

## Product Summary for LUV plan

### Product Information

This is a group term life policy. It provides the following benefits upon the occurrence of the specified events as set out in the table of cover below. There are two cover types to choose from: Basic cover and Deluxe cover.

Coverage	Basic cover	Deluxe cover
Death	Sum assured	Sum assured
Total and permanent disability before the age of 65	Sum assured and a further monthly payout of 1% of the sum assured for the next 12 months or until the insured reaches the age of 65 or until the insured dies, whichever is earliest	Sum assured and a further monthly payout of 1% of the sum assured for the next 12 months or until the insured reaches the age of 65 or until the insured dies, whichever is earliest
Partial and permanent disability within 365 days from the date of the accident before the age of 65	Percentage of the sum assured described in the table of compensation in Appendix 2 of the Key Features and Benefits of Insurance Coverage	Percentage of the sum assured described in the table of compensation in Appendix 2 of the Key Features and Benefits of Insurance Coverage
Hospital cash benefit (each stay in the hospital must be for at least six hours in a row unless the insured's stay in the hospital is for a surgical operation, or if the hospital bills for daily room and board charges)	Daily hospital cash benefit of \$5.00 for every \$10,000 of the sum assured up to 365 days for each period of hospital stay in Singapore	Daily hospital cash benefit of \$5.00 for every \$10,000 of the sum assured up to 365 days for each period of hospital stay in Singapore
30 critical illnesses	Does not apply	Sum assured For angioplasty and other invasive treatment for coronary artery, payment is limited to 10% of the sum assured, subject to a maximum of \$25,000

The list of critical illnesses<sup>^</sup> covered under the Deluxe cover are:

1. Major Cancer
2. Heart Attack of Specified Severity
3. Stroke with Permanent Neurological Deficit
4. Coronary Artery By-pass Surgery
5. End Stage Kidney Failure
6. Irreversible Aplastic Anaemia
7. End Stage Lung Disease
8. End Stage Liver Failure
9. Coma
10. Deafness (Irreversible Loss of Hearing)
11. Open Chest Heart Valve Surgery
12. Irreversible Loss of Speech
13. Major Burns
14. Major Organ / Bone Marrow Transplantation

15. Multiple Sclerosis
16. Muscular Dystrophy
17. Idiopathic Parkinson's Disease
18. Open Chest Surgery to Aorta
19. Alzheimer's Disease / Severe Dementia
20. Fulminant Hepatitis
21. Motor Neurone Disease
22. Primary Pulmonary Hypertension
23. HIV Due to Blood Transfusion and Occupationally Acquired HIV
24. Benign Brain Tumour
25. Severe Encephalitis
26. Severe Bacterial Meningitis
27. Angioplasty & Other Invasive Treatment for Coronary Artery
28. Blindness (Irreversible Loss of Sight)
29. Paralysis (Irreversible Loss of Use of Limbs)
30. Terminal Illness

Please refer to the Key Features and Benefits of Insurance Coverage for the full definitions of the critical illnesses and the circumstances in which a claim can be made.

**^ The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2019). These Critical Illnesses fall under Version 2019. You may refer to [www.lia.org.sg](http://www.lia.org.sg) for the standard Definitions (Version 2019).**

### **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, your husband or wife and dependant must meet the following eligibility conditions:

- You are aged 16 to 70 and is a registered member of the National Trades Union Congress (NTUC).
- Your husband or wife is aged 16 to 70 and must be must be legally married to you and not separated or divorced from you.
- Your dependant is aged 15 days to 25 years and must be your unmarried natural or legally adopted child.
- You, your husband or wife and dependant must be a Singaporean, Singapore Permanent Resident or foreigner who is working or residing in Singapore to apply for the policy.
- Your husband or wife and dependant will be eligible to apply for the policy only if you, as the main insured and registered member of NTUC, are covered under the same LUV cover, unless your application has been declined or postponed by Income in view of underwriting.

The oldest you and your husband or wife can apply for this policy is age 64. The oldest your dependant can apply for this policy is age 17.

**b) Sum Assured**

You can choose from five different plan types (sum assured): \$10,000, \$50,000, \$100,000, \$150,000, and \$200,000.

The maximum sum assured for you, your husband or wife or dependant is \$200,000 each.

The sum assured for your husband or wife and dependant should not be higher than your sum assured unless your sum assured has been reduced by Income due to underwriting reasons. If you end your policy or is no longer a registered member of NTUC, the cover for you, your husband or wife and dependant will end. The cover for your husband or wife will also end if you are separated or divorced from your husband or wife.

