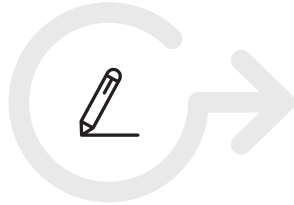


The Application Form Process



Personal Information

Details about the Proposer, Insured and other individuals, if applicable.



Policy Information

Details about the selected plan and its riders, if applicable.



Underwriting

Other critical information needed to process your application.



Declarations

Everything to take note of before you sign.

Submission Checklist

Please check that you have included all the necessary documents.
Any omissions may result in a delay of the processing of your application.

- All relevant underwriting forms
- Copy of medical reports or test results, if applicable

For official use only										
<p>Receipt number</p> <input type="text"/>										
<p>Payment received date (dd/mm/yyyy)</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>/</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>/</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<p>Source code</p> <input type="text"/>										

For advisor use only
<p>Advisor code</p> <input type="text"/>
<p>Advisor name</p> <input type="text"/>

PLEASE USE BLOCK LETTERS TO COMPLETE THIS FORM.

If you require additional space for your answer, please state the question number and answer clearly on page 8.



WARNING: Under Section 25(5) of the Insurance Act, Cap. 142 (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.

1

Proposer Details (Policyholder)

1.1 Personal Particulars

Full name (as in NRIC)

NRIC number CPF account number (if different from NRIC)

Date of birth (dd/mm/yyyy) / / Gender Male Female

Nationality Singaporean Singapore PR (Nationality)

Marital status Single Married Widowed Divorced

1.2 Work Details

Occupation Name of organisation

1.3 Contact Information



Important Notes: Mobile number and email address are mandatory for this application. If your mobile number or email address is different from our records, we will use what you have provided in this form to process your application.

Contact number *Please provide at least one number* Mobile Home Work

Email address

Mailing address

Postal code Country

Country of residence



Important Notes: For existing Income policyholders, if your contact information on this form is different from those in our records, we will automatically update all your existing policies with the new information. If you **DO NOT** want us to update the mailing address for specific policies, please state the policy number(s) here:

**Important Notes:**

- You must have an existing Basic ElderShield 300 or 400 policy before proceeding further with this application.
- Please refer to the Product Summary for the disability benefit amount and premium term.

Please state the monthly disability benefit amount, premium and premium term for this application.

Name of Plan	PrimeShield
Monthly Disability Benefit Amount	
Premium (\$)	
Premium Term	<input type="radio"/> Upto 65 age last birthday, subject to a minimum of 20 years (Applicable for insured 41 – 46 age last birthday)
	<input type="radio"/> 20 Years (Applicable for Insured 47 – 64 age last birthday)

- Tick (✓) here to backdate your policy. You may backdate your policy only if ALL the conditions are met:
- You are backdating a PrimeShield policy to qualify for a lower premium.
 - The policy is backdated to a date:
 - within 6 months from date of receipt of application by us; and
 - within 6 months of the calendar year

**Important Notes:**

- A temporary e-receipt must be issued by your advisor if you are paying using cash, cheque, cashier order or money order. Your advisor is not allowed to collect cash of more than S\$2,000 per policy and we will be sending you an SMS acknowledgement or official receipt once we have processed your application.
- For payment by GIRO, please complete and submit GIRO form. Please note that we will default to cash payment if we do not receive the form or the GIRO is pending for approval.
- For payment by cashier's order, please submit a copy of the cashier's order application form or debit advice with Payor's details.
- For payment not using MediSave and/or premiums in excess of the applicable withdrawal limits (including riders, if any), premiums will be paid in accordance to the information provided under Section 3.1 (Payment Method).
- Anyone who pays for, or is insured under PrimeShield or Care Secure 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 PrimeShield or Care Secure, you will stop receiving APS. This applies even if you are not the person paying for PrimeShield or Care Secure.

In addition, if you choose to be insured under PrimeShield or Care Secure, the person paying for PrimeShield or Care Secure 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.

3.1 Payment Method

First and Renewal Premium	<input type="radio"/> MediSave	<input type="radio"/> Cash	<input type="radio"/> GIRO
	<input type="radio"/> Cashier's order/Cheque (Number)	<input type="text"/>	payable to "NTUC Income"

3.2 Payor Details — Payment using MediSave

Please refer to the Product Summary for the applicable withdrawal limits for MediSave. We will attempt to deduct the maximum withdrawal amount from the designated CPF MediSave account, for First Premium and Renewal Premium unless otherwise indicated below:

- I want to pay premiums using my own CPF MediSave account
- I want to pay premiums using my family members'^ CPF MediSave account as below

^ Family members include husband or wife, parents, siblings, children or grandchildren.

3.2.1 Details of Payor 1

Full name of CPF Account Holder (as in NRIC)		
CPF Account Number		
Date of birth (dd/mm/yyyy)		
Percentage of premium		<div style="border: 1px solid orange; padding: 5px;"> <p>Signature of account holder </p> <hr/> <p>Signed in Singapore on (dd/mm/yyyy)</p> </div>
Relationship to Proposer <i>If not Proposer</i>		


3.2.2 Details of Payor 2

Full name of CPF Account Holder (as in NRIC)		
CPF Account Number		
Date of birth (dd/mm/yyyy)		
Percentage of premium		<div style="border: 1px solid orange; padding: 5px;"> <p>Signature of account holder </p> <hr/> <p>Signed in Singapore on (dd/mm/yyyy)</p> </div>
Relationship to Proposer <i>If not Proposer</i>		

3.2.3 Details of Payor 3

Full name of CPF Account Holder (as in NRIC)		
CPF Account Number		
Date of birth (dd/mm/yyyy)		
Percentage of premium		<div style="border: 1px solid orange; padding: 5px;"> <p>Signature of account holder </p> <hr/> <p>Signed in Singapore on (dd/mm/yyyy)</p> </div>
Relationship to Proposer <i>If not Proposer</i>		

3.2.4 Details of Payor 4

Full name of CPF Account Holder (as in NRIC)	
CPF Account Number	
Date of birth (dd/mm/yyyy)	
Percentage of premium	
Relationship to Proposer <i>If not Proposer</i>	<div style="border: 1px solid orange; padding: 5px;"> <p>Signature of account holder </p> <p>Signed in Singapore on (dd/mm/yyyy)</p> </div>

Authorisation by CPF account holder for payment using CPF

I authorise the Central Provident Fund Board (the 'CPF Board') to use the moneys in my MediSave account to pay the premiums due for the Life to be Insured named under this application, in line with the Central Provident Fund Act (Chapter 36) (the 'CPF Act') and the CareShield Life and Long-Term Care Act 2019 including their respective subsidiary legislations, as well as any terms and conditions that may be imposed from time to time.

