

## Upgrading or adding riders to IncomeShield (for existing policies only)

### Statement under section 25(5) of Insurance Act, Cap. 142 (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.

### Instructions and important notes

#### Instructions

- Section A: Please fill in all the details. If there is a change of payer or policyholder (who is not the existing policyholder), the payer or policyholder can only pay for themselves, their children, husband, wife, father and mother. If no new mailing address is provided, we will use the existing policy's mailing address even if there is a change of payer or policyholder in this application.
- Sections B – L: Please fill in all the details of the life to be insured, including the payer or policyholder who wants to upgrade the type of plan or add riders. If more information is needed under the health declaration, please use extra paper. The policyholder and life to be insured must fill in the 'Declaration and authorisation' section.

#### Important notes

- We will start the cover after we have approved your application and full premium payment is received by Income. If you are only adding new rider(s) or downgrading to Assist Rider, during the 3 months period before your policy is due for renewal, your start date will be on your renewal date. The start date of the plan and/or rider will be shown in the Policy Certificate.
- There is a 40 days period from the start date of your new integrated plan or downgraded/upgraded plan where you are not allowed to perform any downgrade or upgrade of your policy.
- You must pay the premium for the current plan in full before the upgraded plan or new riders can start.
- All applications for upgrades or new riders depend on our assessment and approval.
- Once we approve the upgrade or new rider(s), existing arrangement (if any) to deduct premium from the child's Medisave account will stop. To continue with the arrangement, please fill in and send us the 'Authorisation form for deduction of IncomeShield premiums from child's CPF Medisave account form' together with this form.

### Adviser's details

- Change to a new adviser (Please provide details below.)                       Stay with existing adviser

Adviser's name \_\_\_\_\_ Adviser's code \_\_\_\_\_

### Section A: Details of policyholder (payer)

The change of policyholder or payer will apply on the start date of the upgraded plan or the renewal date, if we accept your application. If we do not accept this application, the policyholder or payer will not change under the existing plan. You will then have to send us the 'Payment alteration form' to change the policyholder or payer.

<input type="checkbox"/> New policyholder (if taking over as payer)		NRIC or FIN number	CPF account number
<input type="checkbox"/> Existing policyholder			
Name (as shown in NRIC or FIN)		Date of birth (dd/mm/yyyy)	Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (please give details) _____
Name of company	Occupation	Contact number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
		Email (Please give only one email address)	

Home address \_\_\_\_\_

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: Details of life to be insured

Life to be insured <input type="checkbox"/> You <input type="checkbox"/> Husband or wife <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Mother					
Name (as shown in NRIC or FIN)		Date of birth (dd/mm/yyyy)	BC or NRIC or FIN number	Policy number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of company	Occupation	Height (metres)	Weight (kilograms)	Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (please give details) _____	

### Section C: Main plan payment method

**If you want to maintain your existing payment method, you do not need to complete this section. For Singapore Citizens and Permanent Residents currently covered under a Cash non-integrated plan, please tick a Premium payment option to integrate your plan with MediShield Life.**

Premium payment by (please tick only **one** option):

Medisave

If your premium exceeds the applicable withdrawal limits from Medisave or if you have insufficient monies in your Medisave account, the balance will be payable in Cash. Please refer to the Product summary for the applicable withdrawal limits from Medisave.

Full Cash

For insured who are Singapore Citizens and Permanent Residents, this Shield plan will be integrated with MediShield Life. Upon the start of this Integrated Shield Plan, any existing Integrated Shield Plan will be automatically terminated.

For insured who are Foreigners, this Shield plan will not be integrated with MediShield Life. For payment using Medisave, upon the start of this Shield plan, any existing Shield plan will be automatically terminated.

### Section D: GIRO arrangement

New or third-party GIRO application (Please fill in and attach a new application for Interbank GIRO form.)

Existing GIRO arrangement (Please give us details below.)

Name of account holder	NRIC number of account holder
Name of bank and branch	Bank account number
I will pay the premiums for this plan in line with my existing Interbank GIRO instructions with Income.	
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> Account holder's signatures, thumbprints or company stamp (as shown in bank's record)	

For successful GIRO application, deduction will only be made for renewal premiums.

### Section E: Details of plan and riders

**Important notes**

1. Each life to be insured can only have one Daily Cash Rider and Child Illness Rider. Cover for Assist Rider and Daily Cash Rider will follow the main type of plan.
2. For existing Plus Rider policyholders, if you have chosen the Assist Rider, your Plus Rider cover will end immediately and without notice once the Assist Rider has been approved and added to the main plan. Once you have downgraded to the Assist Rider, you will not be allowed to change back to the Plus Rider.

**Type of plan:** If you want to upgrade, please choose your type of plan.

**IncomeShield**

Plan P (SG, PR or FR)       Plan A (SG, PR or FR)       Plan B-SG       Plan B-PR

The life to be insured can only upgrade to a plan based on their nationality as shown above.

SG: Singapore Citizen    PR: Singapore Permanent Resident    FR: Foreigner

**Rider options:** If you want to maintain your existing riders, you do not need to choose any of the following rider options.

Assist Rider       Daily Cash Rider       Child Illness Rider

### Section F: Questions on health (Please use extra paper if you need to.)

**Important notes**

1. If any of your answers to the questions is 'Yes', please provide the details we need by filling in the **medical history questionnaire**. Please fill in one medical history questionnaire for each declared condition. If the declared condition is **high or raised blood pressure, raised blood cholesterol or injury**, please fill in the relevant specific illness questionnaire instead.
2. Please ensure that each question below is answered correctly and fully, and that all relevant information is disclosed, including any information and declaration that you may have previously given to us.

