

Application for Co-Pay Assist Plan

Statement under section 23(5) of Insurance Act 1966 (or any 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.

Please fill in and send this application form to Group Business – Affinity Schemes, Income Centre, 75 Bras Basah Road, Singapore 189557.

Details of the proposer (public officer under Comprehensive Co-payment Scheme)

Name (as shown in NRIC/work pass/long-term pass)	NRIC number/FIN
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Email address
Contact number (Mobile) _____ (Home) _____ (Work) _____	
Residential address	Country of residential address
Mailing address – <i>if different from residential address</i>	
<p>Residential address verification</p> <p>For Singapore Citizen/Permanent Resident – If the residential address stated in the application form is different from the address in your identity document, please provide billing proof.</p> <p>For non-Singapore Citizen – Please provide a valid identity document or passport with your residential address indicated, or billing proof.</p> <p><i>Examples of billing proof – utility bills, bank statements and letters issued by statutory or government bodies (dated within past 6 months) with letterhead, name, address and date clearly shown.</i></p>	
<p>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.</p> <p>Address will not be updated for policy number(s):</p>	

Details of lives insured

Public officer under Comprehensive Co-payment Scheme Name (as shown in NRIC/work pass/long-term pass)		NRIC number/FIN	
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality): _____ <input type="checkbox"/> Others: _____		Height (metres)	
		Weight (kilograms)	
Name of company	Department	Occupation	Class of ward

Spouse Name (as shown in NRIC/work pass/long-term pass)		NRIC number/FIN	
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality): _____ <input type="checkbox"/> Others: _____	Country of residence	Height (metres)	
		Weight (kilograms)	
Email address			
Name of company		Occupation	Class of ward
Child 1 Name (as shown in NRIC/BC/long-term pass)		NRIC/BC number/FIN	
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality): _____ <input type="checkbox"/> Others: _____	Country of residence	Height (metres)	
		Weight (kilograms)	
Email address		Class of ward	
Child 2 Name (as shown in NRIC/BC/long-term pass)		NRIC/BC number/FIN	
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality): _____ <input type="checkbox"/> Others: _____	Country of residence	Height (metres)	
		Weight (kilograms)	
Email address		Class of ward	
Child 3 Name (as shown in NRIC/BC/long-term pass)		NRIC/BC number/FIN	
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality): _____ <input type="checkbox"/> Others: _____	Country of residence	Height (metres)	
		Weight (kilograms)	
Email address		Class of ward	

Questionnaire for the lives insured

	Public officer under Comprehensive Co-payment Scheme	Spouse	Child 1	Child 2	Child 3
1 Have you ever taken addictive drugs, narcotics or been treated for drug addiction in the past five years? If 'Yes', please state the name of the drugs, how much you took, how often you took them, for how long as well as the date of your last treatment.	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Are you currently undergoing or have been advised to have any form of medical treatment, medication or follow-up?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Have you ever had or have been advised by a doctor to have surgery or any tests such as X-rays, ultrasound, CT scan, MRI scan, electrocardiograms, blood and urine tests, biopsy, mammogram or pap smear?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Have you ever had, or been told (by a doctor) to have treatment or been treated for, asthma, cancers, tumours, lumps, nodules, polyps, cysts, diseases or disorders of the heart (including high blood pressure, heart attack, heart murmur, heart valve disorder, chest pain), diabetes, epilepsy, fits, hepatitis, liver disease, raised cholesterol, kidney or urinary disorders (including protein or blood in urine), stroke, blood disorders, mental disorders, respiratory disorders, thyroid disorders, autoimmune diseases (for example, lupus), diseases and disorders of the eye, ear, nose or throat, musculo-skeletal disorders, gastro-intestinal disorders, HIV infection, sexually transmitted diseases, any recurring symptoms or illnesses or physical deformities not listed above?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 Have you made any other application with us in the last three months?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Have any of your natural parents or brothers or sisters ever been treated for cancers, heart diseases, stroke, high blood pressure, diabetes, kidney diseases, mental disorders or any diseases which they were born with or passed down from parents? If 'Yes', please name the conditions, age it began and relationship of the person to you.	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Do you take part in any form of flying other than as a fare-paying passenger on a regular scheduled passenger flight of a commercial aircraft or any other dangerous work (for example, a commercial diver, military pilot) or sports or pursuits (for example, motor racing, rock climbing)? If 'Yes', please name the activity.	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
8a Have you had any application for life, accident or health insurance policy rejected, postponed or accepted at other than normal terms by us or any other insurer? If 'Yes', please tell us the reason and the medical condition, if any.	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
8b Have you made any claim under any life, health or accident policies, whether individual or group plans, with us or any other insurer within the last 12 months? If 'Yes', please provide the details.	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 Do you smoke? How many cigarettes or cigars do you smoke each day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
10 For females insured: Are you currently pregnant? If 'Yes', please state the number of months and whether there is any complication (for example, raised blood pressure, sugar or protein in the urine).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