I authorise the CPF Board to use the moneys in my new MediSave account to pay for the premiums due under this application if I am given a new MediSave account when I achieve Singapore Permanent Residence status. (This applies to the applicant who is currently not a citizen or permanent resident of Singapore.)

I authorise the CPF Board, if they reasonably consider it appropriate, and on a confidential basis, to reveal information to, or ask for information from, any insurers relating to:

- payment of premiums due under this application, including the use of moneys from my MediSave account or my new MediSave account; and
- making of refunds under this application.

4.1 Build

What is your height (metres) and weight (kilograms)?

Height m Weight kg

4.2 Medical Information

1. Have you ever had or been told that you have or have been treated for	
a. cancer	<input type="radio"/> Yes <input type="radio"/> No
b. diabetes	<input type="radio"/> Yes <input type="radio"/> No
c. stroke	<input type="radio"/> Yes <input type="radio"/> No
d. heart disease	<input type="radio"/> Yes <input type="radio"/> No
e. kidney disease	<input type="radio"/> Yes <input type="radio"/> No
f. liver disease	<input type="radio"/> Yes <input type="radio"/> No
g. lung disease	<input type="radio"/> Yes <input type="radio"/> No
h. dementia	<input type="radio"/> Yes <input type="radio"/> No
i. Parkinson's disease	<input type="radio"/> Yes <input type="radio"/> No
j. multiple sclerosis	<input type="radio"/> Yes <input type="radio"/> No
k. motor neurone disease	<input type="radio"/> Yes <input type="radio"/> No
l. AIDS or HIV infection	<input type="radio"/> Yes <input type="radio"/> No
m. Arthritis or paralysis (or both)	<input type="radio"/> Yes <input type="radio"/> No
n. Any other medical conditions not mentioned here?	<input type="radio"/> Yes <input type="radio"/> No
2. Do you need help from another person or mechanical aids such as a cane, crutches, wheelchair or walker to carry out your daily activities such as washing (bathing), dressing, feeding (eating), walking, transferring from bed to chair, and using the toilet?	<input type="radio"/> Yes <input type="radio"/> No
3. Are there any day-to-day activities such as doing housework, preparing meals, shopping, using public transport, or any hobby which you have stopped doing in the last year due to your health?	<input type="radio"/> Yes <input type="radio"/> No



Important Notes:

For Singapore Citizens and Permanent Residents of Singapore:

- You need to disclose the result of a diagnostic genetic test done (i.e. test to confirm or rule out a diagnosis when you have symptoms).
- You do not need to disclose the result of a:
 - ✓ predictive genetic test (test done when you have no symptoms of a genetic disorder) such as Huntington's disease (HTT), BRCA1 and BRCA2 unless your total coverage for a specific benefit exceeds the limits as set out in question 4a.
 - ✓ genetic test obtained from Biomedical Research or Direct-to-Consumer (genetic test provided to consumer directly by manufacturer or supplier of the test).
- If a genetic test result is negative, we may take it into account to consider better underwriting terms.

4a. Is your total Long Term Care coverage with Income and other insurers more than S\$3,000 per month? If yes, please answer Question 4b.	<input type="radio"/> Yes <input type="radio"/> No
b. Have you undergone a genetic test for Huntington's disease? If yes, please provide details below:	<input type="radio"/> Yes <input type="radio"/> No
(i) Reasons for test	
(ii) Date of test	
(iii) Test results	

If you answered "Yes" to any of the above medical questions, please provide the details in the space below:

- When was the condition diagnosed.
- Medication that you are taking, if any.
- Date of your last consultation.
- Name and address of the doctor, clinic or hospital treating you for each condition declared above.

Question No.	Health Details

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

By providing the information and submitting this application or transaction, I/we consent and agree to NTUC Income Insurance Co-operative Limited (“Income”), its representatives, agents, relevant third parties (referred to in Income’s Privacy Policy at <https://www.income.com.sg/privacy-policy>), Income’s appointed insurance intermediaries and their respective third party service providers and representatives (collectively “Income Parties”) to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively “personal data”) for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income including providing me/us with financial advice/financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income, conducting research and data analytics, and in the manner and for other purposes described in Income’s Privacy Policy.

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

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorisation and approval on their behalf for the purposes as set out in this Personal Data Use Statement.

Marketing Consent

We at Income value our customers and would love to share exclusive offers (such as rewards, privileges, events and discounts) and information about products and services (“Marketing and Promotional messages”) offered by Income, our business partners and NTUC Enterprise group of social enterprises (“NE Group”) that may be useful to you and your family.

If you would like to hear from us, please provide your consent by selecting your preference(s) in receiving Marketing and Promotional messages from Income, our representatives, agents, appointed service providers, business partners, insurance intermediaries and NE Group (collectively “Income Partners”):

Postal mail Email Phone call Phone messages*

* Phone messages include text, picture, video and audio message that are sent to your telephone number via SMS, MMS or messaging apps such as WhatsApp, Telegram or WeChat.

By indicating your preference(s) above, your consent to receive Marketing and Promotional messages:

- includes allowing Income Partners to collect, use and disclose your contact details to send you Marketing and Promotional messages;
- is regardless of your policy status and whether this application or transaction is accepted or refused by Income; and
- is in addition to any previous marketing consent which you may have provided to Income.

All consent in receiving Marketing and Promotional messages shall remain valid until it is withdrawn and notified to Income. You may withdraw your consent at any time by submitting your request at <https://www.income.com.sg/enquiry>. Income will process your request within 10 days, and you will stop receiving Marketing and Promotional messages after 21 days only for the mode(s) of communications indicated in your request.



Important Notes: Please refer to Income’s Privacy Policy (<https://www.income.com.sg/privacy-policy>) for more information, including access and correction to personal data and consent withdrawal.

