



# Conditions for Silver Secure

## Your policy

Silver Secure is a non-participating, regular premium term plan designed to provide cover as **you** grow old.

**We** will pay benefits if the insured dies, is diagnosed with any of the senior diseases or conditions covered under special benefit. The insured will also enjoy offers from **our** list of preferred healthcare providers.

**You** cannot cash in this policy.

## 1 What your policy covers

### a Senior disease benefit

If the insured is diagnosed with any of the senior diseases in **Table 1** during the **contract term** of the policy, **we** will pay **you** a **monthly benefit** from the date of the diagnosis until your policy ends.

**Table 1: Senior disease benefit table**

| Item | Senior disease benefit                              |
|------|---|
| 1    | Blindness (loss of sight)                           |
| 2    | Kidney failure                                      |
| 3    | Major head trauma                                   |
| 4    | Paralysis (loss of use of limbs)                    |
| 5    | Intermediate-stage Parkinson’s disease              |
| 6    | Intermediate-stage Alzheimer’s disease or dementia  |
| 7    | Amyotrophic lateral sclerosis                       |
| 8    | Severe chronic obstructive pulmonary disease (COPD) |

This benefit can be claimed only once.

### b Support benefit

If **you** are successful in claiming the **Senior disease benefit**, **we** will also pay **you** a lump sum which is equal to six times your **monthly benefit**.

**You** can only claim this benefit once.

### c Premium waiver benefit

If **you** are successful in claiming the **Senior disease benefit**, **we** will waive (not charge) premiums that are due from the date the insured is diagnosed with the disease until your policy ends.

The policy will continue to apply for the remaining unclaimed benefits during this period even though **you** are not paying the premiums.

### d Special benefit

If the insured is diagnosed with any of the conditions in **Table 2** during the **contract term** of the policy, **we** will pay **you** a lump sum that is equal to three times your **monthly benefit** (this cannot be more than \$6,000).

For those conditions in **Table 2** which need surgery or procedure, **we** will pay **you** the lump sum only when the insured had the surgery or procedure.

**Table 2: Special benefit table**

| Group             | Special benefit  |
|-------------------|--|
| Movement          | <ul style="list-style-type: none"> <li>• Osteoarthritis requiring surgery</li> <li>• Osteoporosis with fractures requiring surgery</li> <li>• Rheumatoid arthritis with joint deformity</li> </ul>   |
| Sensory           | <ul style="list-style-type: none"> <li>• Age-related macular degeneration with visual impairment</li> </ul>  |
| Group             | Special benefit  |
| Sensory           | <ul style="list-style-type: none"> <li>• Glaucoma requiring surgery</li> <li>• Severe presbycusis (age-related hearing loss)</li> </ul>  |
| Urinary disorders | <ul style="list-style-type: none"> <li>• Benign prostatic hyperplasia requiring surgery</li> <li>• Stress urinary incontinence requiring surgery or procedure</li> </ul>   |
| Other disorders   | <ul style="list-style-type: none"> <li>• Diabetic complications</li> <li>• Varicose veins requiring surgery</li> <li>• Severe obstructive sleep apnea</li> <li>• Outpatient psychiatric condition due to loss of husband, wife or child</li> </ul> |

**You** can only claim this benefit once.

### e Death benefit

If the insured dies during the **contract term**, **we** will pay:

- 100% of the total premiums paid if death happens within one year from the **cover start date**; or
- \$10,000 if death happens after one year from the **cover start date**.

The policy will end when **we** make this payment.

### f Care benefit

**We** provide the insured with care benefits through **our** list of preferred healthcare providers.

**You** can find the list of preferred healthcare providers and details of their offers, including the terms and conditions which apply, on **our** website. **Our** list of preferred healthcare providers may change at any time. Please visit **our** website to see the updated list of preferred healthcare providers.

**We** will not provide this benefit if the policy has ended.

## 2 Our responsibilities to you

The **contract term** will give details of how long this policy applies for.

**We** will pay the **monthly benefit** to **you** by directly paying the **monthly benefit** into a bank account in Singapore (via GIRO) **you** have given **us** details of. **We** will not pay the **monthly benefit** via telegraphic transfer, cheque, bank draft or any other payment modes.

If the insured dies and **you** continue to receive **monthly benefits**, **we** will take from the Death benefit the **monthly benefits** that are paid to **you** on or after the insured's death.

This policy will end:

- when the insured dies;
  - when premiums due are not paid after the period of grace;
  - when all benefits under the policy have been paid; or
  - at the end of the **contract term**;
- whichever is earlier.

### 3 Your responsibilities

**You** will pay your first premium at the time **you** apply for this policy. **You** will then pay future premiums when they are due. **You** will have 30 days as a period of grace to make these payments for this policy to continue. If **we** are due to pay any benefits during this period, **we** will take off any unpaid premiums from the benefits.