If you have answered 'Yes' to any of the questions, please provide details. For questions 2 to 4 and 6, please provide the name of condition or conditions, date it began, investigations and results, treatment and current status. Please include the relevant question numbers and name of insured for your answer. Please use extra paper if you need to.

Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance 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.

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.

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:

- (a) includes allowing Income Partners to collect, use and disclose your contact details to send you Marketing and Promotional messages;
- (b) is regardless of your policy status and whether this application or transaction is accepted or refused by Income; and
- (c) 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.

You may 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.

Declaration and authorisation

1. I cannot alter any of the wordings in this application form. Any attempt to do so will have no effect.
2. I understand that I may receive correspondences for this application and my policy documents electronically (collectively “policy e-document”). I agree that Income can notify me by email to retrieve and read my policy e-documents via secure online access.
3. I agree that Income will not be responsible to me (or any other person) if I fail to:
 - provide Income my correct email address or mobile number;
 - inform Income of any update or change to my email address or mobile number; or
 - keep the password to access the policy e-documents confidential.
4. I understand that the policy e-documents are considered delivered and received, upon my receipt of Income’s email notification on the availability of the policy e-documents via secure online access.
5. 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.
6. 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. 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 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.
7. 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.
8. 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. This applies if I am applying for a non-guaranteed issue basic plan or for any non-guaranteed issue riders.
9. I agree that Income’s legal responsibility will only begin when Income accepts this application and I have paid the first premium in full and cover will apply from the start date in the insurance policy issued to me.
10. I understand that 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.
11. I confirm that I am not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against me.
12. I confirm that the entire marketing and selling process for my proposed insurance application has been carried out in Singapore.
13. 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.
14. I confirm (a) that I understand and agree to the collection, use and disclosure of my personal data as stated in the “Personal Data Use Statement” (PDUS); (b) on the representation and warranty made in the PDUS; (c) on the preference(s) where I have indicated my consent (if any) to receive Marketing and Promotional messages.
15. I authorise, consent and agree to the following:
 - Income Parties to collect from and/or disclose to the group policyholder, the personal data for all the relevant purposes listed above and in Income’s Privacy Policy including to respond to enquiries from the group policyholder for the purposes of this application and policy servicing matters, including confirmation of eligibility for the cover; and
 - The group policyholder to disclose the personal data to Income Parties for all the relevant purposes listed above and in Income’s Privacy Policy.

16. For the purpose of this application, I authorise, consent and agree to:

- 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;
- 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
- 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.

17. 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.

18. I understand that it is usually not a good idea for me to replace an existing investment product (for example life policy/ investment-linked policy/ unit trust) with a new investment product, whether from the same or a different financial institution. I further understand that some of the disadvantages of replacement are:

- a) the insured or I may not be able to obtain a similar level of protection on the same terms;
- b) the insured or I may not be insurable on standard terms;
- c) I may have to pay a higher premium in view of a higher age; and
- d) I will lose financial benefits built up over the years.

19. I confirm that I have fully read through and understand (i) the content of the product summary, including any coverage exclusion, which is found on www.income.com.sg; and (ii) Your Guide to Life Insurance and/or Your Guide to Health Insurance (if this applies) found on www.lia.org.sg.