1. I cannot alter any of the wordings in this application form. Any attempt to do so will have no effect.
2. 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 material information. If it is discovered later that material information is not disclosed in this form, I will not be entitled to rely on the defence that the information was disclosed for or in the records of other policies with Income. 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 Income. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.
3. I confirm that there has been no change in my health or the Insured's health since the completion of the application and all additional declarations made in connection with the application. I will notify Income immediately if there is any change in the state of my health or the Insured's health, or if I or the Insured plan to seek medical consultation, investigation, or treatment between the date of this application and the date this policy is in force. I am aware that Income may add special terms to the policy or declare the policy as void according to the information provided or if I fail to notify Income of any change in the state of my health or the Insured's health.
4. I am aware that I can refer to the specimen of the standard terms, conditions and exclusions of this plan to be issued at www.income.com.sg.
5. I agree that Income's legal responsibility will only begin when Income accepts this application and I have paid the first premium. The start date of the plan will be shown in the Policy Schedule.
6. I have confirmed that I am not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against me. If I am an undischarged bankrupt or a bankruptcy application has been made against me, I understand that this may also be taken into consideration by Income whether to accept this application.
7. I 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.
8. I confirm that I understand and agree to the collection, use and disclosure of my personal data as stated in the "Personal Data Use Statement" above. I further confirm on the above preference(s) where I have indicated my consent (if any) to receive Marketing and Promotional messages.
9. For the purpose of this application, I authorise, consent and agree to:
 - a. the medical source, insurance office, reinsurer, organisation to release to Income any medical or relevant information to do with me or the insured whether Income accepts this application or not;
 - b. Income and its relevant third parties stated in Income's Privacy Policy to collect from, use and/or disclose to any medical source, insurance office, reinsurer, or organisation any medical or relevant information to do with me or the insured; and
 - c. Income or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income to underwrite and evaluate me or the insured's health status or condition in relation to this application.

I agree that a copy of this authorisation is valid and binding as an original copy.
10. Where applicable, I further authorise, consent and agree to Income disclosing my personal data to the Government of Singapore and statutory boards and organisations approved by the Government of Singapore, for the purpose of determining my 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.
11. I understand that the policy does not cover any pre-existing illness, disease or condition which the Life to be Insured may have suffered from before the start date of the policy to be issued.
12. I agree that the product summary has been explained to me to my satisfaction by my advisor. A copy will be provided together with my policy document. (This does not apply for direct marketing.)
13. I have fully read through the contents of the product summary and I understand them.
14. I can ask for advice from an advisor before I sign this application. I will make sure that this product is appropriate to my financial needs and insurance aims. (This applies for direct marketing.)
15. I am aware that I can ask for a copy of Your Guide to Health Insurance from my advisor. Or, I can download one at www.income.com.sg.
16. This application is governed by and interpreted according to the laws of the Republic of Singapore.
17. If I decide to switch from one health insurance product to another, I understand that:
 - a. I may not be covered under standard terms;
 - b. I may have to pay different premiums; and
 - c. the terms and conditions may be different.

18. I agree that if I or any #Relevant Person is found to be a *Prohibited Person:

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

Income’s decision in every respect of the above will be final. I will inform Income immediately if there is any change in my 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:

- i. 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
- ii. 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.

19. I 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: You must give all the facts truthfully when you make this application. You must also tell Income immediately if there is any change in your state of health or if you are planning to arrange for any medical consultation, investigation or treatment, from the date you sign this application form, up till the start date of this policy. If you fail to reveal any material information in this application, you may not receive any benefits under 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 advisor but is not written in this application. Please check to make sure you are fully satisfied with the information in this application.

If you are replacing your existing ElderShield supplement, or PrimeShield policy with this new application, Income may not be able to insure you on standard terms, you may have to pay different premiums, or you may lose any financial benefits that you have built up over the years. We advise you to speak to your present insurer before making a final decision.

I agree to give Income all material information about my state of health from the date I sign this application form, up till the start date of this policy that may influence Income’s decision whether to accept or impose any further terms under the policy. If I fail to give Income this material information or misrepresent any such information, Income may:

- a. declare the policy as void from the start date of this policy;
- b. end the policy and not pay any benefits; or
- c. add extra terms and conditions to the policy.

<p style="color: #e67e22; margin: 0;">Signature of Proposer</p> <div style="border: 1px solid #ccc; height: 40px; margin-top: 10px;"></div> <div style="text-align: right; margin-top: 5px;"></div>
<p style="color: #e67e22; margin: 0;">Signed in Singapore on (dd/mm/yyyy)</p>

All answers given to me by the Proposer and/or Insured are in the application. I have not withheld any information which may influence Income's decision to accept this application.

I have personally seen the Proposer and/or Insured, and have explained the terms of the plan to the Proposer.

I have seen all the original identification documents, and have submitted photocopies of them with this application. I confirm that all submitted documents are copies of their originals.

Full name of Advisor (as in NRIC)

Signature of Advisor



Signed in Singapore on
(dd/mm/yyyy)

Declaration

I agree that the contents of the product summary has 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 Proposer (as in NRIC)

Signature of Proposer



Signed in Singapore on
(dd/mm/yyyy)

Full name of Advisor (as in NRIC)

Signature of Advisor



Signed in Singapore on
(dd/mm/yyyy)

Product summary – PrimeShield

Product information – what we cover

PrimeShield is an insurance plan which pays you a monthly sum if you become severely disabled. It is designed to work alongside Basic ElderShield and provides extra benefits to meet the needs of those who would like more cover.

As an example, we are using PrimeShield at a benefit level of \$1,000.

PrimeShield for policyholders under Basic ElderShield 300

Cover	Basic ElderShield 300 only	Basic ElderShield 300 and PrimeShield 1,000
Monthly disability benefit	\$300 for 60 months	\$1,000 (see note 1)
Lump-sum benefit	Nil	\$3,000 one-time payment
Dependant care benefit	Nil	\$250 for up to 36 months
Get-well benefit or death benefit	Nil	\$3,000 one-time payment
Total payout	\$18,000	Payout as long as you suffer from severe disability

Note 1: For the first 60 months - \$300 for Basic ElderShield and \$700 for PrimeShield.
From 61st month onwards - \$1,000 for PrimeShield.

PrimeShield for policyholders under Basic ElderShield 400

Cover	Basic ElderShield 400 only	Basic ElderShield 400 and PrimeShield 1,000
Monthly disability benefit	\$400 for 72 months	\$1,000 (see note 2)
Lump-sum benefit	Nil	\$3,000 one-time payment
Dependant care benefit	Nil	\$250 for up to 36 months
Get-well benefit or death benefit	Nil	\$3,000 one-time payment
Total payout	\$28,800	Payout as long as you suffer from severe disability

Note 2: For the first 72 months - \$400 for Basic ElderShield and \$600 for PrimeShield.
From 73rd month onwards - \$1,000 for PrimeShield.

