

Important:

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

Conditions for Care Secure

Your policy

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

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

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

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

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

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

1 What your policy covers

Your policy provides the following benefits.

a. Disability benefit

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

Table 1

Disability status	Benefit
Moderately disabled	100% of disability benefit
Severely disabled	100% of disability benefit less the CareShield Life benefit that applies to you

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

- When **we** have approved the claim, **we** will pay the first payment of monthly **disability benefit** on the day immediately after the **deferment period**. **We** will then pay it on the same day every month. If **we** do not approve the claim until after the **deferment period**, the first payment of the monthly **disability benefit** will be treated as due from the day immediately after the **deferment period**.
- If **you** recover from the **disability** but become **disabled** again, **you** are entitled to further payment of this benefit.

If **you** are receiving **CareShield Life benefit**, **we** will automatically consider **you** to be **severely disabled**.

To avoid doubt, if **you** become **severely disabled**, **we** will still pay the **disability benefit** less the **CareShield Life benefit** that applies to **you**, even if **your CareShield Life** plan had ended, as long as **you** have a **Basic ElderShield** plan and **your Care Secure policy** has not ended.

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

b. Support benefit

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

Table 2

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

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

If **you** are receiving **CareShield Life benefit**, **we** will automatically consider **you** to be **severely disabled**.

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

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

c. Dependant benefit

If **you** have at least one **dependant** and **you** become **disabled**, **we** pay the dependant benefit, which is 25% of **your disability benefit**, every month for up to 36 months in **your** lifetime. This benefit depends on the following conditions.

- If **you** recover from the **disability** and **you** have not fully used the amount under this benefit, **you** may make another claim for the remaining amount if **you** become **disabled** again as long as **we** have not paid for more than 36 months in **your** lifetime.

- If the **child** is no longer considered a **child** (because of their age or otherwise) at any time after **we** have begun paying this benefit, **we** will continue to pay this benefit until **your** death or **you** recover from the **disability**. The payment will then end.

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

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

d. Death benefit

We pay the death benefit, which is 300% of the **disability benefit**, if **you** die during the term of **your policy** and while receiving the **disability benefit**.

2 Our responsibilities to you

a. Claims

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

To claim under **your policy**, **you** must send **us** a completed claim form. A certification by an approved assessor under the **Relevant Act** that **you** are suffering from **disability** must also be sent to **us**. **You** will have to 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 approved assessor states on the claim form 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. If **we** cannot assess **your** claim, **we** may withhold benefit payments until **we** receive more evidence.

b. Waiting period

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

c. Right to examine you

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

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

3 Your responsibilities

a. Premium

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

As the amount of **premium** that **you** have to pay **us** depends on **your** age at the **start date** of **this policy**, **your** sex and the **disability benefit**, if **you** have been paying lower **premiums** because **we** have incorrect information or because of some

other mistake, **you** must promptly pay **us** the shortfall when **we** ask. If **you** fail to pay the shortfall in **premium** promptly, **we** may cancel **this policy**. This will depend on clause 3c (Non-forfeiture). **We** can then make a claim against **you** for the shortfall. If **you** have paid higher **premiums** because of incorrect information or some other mistake, **we** will promptly refund the difference after working out the correct **premium**.

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

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

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

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

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

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

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

The **premium** that **you** pay for **your policy** can change. If **we** change the **premium** for **your policy**, **we** will write to **you** at **your** last-known address.

We will do this at least 30 days before the change is to take place. **We** will tell **you** what **your** new **premium** will be.

b. Waiver of premium

If, on the date when the **premium** is due, **you** are **disabled** and eligible to receive benefit payments under **your policy**, **you** do not have to pay the **premium**. **You** will have to start paying **premiums** again after **you** are no longer **disabled** and benefit payments have ended.

c. Non-forfeiture (not cancelling your policy)

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

4 What you need to be aware of

a. Right of recovery

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

If **you** fail to return the benefit payment to **us**, **you** must pay **us** in full for any loss, damage, cost or expense that **we** may suffer as a result of **your** failing to return the benefit payment to **us** or **our**

having to enforce **our** rights to recover it. This includes all legal costs.