**c) Premiums**

The premiums that you pay are based on the type of cover, type of plan, sum assured 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. Please refer to Appendix 1 of the product summary for the premium rates.

**d) Waiting Period**

For hospital cash benefit, we will not pay if the insured's stay in a hospital is for an illness or injury (except due to an accident) which happens during the first 30 days from the start date of the insured's cover.

For critical illness benefit, we will not pay if the insured has been diagnosed for the first time by a registered medical practitioner as suffering from major cancer, heart attack of specified severity, coronary artery bypass surgery and angioplasty and other invasive treatment for coronary artery within 90 days from the start date or reinstatement date (if any) of the insured's cover, whichever is later.

For the other remaining critical illnesses, we will not pay if the diagnosis for the first time by a registered medical practitioner is made within 30 days from the start date or reinstatement date (if any) of the insured's cover, whichever is later.

**e) Terms of Renewal**

The policy will be renewed automatically at the same terms, conditions, exclusions, cover type and plan type (sum assured) if there is no claim during the term of the policy and premium is paid.

**f) 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.

**g) 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. If the premiums are not paid after the grace period, the policy will automatically end on the day the grace period ends.

If any benefits are due to be paid during this period, we can take off any premiums that you owe from the benefit.

You are responsible for paying us all premiums due or amounts owed for the period before the end of the insured's cover even if the insured's cover has ended.

**h) 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).

**i) Cancellation Clause**

The insured's cover ends if any of the following events happens:

- NTUC or we end the master policy;
- you end this policy;
- you end the cover for your husband or wife or dependant, whichever applies;
- we do not receive the premium for the insured's cover after the grace period;
- you, as the main insured, stop being an NTUC member for any reason;
- the insured stops being eligible for cover;
- you or your husband or wife is the insured reaches age 65 if you or your husband or wife applied for cover after age 60;
- you or your husband or wife is the insured reaches the age of 70 if you or your husband or wife applied for cover at age 60 or younger;
- your dependant is the insured reaches the age of 25;
- the contract term ends;
- the claim that is made for the insured's cover is fraudulent;
- the insured dies or becomes totally and permanently disabled as diagnosed by a registered medical practitioner, whichever applies;
- the insured claims for partial and permanent disability arising from one accident, and we have paid 100% of the sum assured or total amount equal to 100% of the sum assured;
- for claims for partial and permanent disability arising from more than one accident, we have paid a minimum total amount of 100% of the sum assured; or
- unless we are due to pay only part of the benefit for critical illness, it will end on the date the insured is diagnosed by a registered medical practitioner as suffering from any of the critical illnesses as shown in the list of critical illnesses in Appendix 3 of the Key Features and Benefits of Insurance Coverage.

This will apply when the earliest of these events happens.

At the end of the insured's cover, we will not refund the premiums paid for the month the cover ends. We will refund any premiums paid for future months.

There is no cash-in value available when the insured's cover ends.

**j) 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 full list of exclusions. The following is a list of some of the exclusions for this plan. The exclusions for this plan include, but are not limited to, the following conditions:

- **Death**

This benefit is not payable if the insured commits suicide or attempted suicide, whether sane or insane, within one year from the start date or reinstatement date of the insured's cover, whichever is later.
- **Total and permanent disability**

This benefit is not payable if the total and permanent disability is a result of self-inflicted injury.
- **Partial and permanent disability**

This benefit is not payable if the loss is caused directly or indirectly, totally or partly by:

  - self-inflicted injuries, suicide or attempted suicide while sane or insane;
  - war (declared or not), revolution or any warlike operation;
  - military or naval service in time of war, or while under order for warlike operations or to restore public order; or
  - racing on wheels.
- **Hospital cash benefit**

This benefit is not payable if the insured has to stay in hospital for any illness or injury which is caused directly or indirectly, totally or partly, by:

  - strike, riot or civil commotion;
  - war, warlike operations or terrorism;
  - being under the influence of intoxicating liquor or any narcotic or drug;
  - suicide, attempted suicide, provoked assault, self-inflicted injury, or taking part in any brawl;
  - insanity or any other disorders of the mind;
  - sexually transmitted infections, childbirth, pregnancy or miscarriage and their complications;
  - infertility, sub-fertility, assisted conception or any contraceptive operation;
  - congenital disorders;
  - taking part in flying or other flying activities except as a fare-paying passenger on a regular scheduled passenger flight of a commercial aircraft; and
  - acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency virus (HIV) except HIV due to blood transfusion and occupationally acquired HIV as shown in item 20 of Appendix 3 of the Key Features and Benefits of Insurance Coverage.
- **Critical illness**