PrimeShield provides the following benefits if you are certified to be severely disabled by a qualified assessor from the panel that we have appointed.

You can only buy PrimeShield if you have an existing Basic ElderShield plan.

Benefits we will pay

1 Lump-sum benefit

We will pay a one-time lump-sum benefit which is three times your monthly disability benefit. If you recover from the severe disability after we have paid this benefit but then become severely disabled again, you are not entitled to this benefit again.

2 Monthly disability benefit

We will pay a monthly disability benefit as well as the monthly payout under your Basic ElderShield plan. This monthly disability benefit continues even after your Basic ElderShield plan has been fully paid out, as long as you are still severely disabled. We will pay the first monthly disability benefit on the day immediately after the deferment period. We will then pay it on the same day every month. The deferment period is a 90-day period from the claim date.

The monthly disability benefit we will pay depends on the type of Basic ElderShield plan you own at the start date of your cover under PrimeShield.

This benefit ends immediately on the date you recover from the severe disability or die (as the case may be). If you have recovered but become severely disabled again, you are entitled to a further payment of this benefit.

3 Dependant care benefit

If you have at least one child who has not reached the age of 21 and you become severely disabled, we will pay a dependant care benefit which is 25% of your monthly disability benefit. We will pay this benefit to you every month for up to 36 months in your lifetime.

This benefit ends immediately on the date you recover from the severe disability or die (as the case may be). If you have recovered but become severely disabled again, you are entitled to a further payment of this benefit as long as we have not paid you this benefit for more than 36 months in your lifetime.

4 Get-well or death benefit

We will pay a get-well or death benefit which is three times your monthly disability benefit as a one-time payment if:

- you recover from the severe disability while receiving the monthly disability benefit under this policy; or
- you die while receiving the monthly disability benefit under this policy.

If you have recovered and received the get-well benefit but become severely disabled again or die, you (or your beneficiaries) are not entitled to a further payment of this benefit.

Definition of severe disability or severely disabled

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

The assessment and the definition of activities of daily living are the same for Basic ElderShield plan.

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

PrimeShield 300 yearly premium rates table (Premiums include GST.)

Entry age last birthday	Paid until you reach	Monthly disability benefit													
		Male													
		500	600	700	800	900	1000	1100	1200	1300	1400	1500	2000	2500	3000
40	65	265.40	325.30	384.20	444.10	504.00	562.90	622.80	682.70	742.60	801.50	861.40	1,159.90	1,457.40	1,755.90
41	65	277.20	340.30	403.40	466.60	529.70	592.80	656.00	719.10	782.20	845.30	908.50	1,224.10	1,539.80	1,855.40
42	65	290.00	357.40	423.80	491.20	557.50	624.90	691.30	758.70	825.00	892.40	958.80	1,293.70	1,628.60	1,962.40
43	65	303.90	375.60	446.20	517.90	588.50	659.20	730.90	801.50	872.10	943.80	1,014.40	1,369.60	1,724.90	2,080.10
44	65	320.00	395.90	470.80	546.80	621.70	697.70	772.60	848.60	924.50	999.40	1,075.40	1,453.10	1,830.80	2,208.50
45	65	337.10	417.30	497.60	577.80	659.20	739.40	819.70	899.90	980.20	1,061.50	1,141.70	1,544.10	1,946.40	2,348.70
46	65	355.30	442.00	527.60	613.20	698.80	785.40	871.00	956.60	1,043.30	1,128.90	1,214.50	1,643.60	2,073.70	2,502.80
47	66	363.80	452.70	541.50	631.30	720.20	809.00	897.80	986.60	1,075.40	1,164.20	1,253.00	1,698.10	2,142.20	2,587.30
48	67	373.50	465.50	557.50	649.50	741.60	833.60	925.60	1,017.60	1,109.60	1,201.70	1,293.70	1,753.80	2,213.90	2,675.00
49	68	382.00	477.30	573.60	668.80	764.00	859.30	954.50	1,049.70	1,144.90	1,240.20	1,336.50	1,812.60	2,289.80	2,767.10
50	69	391.70	491.20	589.60	689.10	787.60	886.00	985.50	1,084.00	1,182.40	1,281.90	1,380.30	1,874.70	2,369.00	2,863.40
51	70	402.40	505.10	607.80	710.50	812.20	914.90	1,017.60	1,120.30	1,222.00	1,324.70	1,427.40	1,940.00	2,452.50	2,963.90
52	71	414.10	520.10	626.00	733.00	838.90	944.90	1,051.90	1,157.80	1,263.70	1,370.70	1,476.60	2,008.40	2,540.20	3,072.00
53	72	424.80	536.10	646.30	756.50	866.70	977.00	1,088.20	1,198.40	1,308.70	1,418.90	1,529.10	2,081.20	2,633.30	3,185.40
54	73	437.70	552.20	667.70	782.20	896.70	1,011.20	1,126.80	1,241.20	1,355.70	1,470.20	1,585.80	2,159.30	2,732.80	3,306.30
55	74	451.60	571.40	690.20	810.00	928.80	1,048.60	1,167.40	1,287.30	1,406.00	1,525.90	1,645.70	2,241.70	2,838.80	3,435.80
56	75	466.60	590.70	714.80	838.90	963.00	1,088.20	1,212.40	1,336.50	1,460.60	1,585.80	1,709.90	2,331.60	2,953.20	3,574.90
57	76	481.50	612.10	741.60	871.00	1,000.50	1,130.00	1,260.50	1,390.00	1,519.40	1,648.90	1,779.50	2,427.90	3,076.30	3,724.70
58	77	499.70	634.60	770.40	905.30	1,041.20	1,177.00	1,311.90	1,447.80	1,583.60	1,718.50	1,854.40	2,531.70	3,209.00	3,886.30
59	78	517.90	660.20	801.50	943.80	1,085.00	1,227.30	1,368.60	1,510.90	1,652.10	1,794.40	1,935.70	2,645.10	3,354.50	4,062.80
60	79	539.30	688.10	836.80	985.50	1,134.20	1,283.00	1,431.70	1,580.40	1,729.20	1,877.90	2,026.60	2,769.20	3,512.90	4,256.50
61	80	561.80	718.00	874.20	1,030.50	1,186.70	1,342.90	1,499.10	1,655.30	1,811.60	1,967.80	2,124.00	2,906.20	3,687.30	4,468.40
62	81	587.50	752.30	916.00	1,080.70	1,245.50	1,410.30	1,574.00	1,738.80	1,903.60	2,068.40	2,232.10	3,054.90	3,877.70	4,700.60
63	82	615.30	788.60	963.00	1,136.40	1,309.70	1,483.10	1,657.50	1,830.80	2,004.20	2,177.50	2,351.90	3,219.70	4,087.40	4,955.20
64	83	646.30	830.40	1,013.30	1,197.40	1,381.40	1,564.40	1,748.40	1,932.50	2,115.40	2,299.50	2,483.50	3,401.60	4,319.60	5,238.80

PrimeShield 300 yearly premium rates table (Premiums include GST.)