If **you** still have not paid the premium after the period of grace, this policy will end.

If this policy ends because **you** have not paid the premium, **you** can reinstate it within 36 months by paying the premiums **you** owe along with interest. This applies as long as **you** give **us** satisfactory proof of the insured's good health and there is no change in the risks covered by this policy.

If **you** cancel your policy before the next premium is due, **we** will end your policy from the next premium due date and **we** will not refund any unused premium.

The premium that **you** pay for this policy is not guaranteed. **We** will give **you** at least six months' notice before **we** make any change.

### 4 What you need to be aware of

#### a Suicide

This policy is not valid if the insured commits suicide within one year from the **cover start date**.

**We** will refund the total premiums paid, without interest, from the **cover start date**.

#### b Senior disease benefit, Support benefit and Special benefit

**We** only cover the conditions **we** define in this policy. The names of each **Senior disease benefit** and **Special benefit** are only a guide to what is covered. The full definition of each benefit covered and the circumstances in which **you** can claim are given in this policy.

**You** must provide adequate medical evidence and **we** may ask the insured to have a medical examination by a doctor **we** have appointed. Every diagnosis must be supported by acceptable clinical, radiological, histological and laboratory evidence and confirmed by a **registered medical practitioner**.

**We** will not pay these benefits if your claim arises from:

- deliberate acts such as self-inflicted injuries, illnesses or attempted suicide;
- deliberate misuse of drugs or alcohol;
- acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency virus (HIV), resulting from any means
- a **Senior disease benefit** and **Support benefit** if the insured suffered symptoms of, had investigations for, or was diagnosed with, the illnesses or conditions at any time before the **cover start date**;

- a **Senior disease benefit** and **Support benefit** where the insured suffered symptoms of, had investigations for, or was diagnosed with, **Amyotrophic Lateral Sclerosis** or **Severe Chronic Obstructive Pulmonary Disease (COPD)** at any time within 90 days after the **cover start date**;
- a **Special benefit** where the insured suffered symptoms of, had investigations for, or was diagnosed with, the illnesses or conditions at any time before or within 180 days after the **cover start date**. For those conditions covered under **Special benefit** which need surgery or a procedure (such as laser therapy), the date of diagnosis will be the date the condition that leads to the surgery or procedure is diagnosed, and not the date of the surgery or procedure.

### c Making a claim

**We** must be told within six months after the diagnosis or the event giving rise to the claim.

### d Refusing to pay a claim

After **you** have been continuously covered for one year from the **cover start date**, **we** will pay your claim unless:

- it is a case of fraud;
- your policy has ended;
- the insured has a **material pre-existing condition** which was not revealed to **us** when **you** applied for this policy; or
- the claim is excluded or not covered under the terms of the policy.

### e Transferring the legal right of the policy

**You** cannot assign (transfer) this policy unless **you** tell **us** in writing and **we** agree to the assignment.

### f Excluding third-party rights

Anyone not directly involved in this policy cannot enforce it under the Contracts (Rights of Third Parties) Act (Chapter 53B).

## 5 Definitions

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

**Contract term** means the contract term (or term) shown in the policy schedule (or endorsement) to this policy.

**Cover start date** means the date:

- **we** issue the policy;
  - **we** issue an endorsement to include or increase a benefit; or
  - **we** reinstate the policy;
- whichever is latest.

**Material pre-existing condition** means any condition that existed before the **cover start date** which would have reasonably affected **our** decision to accept your application and for which:

- the insured had symptoms that would have caused any sensible person to get medical treatment, advice or care;
- treatment was recommended by or received from a medical practitioner; or
- the insured had medical tests or investigations.

**Monthly benefit** is the 'sum assured' amount shown in the policy schedule.

**Registered medical practitioner** means a doctor who is qualified in western medicine and is legally licensed in Singapore or has the qualifications recognised by the Singapore Medical Council.

**We, us, our** means NTUC Income Insurance Co-operative Limited.

**You** means the policyholder shown in the policy schedule.

Plain English Campaign's Crystal Mark does not apply to the following section.

