancy) or complications at childbirth or post-natal depression?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If 'Yes', please give the name of the conditions, diagnosis, symptoms, date of incident and number of occurrences.</p>

<p>9. <b>Please answer this question if the life to be insured is aged 5 years or below at next birthday.</b></p> <p>(a) Was the life to be insured born before 37 completed weeks of pregnancy or had been diagnosed of any congenital disorder, genetic disorder or birth defects?</p> <p>(b) Has the life to be insured presented any symptoms and medical conditions or exhibited unusual developmental behaviours that require review, investigation or observation by a medical professional (for example, general practitioner, specialist or therapist) or care-giver (for example, parent, helper or teacher)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If 'Yes' to Q9(a), please give the name of the conditions, diagnosis, treatment, date and type of investigation and a copy of the child health booklet and test results.</p> <p>If 'Yes' to Q9(b), please give the details and a copy of the child health booklet and test results.</p>
<p>10. <b>Please answer this question if you have chosen the Child Illness Rider.</b></p> <p>Has the life to be insured ever had, been told they have, been treated for or suffered symptoms of any of the following health conditions? Severe asthma, leukaemia, bone-marrow transplant, diabetes mellitus, rheumatic disease with valvular impairment, Kawasaki's disease, haemophilia, mental retardation due to sickness or injury or Still's disease?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If 'Yes', please give the name of the conditions, diagnosis and the symptoms.</p>

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

Your adviser 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 adviser 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 adviser 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 H: Declaration to Central Provident Fund Board (CPF Board)

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

I authorise the Central Provident Fund Board (the "CPF Board") 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 (Chapter 36), the MediShield Life Scheme Act (Act No. 4 of 2015) and the respective subsidiary legislation made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the CPF Board from time to time for the purposes of the Private Medical Insurance Scheme (or by such other name as it may be referred to from time to time) (PMIS).

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

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

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

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

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

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

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

## Section I: Personal data collection statement

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

The personal data collected by Income includes all personal data provided in this form, or in any document provided, or to be provided to us by you or your insured persons or from other sources, for the purpose of this insurance application or transaction. It includes all personal data for us to evaluate or administer this application or transaction. For example, if you are applying for an insurance policy, in addition to the personal data provided in the application form, the personal data will also include any subsequent information we collect on health or financial situation, or any information that is necessary for us to decide whether to insure and on what terms to insure, such as test results, medical examination results, and health records from medical practitioners or other insurance companies.

You may not alter any of the wording in this 'Personal data collection statement'. Any attempt to do so will be of no effect.

### 1. Purpose of collection

We may collect and use the personal data to:

- (a) carry out identity checks;
- (b) communicate on purposes relating to an application or policy;
- (c) decide whether to insure or continue to insure you and your insured persons;
- (d) determine and verify your creditworthiness for the financial and insurance products you apply for;
- (e) provide financial advice for product recommendation based on your financial needs analysis;
- (f) provide ongoing services and respond to your inquiries or instructions;
- (g) make or obtain payments;
- (h) investigate and settle claims;
- (i) recover any debt owed to us;
- (j) detect and prevent fraud, unlawful or improper activities;
- (k) conduct research and statistical analysis;
- (l) coach employees and monitor for quality assurance;
- (m) reinsure risks and for reinsurance administration;
- (n) comply with all applicable laws, including reporting to regulatory and industry entities;
- (o) inform you of our philanthropic and charity initiatives, i.e. OrangeAid, including soliciting donations, acknowledging donations, and facilitating tax exemption; and
- (p) provide services and respond to inquiries by employer on the application or policy. (Applicable when this insurance application or transaction is made pursuant to a group employment insurance scheme.)

### 2. Disclosure of personal data

We may disclose personal data belonging to you and your insured persons for the purposes set out in Section 1 above to these parties:

- (a) your financial advisers;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;
- (d) local or overseas service providers to provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- (e) debt collection agencies;
- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) credit reference agencies;
- (j) industry associations;
- (k) regulators, law enforcement and government agencies; and
- (l) employer. (Applicable when this insurance application or transaction is made pursuant to a group employment insurance scheme.)

### 3. Consequence of withdrawing consent to the collection, use and disclosure of personal data

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the products and services that you asked for or have with us.

But if you withdraw your consent for us to use your personal data for your insurance matters, this will affect our ability to provide you with the products and services that you asked for or have with us, including preventing us from keeping your insurance cover in force or properly assessing and processing your claim. Withdrawing such consent will require you to surrender or terminate all your policies with us.

### 4. Access and correction rights

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

You may make your request to withdraw your consent, access or correct your personal data by writing to:

The Data Protection Officer, Income Centre, 75 Bras Basah Road, Singapore 189557.

Alternatively, you can email to: [DPO@income.com.sg](mailto:DPO@income.com.sg)

## Section J: Declaration and authorisation

Where the declaration and authorisation below applies to me:

I declare that the answers given in this application are true, correct and complete. I accept full responsibility for them, whether written by me or by anyone else on my behalf. I have not withheld any information. I agree that this application and other written answers, statements, information or declarations I have made or which have been made on my behalf will form the basis of the contract of insurance between the policyholder and you. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.

I confirm that I understand and agree to the 'Personal data collection statement'.

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

I 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, agree and authorise:

- (a) any doctor, insurer, or organisation to release to you, and
- (b) you to release to any doctor, insurer or organisation,

any relevant information to do with me and the life to be insured, whether:

- (i) this application is accepted or refused, or
- (ii) for the purpose of this application or any other purpose in respect of the policy to be issued.