Entry age last birthday	Paid until you reach	Monthly disability benefit													
		Female													
		500	600	700	800	900	1000	1100	1200	1300	1400	1500	2000	2500	3000
40	65	333.90	410.90	488.00	566.10	643.10	720.20	797.20	875.30	952.30	1,029.40	1,106.40	1,492.70	1,879.00	2,265.20
41	65	349.90	431.30	513.60	595.00	677.40	758.70	841.10	922.40	1,004.80	1,086.10	1,168.50	1,577.20	1,986.00	2,394.70
42	65	367.10	453.70	540.40	627.10	713.70	800.40	888.10	974.80	1,061.50	1,148.20	1,234.80	1,668.20	2,101.50	2,535.90
43	65	386.30	478.30	570.40	662.40	754.40	846.40	938.40	1,030.50	1,122.50	1,214.50	1,307.60	1,767.70	2,227.80	2,689.00
44	65	406.60	505.10	602.50	700.90	798.30	896.70	994.10	1,092.50	1,189.90	1,288.30	1,386.80	1,875.80	2,365.80	2,855.90
45	65	429.10	534.00	637.80	742.60	846.40	951.30	1,056.10	1,159.90	1,264.80	1,368.60	1,473.40	1,994.50	2,516.70	3,038.80
46	65	453.70	566.10	677.40	788.60	899.90	1,011.20	1,122.50	1,234.80	1,346.10	1,457.40	1,568.70	2,126.10	2,683.60	3,240.00
47	66	465.50	581.10	696.60	811.10	926.70	1,042.20	1,156.70	1,272.30	1,387.80	1,503.40	1,617.90	2,194.60	2,771.30	3,347.00
48	67	477.30	597.10	715.90	834.60	954.50	1,073.30	1,193.10	1,311.90	1,431.70	1,550.50	1,669.20	2,265.20	2,862.30	3,458.30
49	68	490.10	613.20	736.20	859.30	983.40	1,106.40	1,229.50	1,352.50	1,476.60	1,599.70	1,722.70	2,339.10	2,956.50	3,572.80
50	69	502.90	630.30	757.60	884.90	1,013.30	1,140.70	1,268.00	1,395.30	1,523.70	1,651.10	1,778.40	2,416.10	3,053.80	3,692.60
51	70	515.80	648.50	780.10	911.70	1,044.40	1,176.00	1,308.70	1,440.30	1,571.90	1,704.60	1,836.20	2,496.40	3,156.50	3,816.70
52	71	529.70	666.70	803.60	940.60	1,076.50	1,213.40	1,350.40	1,487.30	1,623.20	1,760.20	1,897.20	2,580.90	3,264.60	3,947.30
53	72	544.70	687.00	828.20	969.50	1,111.80	1,253.00	1,394.30	1,536.60	1,677.80	1,819.00	1,961.40	2,669.70	3,377.00	4,085.30
54	73	560.70	707.30	853.90	1,001.60	1,148.20	1,294.70	1,441.30	1,587.90	1,735.60	1,882.20	2,028.80	2,762.80	3,496.80	4,230.80
55	74	577.80	729.80	882.80	1,034.70	1,186.70	1,339.70	1,491.60	1,643.60	1,796.60	1,948.50	2,100.50	2,862.30	3,624.10	4,386.00
56	75	596.00	754.40	911.70	1,070.00	1,228.40	1,386.80	1,545.10	1,703.50	1,861.80	2,019.10	2,177.50	2,969.30	3,760.00	4,550.80
57	76	615.30	780.10	944.90	1,108.60	1,273.30	1,438.10	1,602.90	1,767.70	1,931.40	2,096.20	2,261.00	3,083.80	3,906.60	4,729.40
58	77	636.70	807.90	980.20	1,151.40	1,322.60	1,493.80	1,666.00	1,837.20	2,008.40	2,179.60	2,351.90	3,209.00	4,066.00	4,923.10
59	78	660.20	840.00	1,018.70	1,197.40	1,377.10	1,555.80	1,734.50	1,914.30	2,093.00	2,271.70	2,451.40	3,345.90	4,241.50	5,136.00
60	79	687.00	874.20	1,062.60	1,249.80	1,437.10	1,624.30	1,811.60	1,998.80	2,186.10	2,373.30	2,561.60	3,497.90	4,435.20	5,371.40
61	80	716.90	913.80	1,109.60	1,306.50	1,503.40	1,700.30	1,897.20	2,093.00	2,289.80	2,486.70	2,683.60	3,666.90	4,649.20	5,632.50
62	81	750.10	956.60	1,164.20	1,370.70	1,577.20	1,784.80	1,991.30	2,198.90	2,405.40	2,613.00	2,819.50	3,854.20	4,888.90	5,923.60
63	82	787.60	1,005.80	1,224.10	1,442.40	1,660.70	1,880.00	2,098.30	2,316.60	2,534.90	2,753.20	2,972.50	4,065.00	5,157.40	6,249.90
64	83	829.30	1,060.40	1,291.50	1,523.70	1,754.80	1,987.00	2,218.20	2,449.30	2,681.50	2,912.60	3,143.70	4,301.40	5,459.20	6,616.90

PrimeShield 400 yearly premium rates table (Premiums include GST.)

