

## Application for Basic ElderShield or PrimeShield (or both)

**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.

### For official use (advisor's details)

Advisor's name	Advisor's code
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### Section A: Your details

Please submit a copy of your Singapore NRIC together with this application form.

Name (as shown in NRIC) Please underline your surname.	NRIC number	Date of birth (dd/mm/yyyy)
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Mailing address

Please tick if you would like **all** correspondence from us to be sent to this address.

Additional details on country of residence

Contact number (Handphone)                      (Office)                      (Home)	Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (please give details): _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Email (Please give only one email address.)

Occupation

If your contact particulars (i.e. address, contact number and email) indicated in this form are different from your existing records with us, we will update all your existing policies with the new contact particulars. But if you do **NOT** want us to update the address for any of your policy, please indicate the policy number below.

Address will not be updated for policy number(s): \_\_\_\_\_

### Section B: The plan you want

#### Basic ElderShield 400

Please **do not** tick if you already have a Basic ElderShield.

**Basic ElderShield 400**

You do not need a product summary or 'My Financial Portfolio' form. If you are replacing your existing Basic ElderShield policy with this new application, we may not be able to insure you on standard terms or you may have to pay a higher premium because of your age. Or, you may lose any financial benefits you have built up over the years. We would advise you to speak to your present insurer before making a final decision.

#### PrimeShield

Please tick the monthly disability benefit you want to buy for PrimeShield. The minimum benefit is \$500 and the maximum is \$3,000. (You are only allowed to buy one PrimeShield plan and you must have a Basic ElderShield 300 or 400 to buy PrimeShield.)

**PrimeShield**

- \$ 500  
 \$1,000  
 \$1,500  
 \$2,000  
 \$2,500  
 \$3,000

\_\_\_\_\_ monthly disability benefit

### Section C: Details of your current Basic ElderShield plan

Please **do not** fill in this section if you currently do not have a Basic ElderShield.

Insurance company:             Income             Great Eastern             Aviva

Benefit:                             \$300 monthly benefit                             \$400 monthly benefit

### Section D: Payment method

- Own CPF MediSave account
- Husband's or wife's, children's, grandchildren's, parent's, sibling's CPF MediSave account (Please fill in the details below.)

Premium payment using family member's CPF MediSave account

Name of CPF account holder	Date of birth (dd/mm/yyyy)	CPF account number	Relationship to you	Percentage of premium	Signature of account holder and date (dd/mm/yyyy)

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

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

To pay the premium for PrimeShield/Care Secure, the maximum MediSave deduction is \$600 for each life to be insured in each calendar year only. You will have to pay any remaining amount by cash.

**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 regulations made under it, as well as the terms and conditions the CPF Board may make.

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.

- Cash or cheque (Please write your name, NRIC number and contact number on the back of the cheque.)
- New or third-party GIRO application (Please fill in and attach a new application form for Interbank GIRO form.) See note 1.

Note 1: We will send you a premium notice if we cannot collect the premium from your or any other authorised account through Interbank GIRO, in which case, you must pay us the first year premium by cash or cheque.

Note 2: 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.

## Section E: Questions on health

1. Please tell us your: **height** \_\_\_\_\_ (metres) **weight** \_\_\_\_\_ (kilograms)

2. Have you ever had or been told that you have or have been treated for:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (a) cancer   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) diabetes   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) stroke   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) heart disease                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) kidney disease                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) liver disease                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) lung disease                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (h) dementia   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (i) Parkinson's disease                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (j) multiple sclerosis                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (k) motor neurone disease                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (l) AIDS or HIV infection                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (m) arthritis or paralysis (or both)                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (n) any other medical conditions not mentioned here? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. 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?  Yes  No

4. 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?  Yes  No

If the answer is 'Yes' to any of the above questions, please give details for each condition.  
(You **do not** need to fill in the section below if all your answers above are 'No'.)

When was the condition diagnosed?

Are you taking any medication?

Please provide the date of your last consultation (dd/mm/yyyy) \_\_\_\_\_.

Please provide the name and address of the doctor, clinic or hospital treating you for each condition declared above.

## 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](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

**Disclaimer**

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

## Section F: Product summary

### Declaration

I agree that the contents of the product summary have been explained to me to my satisfaction by my advisor. I have fully read through the contents of the product summary and I understand them.

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

## Section G: Personal data use statement

By providing the information and submitting this application or transaction, I/we consent and agree to NTUC Income Insurance Co-operative Limited, its representative, agents (collectively "Income"), relevant third parties, referred to in Income's Privacy Policy which can be found at <http://www.income.com.sg/privacy-policy> and /or appointed distribution partners to collect, use, and disclose my/our personal data and information (including any updates and existing personal data that I have/had given to Income) (collectively "personal data") for the purposes of processing and administering the insurance application or transaction, providing me with financial advice and/or recommendation on products and services, managing my relationship and policies with Income including sending me corporate communications and notices on updates and servicing, research and data analytics, and in the manner and for the purposes described in the Income's Privacy Policy.

Where personal data of a third party (for example personal data of my spouse, child, ward, parent or employee) is provided by me/us, I/we represent and warrant that I/we have obtained the consent of the third party to provide Income with their personal data for this application or transaction.

For the purpose of this application and any claim in connection with my/our policy(ies) with Income, I/we also authorise, agree and consent to (whether this application or transaction is accepted or refused) the following:

- a. The medical source, insurance office, reinsurer, or organisation to release to Income any medical or relevant information to do with me or the insured;
- b. Income to collect from 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 health status or condition in relation to this application and any claim in connection with my/our policy(ies) with Income.