## 6 Definition of Senior disease benefit

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| <b>Amyotrophic lateral sclerosis</b>          | Amyotrophic lateral sclerosis characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones. This diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit. Other forms of Motor Neurone Disease are excluded.   |
| <b>Blindness (loss of sight)</b>              | Permanent and irreversible loss of sight in both eyes as a result of illness or <b>accident</b> to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.  |
| <b>Intermediate stage Parkinson's disease</b> | <p>Moderately severe Parkinson's disease</p> <p>The unequivocal diagnosis of idiopathic Parkinson's disease by a consultant neurologist. The diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> <li>- the disease cannot be controlled with medication,</li> <li>- signs of progressive impairment, and</li> <li>- inability of the insured to perform (whether aided or unaided) at least two of the six "Activities of Daily Living" for a continuous period of at least six months.</li> </ul> <p>"Activities of Daily Living":</p> <ul style="list-style-type: none"> <li>- Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;</li> <li>- Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;</li> <li>- Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;</li> <li>- Mobility - the ability to move indoors from room to room on level surfaces;</li> <li>- Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;</li> <li>- Feeding - the ability to feed oneself once food has been prepared and made available.</li> </ul> <p>Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson's disease are excluded.</p> <p>For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p> |

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| <p><b>Intermediate stage Alzheimer's disease or dementia</b></p> | <p>Moderately severe Alzheimer's disease or dementia</p> <p>A definite diagnosis of Alzheimer's disease or dementia due to irreversible organic brain disorders by a consultant neurologist. The Mini Mental State Examination score must be less than 20 out of 30; or the insured must have undergone two neuropsychometric tests performed six months apart with a battery of tests which clearly define the severity of the impairment. There must also be permanent clinical loss of the ability to do all the following:</p> <ul style="list-style-type: none"> <li>- Remember;</li> <li>- Reason; and</li> <li>- Perceive, understand, express and give effect to ideas.</li> </ul> <p>This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the insurer's appointed doctor.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>- Non-organic diseases such as neurosis and psychiatric illnesses; and</li> <li>- Alcohol related brain damage.</li> </ul>   |
| <p><b>Kidney failure</b></p>                                     | <p>Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.</p>   |
| <p><b>Major head trauma</b></p>                                  | <p>Accidental head injury resulting in permanent neurological deficit with persisting clinical symptoms to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.</p> <p>"Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head Injury.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>• Spinal cord injury; and</li> <li>• Head injury due to any other causes.</li> </ul> <p>Permanent means expected to last throughout the lifetime of the insured.</p> <p>Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the insured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.</p> |

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| <b>Paralysis (loss of use of limbs)</b>                    | <p>Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.</p> <p>Self-inflicted injuries are excluded.</p>  |
| <b>Severe chronic obstructive pulmonary disease (COPD)</b> | <p>Severe COPD must be certified by an appropriate specialist, where all of the following criteria are met:</p> <ul style="list-style-type: none"> <li>- A consistent forced expiratory volume (FEV1) test value of less than 35 percent;</li> <li>- &gt;1 hospitalization for exacerbation of COPD.</li> </ul> <p>The FEV1 changes must be permanent despite treatment according to recognized medical protocols and persist as evidenced by at least two post-bronchodilation readings taken 6 months apart. Pulmonary function tests must be performed by a pulmonologist.</p> <p>All other respiratory disorders including chronic bronchitis, emphysema, asthma without airflow obstruction are excluded. Diagnosis of COPD without the specified severity is excluded.</p> |

## 7 Definition of Special benefit

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| <b>Age-related macular degeneration with visual impairment</b> | <p>Age-related macular degeneration with visual impairment must be diagnosed by an ophthalmologist or a specialist in the relevant field and must have undergone laser photocoagulation or photodynamic therapy. Visual impairment due to alcohol or drug or substance misuse is excluded.</p>  |
| <b>Benign prostatic hyperplasia requiring surgery</b>          | <p>The actual undergoing of a surgical procedure of the prostate to treat benign prostatic hyperplasia. An appropriate specialist must certify the diagnosis of benign prostatic hyperplasia and the procedure being medically necessary for the treatment of benign prostatic hyperplasia. Benign prostatic hyperplasia shall mean a non-cancerous adenomatous prostate gland enlargement. Diagnosis must be supported by presence of typical urinary problems such as weak urine stream, urinary frequency, incomplete emptying, and terminal dribbling, elevation of PSA from 5 to 10 ng/ml and increase in volume of the prostate with a calculated volume exceeding 30 cc on ultrasound.</p> |
| <b>Diabetic complications</b>                                  | <p>Diabetic retinopathy with the need to undergo laser treatment certified to be absolutely necessary by an ophthalmologist with support of a "Fluorescent Fundus Angiography" report and vision is measured at 6/18 or worse in the better eye using a Snellen eye chart.</p>  |