Entry age last birthday	Paid until you reach	Monthly disability benefit													
		Male													
		500	600	700	800	900	1000	1100	1200	1300	1400	1500	2000	2500	3000
40	65	217.30	277.20	336.00	395.90	455.90	514.70	574.60	634.60	694.50	753.30	813.20	1,111.80	1,409.20	1,707.80
41	65	225.80	288.90	352.10	415.20	478.30	541.50	604.60	667.70	730.90	794.00	857.10	1,172.80	1,488.40	1,804.10
42	65	236.50	302.90	370.30	436.60	504.00	570.40	637.80	704.10	771.50	837.90	905.30	1,239.10	1,574.00	1,908.90
43	65	247.20	317.80	388.50	460.10	530.80	601.40	673.10	743.70	815.40	886.00	956.60	1,311.90	1,667.10	2,022.30
44	65	257.90	333.90	409.90	484.80	560.70	635.60	711.60	787.60	862.50	938.40	1,013.30	1,391.00	1,768.80	2,146.50
45	65	271.80	352.10	432.30	512.60	592.80	674.10	754.40	834.60	914.90	995.10	1,076.50	1,478.80	1,881.10	2,283.40
46	65	285.70	371.30	456.90	543.60	629.20	714.80	800.40	887.10	972.70	1,058.30	1,144.90	1,574.00	2,003.10	2,433.20
47	66	291.10	379.90	468.70	558.60	647.40	736.20	825.00	913.80	1,002.60	1,091.40	1,180.30	1,625.40	2,069.40	2,514.50
48	67	297.50	389.50	481.50	573.60	665.60	757.60	849.60	941.60	1,033.70	1,125.70	1,217.70	1,678.90	2,139.00	2,599.10
49	68	303.90	399.20	494.40	589.60	685.90	781.10	876.40	971.60	1,066.80	1,162.10	1,257.30	1,734.50	2,211.70	2,687.90
50	69	310.30	409.90	508.30	606.70	706.20	804.70	904.20	1,002.60	1,101.10	1,200.60	1,299.00	1,793.40	2,287.70	2,781.00
51	70	317.80	420.60	523.30	624.90	727.60	830.40	933.10	1,034.70	1,137.50	1,240.20	1,342.90	1,855.40	2,368.00	2,879.40
52	71	325.30	432.30	538.30	644.20	751.20	857.10	963.00	1,070.00	1,176.00	1,283.00	1,388.90	1,920.70	2,452.50	2,983.20
53	72	333.90	444.10	554.30	664.50	775.80	886.00	996.20	1,106.40	1,216.60	1,326.80	1,438.10	1,989.20	2,541.30	3,093.40
54	73	342.40	456.90	571.40	687.00	801.50	916.00	1,030.50	1,146.00	1,260.50	1,375.00	1,489.50	2,063.00	2,637.60	3,211.10
55	74	352.10	470.80	590.70	710.50	829.30	949.10	1,067.90	1,187.70	1,306.50	1,426.40	1,545.10	2,142.20	2,739.20	3,336.30
56	75	361.70	486.90	611.00	735.10	859.30	983.40	1,108.60	1,232.70	1,356.80	1,480.90	1,605.00	2,227.80	2,849.50	3,471.10
57	76	373.50	502.90	632.40	761.90	892.40	1,021.90	1,151.40	1,280.80	1,410.30	1,540.80	1,670.30	2,318.70	2,967.20	3,615.60
58	77	385.20	521.10	656.00	791.80	927.70	1,062.60	1,198.40	1,333.30	1,469.20	1,605.00	1,739.90	2,417.20	3,095.60	3,772.90
59	78	399.20	540.40	682.70	823.90	966.30	1,107.50	1,249.80	1,391.00	1,533.40	1,674.60	1,816.90	2,525.20	3,234.70	3,944.10
60	79	413.10	561.80	710.50	859.30	1,008.00	1,156.70	1,305.40	1,454.20	1,602.90	1,751.60	1,900.40	2,644.00	3,387.70	4,131.30
61	80	430.20	586.40	742.60	898.80	1,055.10	1,211.30	1,367.50	1,523.70	1,679.90	1,836.20	1,992.40	2,773.50	3,554.60	4,335.70
62	81	448.40	612.10	776.90	941.60	1,106.40	1,270.10	1,434.90	1,599.70	1,764.50	1,928.20	2,093.00	2,915.80	3,737.60	4,560.40
63	82	467.60	641.00	815.40	988.70	1,162.10	1,335.40	1,509.80	1,683.20	1,856.50	2,029.80	2,204.20	3,072.00	3,939.80	4,808.60
64	83	490.10	674.10	857.10	1,041.20	1,224.10	1,408.20	1,592.20	1,775.20	1,959.20	2,143.30	2,326.20	3,245.40	4,163.40	5,081.50

PrimeShield 400 yearly premium rates table (Premiums include GST.)