b. Ending your policy

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

- Unless clause 3c (Non-forfeiture) applies to **you**, **we** have not received **your premium** or shortfall in **premium** by the end of the grace period set out in clause 3a (Premium).
- **You** die.
- Unless clause 3c (Non-forfeiture) applies to **you**, **you** give **us** written notice to end **your policy**. (**Your policy** will end on the day before the next renewal date for **your policy**, and **we** will not refund any **premium**.)
- **You** give **us** written notice, during the free-look period, to end **your policy**. (**Your policy** will end and **you** will receive a full refund of **your premium**, less any medical and other expenses **we** spent to consider **your** application.)
- **Your CareShield Life** plan ends and **you** do not have a **Basic ElderShield** Plan. (If **your CareShield Life** plan is reinstated or **you** are covered under a **Basic ElderShield** plan, **your policy** will not end.)
- **You** become **disabled** during the **waiting period** (other than due to an **accident**), as explained in clause 2b (Waiting period).
- **We** find out that **you** did not tell **us** about any **pre-existing disability**, as explained in clause 4h (Not revealing a pre-existing disability), pre-existing serious, chronic medical condition or provided **us** incorrect material information.
- **We** discover fraud, as explained in clause 4i (Fraud).
- **You** commit suicide within one year from the **start date** or **reinstatement date**, whichever is later, as explained in clause 4p (Exclusions).

c. Reinstating your policy

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

- **You** give evidence that **you** can be insured which **we** must be satisfied with. **You** must pay any costs involved in doing this.
- **You** must pay all **premiums** and any interest **you** owe up to the **reinstatement date** before **your policy** is reinstated.

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

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

d. Geographical cover

Your policy provides 24-hour worldwide cover.

e. Guaranteed renewal

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

f. Lifetime cover

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

g. Giving us all information

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

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

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

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

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

h. Not revealing a pre-existing disability

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

i. Fraud

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

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

j. No cash-in value

Your policy has no cash-in value.

k. Changes to policy terms or conditions

We may change the benefits, terms, conditions or name of **your policy** at any time. However, **we** will write to **you** at **your** last-known address at least 30 days before doing so. The change will take effect from the next renewal date. For changes to the benefits, terms and conditions of **your policy** that are required by the **Relevant Act** or by government advice or guidelines, **we** will make the changes within the timescale required by the **Relevant Act** or the government advice or guidelines, and **we** may do so without giving **you** written notice.

l. Currency

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

m. Dealing with disputes

If **we** refuse to pay a claim because **you** are not **disabled**, and **you** disagree with **our** decision, **we**

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

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

n. Excluding third-party rights

A person who is not directly involved in **your policy** will have no right, under the Contracts (Rights of Third Parties) Act (Cap 53B), to enforce any of its terms.

o. Notice of communication

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

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

p. Exclusions

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

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

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

We do not pay any benefit for **pre-existing 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**.

Your policy will end if **you** commit suicide within one year from the **start date** or **reinstatement date**, whichever is later. **We** will refund the **premiums** paid, without interest and less any amount **you** owe **us**, from the **start date** or **reinstatement date**, whichever is later.

5 Definitions

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

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

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

CareShield Life benefit means the benefits shown on **MOH's** website.

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

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 the claim form for **your policy** is certified by an approved assessor under the **Relevant Act**.

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

Dependants are:

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

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

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

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

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

MediSave means MediSave as defined in the **Relevant Act**.

Moderate disability or **moderately disabled** means **your** inability to perform two of the following activities of daily living, which means requiring significant assistance from another person throughout the entire activity.

- Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash by other means.

- Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical or medical appliances.
- Feeding – the ability to feed oneself food after it has been prepared and made available.
- Toileting – the ability to use the lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances if appropriate.
- Walking or Moving Around – the ability to move indoors from room to room on level surfaces.
- Transferring – the ability to move from a bed to an upright chair or wheelchair, and vice versa.

MOH means the Ministry of Health, Singapore.

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

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

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

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

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

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

Relevant Act means the Central Provident Fund Act (Chapter 36) or CareShield Life and Long-Term Care Act 2019, and subsidiary legislations as

amended, extended or re-enacted from time to time.

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

Severe disability or **severely disabled** means **your** inability to perform at least three of the following activities of daily living, which means requiring significant assistance from another person throughout the entire activity.

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

Start date means the start date of **your policy**, as shown in the **policy schedule**.

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

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

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