20. I acknowledge that I am responsible for making sure that I am allowed to buy this plan under the laws and regulations that apply to my nationality, my citizenship and the countries that I reside in. I understand that Income cannot accept liability for any legal consequences under the laws of any other country or any tax effects that may arise in connection with the purchase of this plan. I declare that any funds and assets I place with Income, and any profits generated from them, comply with the tax laws of my nationality, my citizenship and the countries where I am a resident of, and a citizen of. I am aware that Income is not a licensed insurer and its appointed insurance intermediary is not an approved insurance broker/financial adviser outside Singapore. I further agree that this application and any policy issued are governed by the laws of Singapore without regard to the conflict of law principles and the courts of Singapore shall have exclusive jurisdiction.

21. I authorise Income to take from my salary the premiums due for the insured person (or people) named in this application and who are covered under this plan.

22. I am aware that the policy will end if my Comprehensive Co-Payment Scheme medical benefit ends or if I resign from my employment or if I retire under the Non-Pensionable Scheme.

23. I agree to tell Income as soon as possible if my ward class entitlement changes in future. If I fail to do so, Income will pay any claim based on my old ward class entitlement including charging any additional premium arising from the change of my ward class entitlement.

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

- you are entitled not to accept this application; and
- if any policy is issued, you are 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.

Your decision in every respect of the above will be final.

I will inform you 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:

- 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
- 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.

I agree that if I do not reveal any significant facts in this application (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 the application.

Your signature

Signature of your spouse (if to be insured)

Date (dd/mm/yyyy)

Certification by organisation

I certify that the above is our employee under the Comprehensive Co-Payment Scheme.

Authorised signature and stamp (human resource department)

Date (dd/mm/yyyy)

For official use

Campaign code

Remarks

Product summary

Declaration

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

Your signature

Signature of your spouse (if to be insured)

Date (dd/mm/yyyy)

Product Summary for Co-Pay Assist Plan

Product Information

Co-Pay Assist Plan is a group health insurance policy that will pay co-payment rate if the insured incurs medical expenses:

- for treatment in a ward as stated in the policy schedule at a Singapore Government hospital, Restructured Hospital or private hospital following an illness or injury; and
- for outpatient treatment for kidney dialysis, chemotherapy and radiotherapy for cancer, and the use of cyclosporin and erythropoietin only.

This policy is not a MediSave-approved policy and you may not use MediSave to pay the premium for this policy.

Coverage	Employee	Dependant
Inpatient treatment expenses	Up to 7.5% ¹ of your eligible medical bills ²	Up to 20% ¹ of your dependants' eligible medical bills ²
Outpatient treatment expenses	Up to 7.5% ¹ of your eligible medical bills ²	Up to 20% ¹ of your dependants' eligible medical bills ²
Overseas coverage	7.5% of your eligible medical bills ² incurred during your overseas job posting	Does not apply

¹ If the insured seeks treatment in a ward higher than that stated in the policy schedule, the co-payment rates will be adjusted according to the rates specified in the Key Features and Benefits of Insurance Coverage.

² Eligible medical bills shall mean the medical bill or a portion thereof which is approved for payment by the Policyholder's employer.

Key Product Provisions

The following are some key provisions found in the Key Features and Benefits of Insurance Coverage of this plan. This is only a brief summary and you are advised to refer to the actual terms and conditions in the Key Features and Benefits of Insurance Coverage. You should consult a qualified adviser if you require further explanation.

a) Eligibility

You must meet the following eligibility conditions:

- You must be a public officer covered under the Comprehensive Co-payment Scheme (CCS).
- Your dependants will be eligible to apply for the policy if they are also covered under the CCS.

b) Premiums

The annual premiums that you pay are based on the class of ward and insured's age next birthday. Premium rates will change when the insured enters a higher age band. Premium rates are not guaranteed and may be reviewed from time to time. Premium rates are inclusive of GST.

The first year premium needs to be paid by cash or cheque before issuance of policy. Annual renewal premiums are to be paid via payroll deduction. For pensioners who are still eligible under the Comprehensive Co-payment Scheme (CCS), you have the option to arrange your annual premium payment to be paid via cash, cheque or GIRO.

Please refer to Appendix 1 of the product summary for the premium rates.

c) Waiting Period

For pre-existing illness, we will not pay if the insured had received medical treatment, diagnosis, consultation or prescribed drugs during the 12 months prior to the commencement date of the policy.