Entry age last birthday	Paid until you reach	Monthly disability benefit													
		Female													
		500	600	700	800	900	1000	1100	1200	1300	1400	1500	2000	2500	3000
40	65	272.90	349.90	427.00	505.10	582.10	659.20	736.20	814.30	891.40	968.40	1,045.40	1,431.70	1,818.00	2,204.20
41	65	285.70	367.10	448.40	530.80	612.10	694.50	775.80	858.20	939.50	1,021.90	1,103.20	1,512.00	1,921.80	2,330.50
42	65	298.60	385.20	471.90	558.60	645.30	731.90	818.60	905.30	993.00	1,079.70	1,166.30	1,599.70	2,033.00	2,467.50
43	65	313.60	405.60	497.60	589.60	681.60	773.70	865.70	957.70	1,049.70	1,141.70	1,233.80	1,694.90	2,155.00	2,615.10
44	65	328.50	427.00	525.40	622.80	721.20	818.60	917.00	1,014.40	1,112.80	1,210.20	1,308.70	1,798.70	2,287.70	2,777.80
45	65	346.70	450.50	555.40	659.20	764.00	867.80	972.70	1,077.50	1,181.30	1,286.20	1,390.00	1,912.10	2,434.30	2,956.50
46	65	366.00	477.30	588.50	699.80	811.10	922.40	1,034.70	1,146.00	1,257.30	1,368.60	1,479.90	2,037.30	2,594.80	3,152.30
47	66	373.50	489.00	604.60	719.10	834.60	950.20	1,065.80	1,180.30	1,295.80	1,411.40	1,525.90	2,102.60	2,679.30	3,255.00
48	67	382.00	501.90	620.60	739.40	859.30	978.00	1,097.90	1,216.60	1,336.50	1,455.20	1,574.00	2,170.00	2,767.10	3,363.10
49	68	391.70	514.70	637.80	760.80	883.90	1,008.00	1,131.00	1,254.10	1,377.10	1,501.30	1,624.30	2,240.60	2,856.90	3,474.30
50	69	400.20	527.60	656.00	783.30	910.60	1,037.90	1,166.30	1,293.70	1,421.00	1,548.30	1,675.70	2,314.50	2,952.20	3,589.90
51	70	409.90	541.50	674.10	805.80	938.40	1,070.00	1,202.70	1,334.30	1,465.90	1,598.60	1,730.20	2,390.40	3,050.60	3,710.80
52	71	420.60	556.40	693.40	830.40	967.30	1,103.20	1,240.20	1,377.10	1,514.10	1,650.00	1,786.90	2,470.70	3,154.40	3,837.10
53	72	431.30	572.50	713.70	856.00	997.30	1,138.50	1,280.80	1,422.10	1,563.30	1,705.60	1,846.90	2,555.20	3,262.50	3,970.80
54	73	442.00	588.50	736.20	882.80	1,029.40	1,176.00	1,322.60	1,469.20	1,616.80	1,763.40	1,910.00	2,644.00	3,378.00	4,112.10
55	74	453.70	606.70	758.70	910.60	1,063.60	1,215.60	1,368.60	1,520.50	1,672.50	1,825.50	1,977.40	2,739.20	3,500.00	4,261.90
56	75	467.60	624.90	783.30	941.60	1,100.00	1,258.40	1,416.70	1,575.10	1,732.40	1,890.70	2,049.10	2,840.90	3,631.60	4,422.40
57	76	481.50	646.30	810.00	974.80	1,139.60	1,304.40	1,469.20	1,632.90	1,797.60	1,962.40	2,127.20	2,950.00	3,772.90	4,595.70
58	77	496.50	668.80	840.00	1,011.20	1,182.40	1,354.70	1,525.90	1,697.10	1,868.30	2,040.50	2,211.70	3,068.80	3,925.90	4,784.00
59	78	514.70	693.40	872.10	1,051.90	1,230.50	1,409.20	1,589.00	1,767.70	1,946.40	2,126.10	2,304.80	3,199.30	4,094.90	4,990.50
60	79	534.00	721.20	908.50	1,095.70	1,283.00	1,470.20	1,658.50	1,845.80	2,033.00	2,220.30	2,407.50	3,344.90	4,281.10	5,218.40
61	80	555.40	752.30	949.10	1,144.90	1,341.80	1,538.70	1,735.60	1,931.40	2,128.30	2,325.20	2,522.00	3,505.40	4,488.70	5,472.00
62	81	580.00	786.50	994.10	1,200.60	1,407.10	1,614.70	1,821.20	2,028.80	2,235.30	2,441.80	2,649.40	3,684.10	4,718.70	5,753.40
63	82	606.70	825.00	1,044.40	1,262.60	1,480.90	1,699.20	1,918.60	2,136.80	2,355.10	2,573.40	2,791.70	3,884.10	4,977.70	6,070.20
64	83	637.80	868.90	1,101.10	1,332.20	1,564.40	1,795.50	2,026.60	2,258.80	2,489.90	2,721.10	2,953.20	4,109.90	5,267.70	6,425.40

The Total Distribution Cost of this product is 50.8% of the premium for first year, 13.8% of the premium for second year and 6.9% of the premiums for third to sixth year. 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.

Lifetime cover

We guarantee to provide cover under your policy for your lifetime. We will not end your policy for any reason other than those shown in the clause on ending the policy and the clause on the waiting period.

Premium

The premium that you have to pay us to receive the benefits is shown in the premium rates table. You must pay the premium every year up to the age shown in the premium rates table. You may choose to either pay the premium using a MediSave account, up to a limit of \$600 a calendar year in line with the Central Provident Fund Act and its Regulations, or in cash, or both.

You can pay the premium, or any part of it, using cash if the premium due is more than the maximum amount which is allowed to be taken from your MediSave account or there are not enough funds in your MediSave account to pay the premium due.

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

Anyone who pays for, or is insured under PrimeShield or Care Secure 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 PrimeShield or Care Secure, you will stop receiving APS. This applies even if you are not the person paying for this PrimeShield or Care Secure.

In addition, if you choose to be insured under this PrimeShield or Care Secure, the person paying for PrimeShield or Care Secure 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.

Waiver of premium

We will allow you to stop paying premiums if you are severely disabled and eligible to receive benefit payments under your policy. You will have to start paying premiums again after you are no longer severely disabled and benefit payments have ended.

Exclusions

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

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

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

Claim

To claim under your policy, you must complete a claim form and make an appointment for a medical examination by an assessor from the panel we have appointed. A certification report by the assessor that you are suffering from severe disability is a pre-requisite to a successful claim. You will have to pay the costs and expenses of the first medical examination. We will refund you the costs and expenses of the first medical examination if we accept your claim. If the assessor states on the certification report that you need further examination, we will pay the costs and expenses of a further medical examination. We may also ask you to have a further medical examination which we will pay for.

Waiting period

During the first 90 days from the start date of your cover, we do not pay any claim except claims resulting from an accident. If you become severely disabled during this waiting period (other than due to an accident), your policy will end and you will receive a full refund of your premium.

Deferment period

Deferment period means the 90-day period from the claim date (inclusive). We will pay the first benefit payment immediately after the deferment period. We treat the claim date as the date on which your disability is certified (confirmed) by our appointed panel assessor who will assess your ability to carry out the activities of daily living.

Guaranteed renewable

We guarantee to renew your policy every year as long as none of the conditions in the clause on ending the policy apply.

Cancellation

You may cancel your policy by giving us written notice. Your policy will be cancelled from the next renewal date for your policy and there will be no refund of any unused premium.

Ending the policy

This policy will end when:

- you die;
- we do not receive your premium after the grace period of 75 days after the premium due date;
- we receive your written notice to end the policy;
- your Basic ElderShield plan is cancelled, unless your Basic ElderShield plan is cancelled as a result of you having received the last benefit payment under it; or
- you commit any act of fraud or we find out you misrepresented information.

Free-look period

We will give you 60 days from the time you receive this policy to decide whether you want to continue with it. If you do not want to continue, you may write to us to cancel this policy and get a refund of your premium paid, less medical and other expenses we spent in considering your application. We consider that this policy has been delivered (and received) seven days after we post it.

Changes to policy terms or conditions

We may change the benefits, terms, conditions or name of your policy at any time. However, we will write to you at your last-known address at least 30 days before doing so. The change will take effect from the next renewal date.

No cash-in value

This policy has no cash-in value.

Policy Owner's 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 web-sites (www.gia.org.sg or www.lia.org.sg or 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.

Additional Medical Questionnaire

WARNING: Under Section 25(5) of the Insurance Act, Cap. 142 (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.