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| <b>Diabetic complications</b>  | <p>A definite diagnosis of diabetic nephropathy by a nephrologist and is evident by eGFR less than 30 ml/min/1.73m<sup>2</sup> with ongoing proteinuria greater than 300mg/24 hours.</p> <p>The actual undergoing of amputation of a leg/foot/toe/arm/hand/finger to treat gangrene that has occurred because of a complication of diabetes.</p>   |
| <b>Glaucoma requiring surgery</b>                                      | <p>The actual undergoing of open surgical procedure of the eye for treatment of glaucoma. A specialist must confirm the diagnosis of glaucoma and the procedure must be medically necessary for the treatment of glaucoma. Any other procedure not involving open surgery on the globe that are not directly related to the treatment of glaucoma or any laser therapies are excluded.</p>   |
| <b>Osteoporosis with fractures requiring surgery</b>                   | <p>The occurrence of osteoporosis with fractures where all of the following conditions are met:</p> <p>(a) at least a fracture of the neck of femur with actual undergoing of internal fixation or replacement (arthroplasty) of the fractured bone or two vertebral body fractures with replacement or equivalent surgical treatment (vertebral augmentation) of the fractured bone is required, due to or in the presence of osteoporosis; and</p> <p>(b) bone mineral density measured in at least two sites by dual-energy x-ray densitometry (DEXA) or quantitative CT scanning is consistent with severe osteoporosis (T-score of less than -2.5).</p> <p>The fractures have to be new and evidence of fractures and surgery needs to be provided.</p> |
| <b>Osteoarthritis requiring surgery</b>                                | <p>Presence of osteoarthritis with no relief from medications for minimum one year and requiring the actual undergoing of surgery either arthroscopy or joint replacement surgery.</p> <p>The diagnosis of osteoarthritis must be confirmed by MRI and <b>registered medical practitioner</b> who is an orthopaedic surgeon.</p>   |
| <b>Outpatient psychiatric condition due to loss of spouse or child</b> | <p>Diagnosis of mental health conditions such as major depressive disorder and anxiety disorders of the insured due to death of the insured's spouse or child.</p> <p>The benefit excludes diagnosis of the mental health condition due to death of spouse or child before the policy issuance. This benefit is only payable once regardless of the number of mental health conditions.</p> <p>The mental health condition must be diagnosed by a registered psychiatrist and the insured must be under medication prescribed by a registered psychiatrist for at least three continuous months.</p> <p>Child is defined as biological child or legally adopted child, and spouse is defined as legally married spouse.</p>                                  |

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| <b>Rheumatoid arthritis with joint deformity</b>                  | <p>Widespread joint destruction with major clinical deformity of two or more of the following seven joint areas: hands, wrists, elbows, spine, knees, ankles, feet. The diagnosis must be supported by all of the following:</p> <ul style="list-style-type: none"> <li>- Morning stiffness;</li> <li>- Symmetric arthritis;</li> <li>- Elevated titres of rheumatoid factor or anti-CCP (Cyclic Citrullinated Peptide); and</li> <li>- Radiographic evidence of joint.</li> </ul> <p>The diagnosis must be confirmed by a consultant rheumatologist.</p> <p>For clarity, deformity of paired body parts e.g. left and right wrists is counted as one joint area. Deformity of non-paired body parts is counted as two joint areas regardless of whether or not the affected areas occur on the same side of the body e.g. deformity of the left wrist and left elbow is counted as two joint areas.</p> |
| <b>Severe obstructive sleep apnea</b>                             | <p>An unequivocal diagnosis of severe obstructive sleep apnea made by a <b>registered medical practitioner</b> who is a Specialist in the relevant field, provided that both of the following criteria are met:</p> <p>(a) the insured is being treated with continuous nocturnal CPAP therapy; and</p> <p>(b) there is documented evidence of a sleep study showing an AHI &gt; 30 and nocturnal mean O2 saturation &lt;85%.</p>  |
| <b>Severe presbycusis (age-related hearing loss)</b>              | <p>Irreversible symmetrical loss of sensorineural hearing with loss of at least 60 decibels in all audible frequencies (500, 1000, 2000, 4000 Hz) of hearing in both ears and as a result of age degeneration that requires treatment with a hearing aid. Medical evidence in the form of an audiometry and sound-threshold test must be provided, and the diagnosis of loss of hearing must be confirmed by a <b>registered medical practitioner</b> who is an ear, nose and throat (ENT) specialist.</p>   |
| <b>Stress urinary incontinence requiring surgery or procedure</b> | <p>The actual undergoing of surgical procedure or minimum of three laser therapy sessions for the first time for treatment of Stress Urinary Incontinence. The presence of stress incontinence and the need for the surgery has to be certified by a specialist. It also needs to be supported by evidence of receiving the laser therapy.</p>   |
| <b>Varicose veins requiring surgery</b>                           | <p>The actual undergoing of surgery for stripping of the saphenous vein for the treatment of varicose vein. The presence of varicosity and necessity of the surgical procedure has to be certified by a vascular surgeon and must have a history of varicose vein bleeds or ulcers because of varicose veins. Surgery of varicose vein for cosmetic purposes, or other forms of surgery (like endovenous laser treatment, radiofrequency ablation and foam sclerotherapy etc.), or veins other than varicose veins are excluded.</p>   |