Where a credit card is used for paying the cash portion of the main plan and/or rider and the cardholder is different from the applicant, I declare that the cardholder has authorised and consented to such use and that I am authorised to agree to the payment method and terms under the above credit card option on the cardholder's behalf.

A photographic copy is valid as an original copy.

I declare that my adviser has advised me/us that:

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

I agree that the product summary has been explained to me to my satisfaction by my adviser. (This does not apply for direct marketing.) A copy will be provided together with my policy document.

I am aware that I can ask for a copy of Your Guide to Health Insurance from my adviser. (This does not apply for direct marketing.) Or, I can download one at [www.income.com.sg](http://www.income.com.sg).

I can ask for advice from an adviser before I sign this application. I will make sure that this product is appropriate to my financial needs and insurance objectives. (This applies for direct marketing.)

I confirm that I am not an undischarged bankrupt, that no statutory demand has been served on me and no bankruptcy order has been made against me.

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

**WARNING:**

**You must give all the facts truthfully when you make this application. You must also tell us immediately if there is any change in the state of health of the life to be insured or if the life to be insured is planning to have any medical consultation, investigation or treatment before the start date of this cover. If you fail to reveal any material information in this application, you may not receive any benefits under your policy or we may declare your policy as void or add extra terms on your policy. If you are in doubt as to whether a fact is material, you should reveal it anyway. This includes any fact which you may have given to the adviser but is not written in this application. Please check to make sure you are fully satisfied with the information in this application. You may not alter any of the wording in this proposal form. Any attempt to do so will be of no effect.**

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

Signature of policyholder (who is also payer)

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

## Section K: Adviser's certification

- |  |                      |
|--|----------------------|
| 1. All the answers given to me by the applicant 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.  | Signature of adviser |
| 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 applicant 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 applicant and life to be insured and confirm that the details are the same as given on this proposal. |                      |



















- r 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.
- s Optional items which are outside the scope of treatment, prosthesis and corrective devices, and medical appliances which are not needed surgically (unless this is covered under prosthesis benefit).
- t 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.
- u Private nursing charges and nursing home services.
- v Vaccinations.
- w Treatment of injuries arising from being directly involved in civil commotion, riot or strike.
- x The consequences arising, whether directly or indirectly, from nuclear fallout, radioactivity, any nuclear fuel, material or waste, war and related risks.
- y Rest cures, hospice care, home or outpatient nursing or palliative care, convalescent care in convalescent or nursing homes, sanatoriums or similar establishments, outpatient rehabilitation services such as counselling and physical rehabilitation.
- z Alternative or complementary treatments, including traditional Chinese medicine (TCM) or a stay in any health-care establishment for social or non-medical reasons.

### **Claim**

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

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

### **Reinstatement**

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

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

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

### **Next-of-kin**

A next-of-kin is an immediate family member who is 21 years or older. They can be appointed to deal with us about matters relating to the Enhanced IncomeShield Plan.

### **Other medical insurance or employee benefits**

When making a claim, you must tell us about any other medical insurance policies or employee benefits of the insured person. If there are other medical insurance policies or employee benefits, you must claim first from those policies or benefits before claiming under the Enhanced IncomeShield Plan.

### **Policy Owners' Protection Scheme**

"This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Income or visit the GIA/LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg))."

### **Disclaimer**

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









## Exclusions

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

## Claim

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

## Change in premium

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

## Reinstatement

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

## Assist Rider – yearly premium rates (Premiums include GST.)

Age next birthday <sup>1</sup>	Preferred	Advantage	Basic	Enhanced C
1 - 18	\$183	\$106	\$76	\$58
19 - 30	\$190	\$110	\$83	\$62
31 - 35	\$199	\$118	\$92	\$67
36 - 40	\$209	\$129	\$98	\$73
41 - 45	\$311	\$196	\$157	\$110
46 - 50	\$351	\$212	\$165	\$124
51 - 55	\$417	\$256	\$207	\$157
56 - 60	\$451	\$272	\$214	\$163
61 - 65	\$637	\$402	\$296	\$224
66 - 70	\$823	\$552	\$387	\$284
71 - 73	\$1,103	\$734	\$468	\$371
74 - 75	\$1,296	\$877	\$581	\$438
76 - 78	\$1,550	\$1,025	\$686	\$536
79 - 80	\$1,804	\$1,131	\$800	\$632
81 - 83	\$1,927	\$1,241	\$894	\$725
84 - 85	\$2,125	\$1,310	\$983	\$822
86 - 88	\$2,320	\$1,590	\$1,252	\$944
89 - 90	\$2,412	\$1,700	\$1,359	\$1,041
91 - 93	\$2,498	\$1,746	\$1,465	\$1,140
94 - 95	\$2,576	\$1,799	\$1,570	\$1,236
96 - 98	\$2,582	\$1,851	\$1,677	\$1,336
99 - 100	\$2,614	\$1,904	\$1,781	\$1,433
over 100	\$2,686	\$1,978	\$1,846	\$1,492

<sup>1</sup> The last entry age is 75, based on the insured's age next birthday when cover starts under this rider.

The above yearly premium rates apply to this rider from 1 March 2017 onwards. Yearly premiums are based on the insured's age at next birthday, and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time. You can pay premiums for this rider by cash, cheque, credit card or GIRO only.

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

## Disclaimer

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











## Section L: Product summary

### Declaration

I agree that the contents of the product summary have been explained to me to my satisfaction by my adviser. (This does not apply for direct marketing.)  
I have fully read through the contents of the product summary and I understand them.

Name of applicant	Signature and date (dd/mm/yyyy)
Name of adviser	Signature and date (dd/mm/yyyy)