This benefit is not payable if the insured's critical illness is caused directly or indirectly, totally or partly, by:

  - self-inflicted injury or illness;
  - the influence or deliberate misuse of drugs or alcohol;
  - an episode of coronary artery or ischaemic heart disease that happens before the start date of the insured's cover;
  - any pre-existing condition relating directly or indirectly to the critical illness or where the insured received medical treatment or asked for medical advice (which relates directly or indirectly to the critical illness) before the start date of the insured's cover; or
  - acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency virus (HIV) except HIV due to blood transfusion and occupationally acquired HIV as shown in item 20 of Appendix 3 of the Key Features and Benefits of Insurance Coverage.
- **Other condition**

Any claim or loss, arising directly or indirectly, totally or partly, out of the insured taking part in full-time national service.

**k) Claims**

We must be told within six months after the diagnosis or 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. You must give us the documents we need with the claim form.

You must provide adequate medical evidence and we may ask the insured to be examined by a registered medical practitioner that we have appointed at your cost. Diagnosis of any critical illness must be supported by acceptable clinical, radiological, histological and laboratory evidence and confirmed by a registered medical practitioner.

If a claim or any part of a claim is false or fraudulent, or if you or the insured uses fraudulent methods to claim any benefit, we can do any or all of the following:

- we will not pay, and you will lose, all benefits.
- we will end the policy.
- we will refuse to renew the policy.
- we will add extra terms and conditions.
- we will take any action we consider is necessary.

**l) Change of Term and Conditions**

We may vary or amend the premiums, benefits, discounts, cover and terms and conditions by writing to NTUC and you at least 30 days before the change is to take place. Any variation or amendment to the master policy by us and endorsed to the master policy shall be binding on you, and we will inform you of the endorsement.

If you have any enquiries, you may contact us at 6332 1133 or email us at [healthcare@income.com.sg](mailto:healthcare@income.com.sg).

**Disclaimer**

You can ask for a copy of Your Guide to Life Insurance or Your Guide to Health Insurance from us or download a copy at [www.lia.org.sg](http://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. Only the terms, conditions and exclusions in the master policy contract will be enforceable by NTUC and Income.

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](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)).

## Appendix 1

### Table of plans, premiums and discounts

#### Basic cover

Age next birthday (years)	Monthly premium for sum assured				
	Plan 1 \$10,000	Plan 2 \$50,000	Plan 3 \$100,000	Plan 4 \$150,000	Plan 5 \$200,000
1 to 18 (see point 1 below)	\$0.70	\$3.50	\$7.00	\$10.50	\$14.00
19 to 45	\$0.90	\$4.50	\$9.00	\$13.50	\$18.00
46 to 50	\$1.35	\$6.75	\$13.50	\$20.25	\$27.00
51 to 55	\$2.15	\$10.75	\$21.50	\$32.25	\$43.00
56 to 60	\$3.00	\$15.00	\$30.00	\$45.00	\$60.00
61 to 65 (see point 2 below)	\$3.80	\$19.00	\$38.00	\$57.00	\$76.00
66 to 70	\$12.10	\$60.50	\$121.00	\$181.50	\$242.00

#### Deluxe cover

Age next birthday (years)	Monthly premium for sum assured				
	Plan 1 \$10,000	Plan 2 \$50,000	Plan 3 \$100,000	Plan 4 \$150,000	Plan 5 \$200,000
1 to 18 (see point 1 below)	\$1.20	\$6.00	\$12.00	\$18.00	\$24.00
19 to 45	\$2.00	\$10.00	\$20.00	\$30.00	\$40.00
46 to 50	\$3.00	\$15.00	\$30.00	\$45.00	\$60.00
51 to 55	\$4.25	\$21.25	\$42.50	\$63.75	\$85.00
56 to 60	\$5.60	\$28.00	\$56.00	\$84.00	\$112.00
61 to 65 (see point 2 below)	\$15.00	\$75.00	\$150.00	\$225.00	\$300.00
66 to 70	\$37.00	\$185.00	\$370.00	\$555.00	\$740.00

#### Note:

1. The oldest your dependant can take up this policy is age 17. Your dependant will be covered till the age of 25.
2. The oldest you and your husband or wife can take up this policy is age 64. If you take up this policy at or before age 60, you will be covered till you reach the age of 70. If you take up this policy after age 60, you will be covered till you reach the age of 65.

#### Loyalty discount

Years covered under LUV plan	Premium discount
3 to 5 years	3%
6 to 10 years	5%
11 to 15 years	7%
More than 15 years	10%