Details of proposer and insured

Full name (as in NRIC/BC/Passport/Long-Term Pass)	NRIC/BC/Passport number/FIN	Proposal number(s)
Proposer:	Proposer:	
Insured:	Insured:	

Questions for proposer and insured

	Proposer	Insured								
<p>1. In the last 3 months, have you:</p> <p>a. tested positive for COVID-19, or</p> <p>b. self-isolated with symptoms on medical advice?</p> <p>If yes to Question 1a and/or 1b, when was it?</p> <p>Proposer:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <th style="width: 70%;">Question</th> <th style="width: 30%;">Date (dd/mm/yyyy)</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> <p>Insured:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">Question</th> <th style="width: 30%;">Date (dd/mm/yyyy)</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	Question	Date (dd/mm/yyyy)			Question	Date (dd/mm/yyyy)			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Question	Date (dd/mm/yyyy)									
Question	Date (dd/mm/yyyy)									
<p>2. In the last 1 month, have you or any of your housemates or family members who stay with you:</p> <p>a. been ordered to self-isolate, received a Quarantine Order (QO) or Stay-Home Notice (SHN) due to COVID-19, or</p> <p>b. had a persistent cough, sore throat, fever, raised temperature or breathlessness, or been in contact with an individual suspected or confirmed to have COVID-19?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No								
<p>3. If yes to Question 1 and/or 2, have you made a full recovery and/or returned to normal activities?</p> <p>If yes, when did you fully recover and/or return to normal activities?</p> <p>Proposer:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <th style="width: 70%;">Question</th> <th style="width: 30%;">Date (dd/mm/yyyy)</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> <p>Insured:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">Question</th> <th style="width: 30%;">Date (dd/mm/yyyy)</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> <p>If no, please provide full details.</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	Question	Date (dd/mm/yyyy)			Question	Date (dd/mm/yyyy)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Question	Date (dd/mm/yyyy)									
Question	Date (dd/mm/yyyy)									



Declaration by the proposer and insured

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

I declare that the answers given in this form 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. If it is discovered later that I or the Insured suffer from a medical condition that is not disclosed in this form, I will not be entitled to rely on the defence that the information was disclosed for or in the records of other policies with Income. I agree that this form 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 Income. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.

I confirm that there has been no change in my health or the Insured's health since the completion of the application and all additional declarations made in connection with the application. I will notify Income immediately if there is any change in the state of my health or the Insured's health, or if I or the Insured plan to seek medical consultation, investigation, or treatment between the date of this application and the date this policy is in force. I am aware that Income may add special terms to the policy or declare the policy as void according to the information provided or if I fail to notify Income of any change in the state of my health or the Insured's health.

I acknowledge and agree that this form will constitute part of my application for life or health insurance, and will form the basis of the contract of insurance. I confirm that I understand and agree to the 'Personal Data Use Statement' and declaration set out in my policy application form which I have submitted to Income. I understand that I can refer to Income's [Privacy Policy](#) for more information, including access and correction of my personal data and consent withdrawal. I agree that if I do not reveal any significant fact (which would have affected Income's decision to accept my application on standard terms), any policy issued may be invalid. This includes any facts I may not be sure is significant, and any information I have given to my advisor but was not included in this form.

Signature of proposer	Signature of insured (for age 16 and above)
	
Date (dd/mm/yyyy):	Date (dd/mm/yyyy):

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GIRO application form

For completion by applicant

Please fill in all details in ink and in BLOCK letters. Please send the original form to us. We will not process your form if it is not complete or it is a photocopy, faxed or emailed form. Do not use correction fluid or tape. If you make any changes, the bank account holder must sign next to them. This application will be rejected if any of the policy information provided below is incorrect.

Date (DD/MM/YYYY): <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	To: Name of Bank ('Bank')	Name of Insurance Company: NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
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Policy Number For ILP policies please select Premium or Top Up [^] * This column is not applicable to Customer ^{^^}	Name of Proposer/Insured as per policy record or Customer ^{^^}	ID of Proposer/Insured as per policy record or ID of Customer ^{^^} (Last 4 characters only)	Relationship to Accountholder
1. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			
2. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			
3. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			
4. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			
5. <input type="checkbox"/> Premium <input type="checkbox"/> Top up			

[^] Top up refers to recurring top up. It is applicable for Investment-linked policy only.

^{^^} Customer refers to the customer who engages a service provider through the referral services offered by Insurance Company.

Authorisation by Proposer/Insured/Customer^{^^}

1. I/We hereby instruct the Bank to process the above Insurance Company's instruction to debit my/our account.
2. The Bank is entitled to reject the Insurance Company's instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
3. This authorisation will remain in force until the Bank's written notice sent to my/our address last known to the Bank; or upon the Bank's receipt of my/our written revocation; or upon the Bank's receipt of the notice of expiry from the Insurance Company.
4. I acknowledge and agree that Income may deduct the above Premium and Top Up under my policy from my/our account and such deduction may be made by Income before the payment due date.

Bank Accountholder's Name:	Signature/Thumbprint*/Company Stamp
Bank Accountholder's ID:	
Bank Account Number <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	
Telephone Number (Mobile): (Work): (Home) :	(As in Bank's record) * For thumbprint, please go to any branches of your Bank with identification document for verification

Note:

1. Please provide all information/bank account details as per the bank's record correctly to avoid delay in approval.
2. If your premium/service fee should alter due to changes in policy/service contract, the amount deducted will be changed accordingly.

For NTUC Income Insurance Co-operative Limited's completion

SWIFT BIC	NTUC Income Insurance Co-operative Limited Bank Account Number	NTUC Income Insurance Co-operative Limited Customer's Billing Reference
D B S S S G S G X X X	0 0 1 0 0 1 1 2 1 9	1
		2
		3
		4
		5

For financial institution's completion

To: NTUC INCOME INSURANCE CO-OPERATIVE LIMITED 75 Bras Basah Road, Income Centre, Singapore 189557	
This application is hereby REJECTED (please tick) for the following reason(s):	
<input type="checkbox"/> Signature/Thumbprint# differs from financial institution's records	<input type="checkbox"/> Wrong account number
<input type="checkbox"/> Signature/Thumbprint# incomplete/unclear#	<input type="checkbox"/> Amendment not countersigned by customer
<input type="checkbox"/> Account operated by signature/thumbprint#	<input type="checkbox"/> Others: _____
Name of Bank Officer	Signature of Bank Officer
	Date (dd/mm/yyyy)

Please delete where inapplicable

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