When submitting a claim for an insurance policy, the personal data will also include any subsequent information Income collects on health or any information that is necessary for Income to decide whether to pay the claim, such as test results, medical examination results, and health records from medical practitioners.

I/we authorise, consent and agree to NTUC Income Insurance Co-operative Limited disclosing my/our personal data to the Government of Singapore and statutory boards and organisations approved by the Government of Singapore, for the purpose of determining my 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.

### Marketing Consent

In addition, I (the Policyholder) consent and agree to Income and its service providers acting on behalf of Income in, collecting, using and disclosing my personal data (including any update and existing personal data that I have/had given to Income) to contact me for the purpose of providing marketing and promotional information relating to products and/or services offered and/or distributed by Income via postal mail and/or email and by the following modes of communications where I have indicated my consent below.

Call       Text messages/SMS

The marketing consent provided by me in this form is (a) independent of my policy application/status with Income; and (b) in addition to any consent which I may have provided previously in respect of the above purposes. The marketing consent that I have provided to Income shall remain valid, unless it is withdrawn and notified to Income in the manner prescribed below.

I may withdraw my above consent by contacting Income Contact Centre at 6788 1777, login at [me@Income](mailto:me@Income) or submitting my request via Income website at <https://einfo.me/enquiry>.

If I have notified Income that I am withdrawing my consent, I understand that I will stop receiving marketing messages after 30 days for the selected mode(s) of communication. I agree that I will continue to receive marketing messages via other modes of communication or on specific product(s) or services where my consent has been given to Income unless such consent has been withdrawn.

Please refer to Income's Privacy Policy for more information, including access and correction of my personal data and consent withdrawal.

## Section H: Declaration and authorisation

Applicable to ElderShield application only	Applicable to PrimeShield application only
I agree to give you 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 your decision whether to accept or impose any further terms under the policy. If I fail to give you this material information or misrepresent any such information, you may end the policy and not pay any benefits.	I agree to give you 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 your decision whether to accept or impose any further terms under the policy. If I fail to give you this material information or misrepresent any such information, you may: <ol style="list-style-type: none"> <li>a. declare the policy as void from the start date of this policy;</li> <li>b. end the policy and not pay any benefits; or</li> <li>c. add extra terms and conditions to the policy.</li> </ol>

I declare that the answers given in this application are true, correct and complete. I accept full responsibility for them, whether written by me or by anyone else on my behalf. I have not withheld any information.

I confirm that I understand and agree to the collection, use and disclosure of my personal data as stated in the "Personal Data Use Statement"(PDUS) above.

I agree that your legal responsibility will only begin when you accept this application and I have paid the first premium in full. Cover will apply from the start date as shown in the insurance policy you will issue to me.

I understand that the policy does not cover any pre-existing illness, disease or condition which I may have suffered from before the start date of the policy you will issue to me.

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.

I understand that you may:

- (a) change the premium rates for PrimeShield, and you will give me a written notice at least 30 days before the amended rates take place;
- (b) change the benefits, terms, conditions or name of your policy at any time, however, you will write to me at my last-known address at least 30 days before doing so and the change will apply from the next renewal date; and
- (c) change the regular premiums for the Basic ElderShield 400 plan if the Government approves this.

I can ask for a copy of Your Guide to Health Insurance from you or download a copy at [www.income.com.sg](http://www.income.com.sg).

My advisor has informed me that he/she will give me a copy of the product summary. I agree that the product summary for PrimeShield has been explained to me to my satisfaction by my advisor. (This does not apply for direct marketing.)

I have fully read through the content of the product summary and I understand them.

I agree that you can end any PrimeShield policy issued to me based on this proposal at any time if my Basic ElderShield 300 or Basic ElderShield 400 policy has ended (unless this is as a result of me receiving the last benefit payment).

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

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.)

I agree and authorise any doctor, insurer or organisation to release to you, and you to release to any doctor, insurer or organisation, any relevant information to do with me at any time, whether you accept or refuse this application. This will be for the purpose of this application or any other purpose relating to this policy. A photocopy of this authorisation will have the same effect as the original.

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

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.

I agree that if I or any \*Relevant Person is found to be a \*Prohibited Person, you are entitled not to accept this application.

If any policy is issued, you can terminate or void the policy, or not make any transaction under the policy such as not pay any benefit. Your decision will be final. I will inform you immediately if there is any change in my or any Relevant Person's identity, status or identification documents.

\* Relevant Person includes insured, trustee, assignee, beneficiary, beneficial owner or nominee and mortgagee or financier.

\* Prohibited Person means a person or entity who is subject to laws, regulations or sanctions administered by any governmental or regulatory authorities or law enforcement in any country, which will prohibit you from providing insurance cover or paying any benefit.

**Warning: You must give all the facts truthfully when you make this application. You must also tell us immediately if there is any change in 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 Basic ElderShield, ElderShield supplement, or PrimeShield policy with this new application, we 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.**

Your name and NRIC number	Signature and date (dd/mm/yyyy)
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### Section I: Advisor's certification

1. All the answers given to me by the applicant are declared in the application. I have not withheld any information which may affect your decision to accept this application.
2. I am aware that you will treat this seriously and take action against me if I am aware of any information which is not correct or which has not been provided.
3. I have personally seen the applicant and have explained the terms of the policy to them. I have also seen the proof of identity of the applicant and confirm that the details are the same as given on this application.
4. Is this policy intended to replace any existing health insurance policy? If 'Yes', please give details.  Yes  No

Name of advisor	Signature and date (dd/mm/yyyy)
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