For claims arising out of or relating to pregnancy or childbirth, we will not pay if the claims occur within 12 months from the insured's commencement date of policy.

d) Terms of Renewal

This policy is yearly renewable and may be renewed for a further calendar year, subject to the receipt of the full renewal premium by Income for the renewal.

e) Free-Look Period

You can cancel the insured's cover by giving us a written request within 14 days from receiving the certificate of insurance. If you cancel the policy, we will refund any premiums paid, less any medical fees paid in assessing the risk under this policy. If we send the certificate of insurance by post, we assume it has been delivered and received in the ordinary course of the post, seven days after the date it is posted.

f) Grace Period

There is a 30 days grace period to pay the premiums due on your policy. During the grace period, the insured's cover will stay in force. However, if any benefit is payable by us, we will take off any premium you owe from the benefit. If the premium is not paid after the grace period, the policy will automatically end on the day the grace period ends.

g) Reinstatement Period

If the policy ends because you have not paid the premium, you can reinstate it no later than 12 months after the cover has ended. This applies as long as you pay all the premiums due, you provide us satisfactory proof of the insured's good health (and pay any costs involved in doing this), confirm that the insured is still eligible for the cover, confirm that there is no significant change in the risks covered and you agree to other terms and conditions before Income (including increasing the insured's premium and adding more exclusions).

h) Cancellation Clause

The policy shall end if any of the following events happens:

- the insured ceases to be the policyholder or dependant as defined in the policy;
- death of the policyholder;
- we do not receive the renewal premium for the policy; or
- cancellation of the policy.

We will refund any excess premiums paid if the policyholder cancels the policy or cease to be eligible for cover under the policy.

i) Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the Key Features and Benefits of Insurance Coverage. You are advised to read the Key Features and Benefits of Insurance Coverage for the list of exclusions.

- For all policies commencing on or after 1 July 1994, we will not pay for treatment of any pre-existing illness for which the insured had received medical treatment, diagnosis, consultation or prescribed drugs during the 12 months prior to the commencement date of the policy.
- We will not pay the co-payment rate for dental expenses, industrial accidents, major psychiatric illness, cosmetic surgery, drug and alcohol abuse, self-inflicted injuries and any other medical expenses not covered by your employer.
- Claims arising out of or relating to pregnancy or childbirth within 12 months from the insured person's commencement date of policy will not be payable.
- Claims in respect of accouchement charges will be excluded.

j) Claims

You must give us the original final medical bills with the claim form. We must be told as soon as possible on the event giving rise to the claim. You (or your legal representative) must tell us in writing, giving full details and providing the proof we need at your own expense.

k) Any Other Insurance

If the insured is covered for medical expenses under any other existing policy or policies, we will pay the co-payment rates or the balance of the medical expenses, whichever is lower.

l) Change of Term and Conditions

We may vary the terms and conditions of the policy by giving you 30 days' notice in writing at your last known address.

If you have any enquiries, you may contact us at 6332 1133 or email us at healthcare@income.com.sg.

Disclaimer

You can ask for a copy of Your Guide to Health Insurance from us or download a copy at www.lia.org.sg.

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 Key Features and Benefits of Insurance Coverage for the precise terms, conditions and exclusions.

It is usually detrimental to replace an existing policy with a new one. A penalty may be imposed for early termination and the new policy may cost more or have less benefit at the same cost.

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

Appendix 1**Table of premiums**

Age next birthday	Annual premium rates							
	Ward entitlement per employee				Ward entitlement per dependant			
	A	B1	B2	C	A	B1	B2	C
Below 30	\$14	\$8	\$3	\$3	\$36	\$22	\$7	\$6
30 to 39	\$20	\$12	\$5	\$4	\$54	\$32	\$11	\$9
40 to 49	\$28	\$16	\$6	\$5	\$72	\$43	\$14	\$12
50 to 59	\$49	\$28	\$11	\$8	\$126	\$76	\$25	\$20
60 to 64	\$91	\$52	\$20	\$15	\$234	\$140	\$47	\$37
65 to 69	\$126	\$72	\$27	\$21	\$324	\$194	\$65	\$52
70 to 74	\$154	\$88	\$33	\$25	\$396	\$238	\$79	\$63
75 to 79	\$203	\$116	\$44	\$33	\$522	\$313	\$104	\$84
80 and above	\$252	\$144	\$54	\$41	\$648	\$389	\$130	\$104