1. Has the life to be insured ever had, been told they have, been treated for or suffered symptoms of any of the following health conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', please give the name of the conditions, diagnosis and the symptoms.
(a) High or raised blood pressure or blood cholesterol	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(b) Heart or blood vessel and related disorders (for example, stroke, heart attack, heart murmur or prolapsed mitral valve), chest pain or discomfort	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(c) Respiratory disorders (for example, asthma, bronchitis, pneumonia or tuberculosis)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(d) Digestive disorders which include those of the oesophagus, colon and rectum (for example, gastritis, stomach or duodenal ulcer or blood in stool) or eating disorders (for example, anorexia nervosa or bulimia)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(e) Diabetes or impaired glucose tolerance or raised blood sugar level or spleen or other hepatobiliary system disorders which include liver problem, hepatitis (including hepatitis B carrier), gallstone or other gallbladder problems or inflammation of pancreas	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(f) Eye, ear, nose or throat disorders (for example, cataracts, sinus problem or rhinitis)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>(g) Urinary disorders (for example, protein, blood or sugar in urine, kidney stones, prolapsed urinary bladder, prostate problem or urinary incontinence)</p> <p>(h) Breast or reproductive-organ disorders (for example, breast calcifications, lump, cyst or nodule, ovarian cyst, endometriosis or fibroids)</p> <p>(i) Gout, thyroid disorders or other endocrine disorders (glands that secrete hormones)</p> <p>(j) Bone, spine, joint or muscle disorders (for example, slipped disc or arthritis) or skin or nail condition (for example, eczema, excessive sweating or ingrown toenail)</p> <p>(k) Nervous or mental disorders (for example, epilepsy or fits, prolonged headache or depression)</p> <p>(l) Cancer, or any abnormal growth or tumour (for example, cyst, polyp or nodule) whether cancerous or benign</p> <p>(m) Blood disorders (for example, anaemia, haemophilia or thalassaemia)</p> <p>(n) Autoimmune disease (for example, systemic lupus erythematosus, mixed connective tissue disease or scleroderma)</p> <p>(o) HIV infection or sexually transmitted diseases</p> <p>(p) Physical or developmental impairments or problems, or congenital or hereditary disorders (for example, speech impairment, learning disability or has special learning needs, autism or attention deficit hyperactivity disorder)</p> <p>(q) Injuries that are recurrent or symptoms of injuries (for example, pain, discomfort or limp) that have continued for more than one month</p> <p>(r) Any illness, disorders, abnormalities, accident or recurrent symptoms which are not mentioned above</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. (a) Are there any medical or health-screening reports (including those found in HealthHub.sg) on the life to be insured to be provided with this application?</p> <p>(b) In the last five years, has the life to be insured ever:</p> <p>(i) been admitted to hospital;</p> <p>(ii) had surgery or procedure or been advised to undergo surgery or procedure;</p> <p>(iii) been on medication for more than one month continuously or been on medical follow-up or received advice or referral for medical treatment or follow-up or to consult a medical specialist; or</p> <p>(iv) had or received advice or referral to have a medical test or screening done (for example, x-ray, ultrasound, ECG, CT scan, biopsy, mammogram, pap smear, sleep test, urine or blood test)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If 'Yes' to Q2(a), please list and describe the reports that you are attaching (for example, type and date of report).</p> <p>If 'Yes' to Q2(b), please give the name of the conditions, diagnosis, symptoms, type of tests, treatment, surgery or procedure done, reasons and results of tests, dates of diagnosis and tests, clinics/hospitals attended, doctors consulted and dates of visits. Please enclose full report.</p>
<p>3. In the last year, has the life to be insured experienced symptoms for more than 2 weeks (for example, feeling giddy, breathless, had an abnormal growth or enlargement, persistent fever, diarrhoea, bodily discomfort or pain) or recurring symptoms or unexplained weight loss?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If 'Yes', please give the name of the conditions, diagnosis and the symptoms.</p>
<p>4. (a) Has the life to be insured had any application to us or any other insurer for life, health or accident insurance policy refused, postponed or accepted but with terms attached to that policy?</p> <p>(b) Has any application been made to us in the last twelve months for the life to be insured?</p> <p>(c) Has the life to be insured made or planned to make 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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If 'Yes' to Q4(a), please give the reason and medical conditions if any.</p> <p>If 'Yes' to Q4(b), please give details of the type of policy and the policy number.</p> <p>If 'Yes' to Q4(c), please give details of the type of policy and the policy number.</p>
<p>5. Does the life to be insured smoke cigarettes?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If 'Yes', number of cigarettes: _____ sticks per day for _____ years</p>
<p>6. Does the life to be insured drink alcohol?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If 'Yes', amount consumed per week: _____ can of 330ml beer _____ glass of 125ml wine _____ shot of 30ml spirit (for example, whiskey, gin or brandy)</p>

<p>7. <b>Please answer this question if the life to be insured is a Singapore Citizen or Permanent Resident.</b> Does the life to be insured have any serious pre-existing medical conditions that require them to pay an Additional Premium of 30% on their MediShield Life policy?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', please give the name of the serious pre-existing medical conditions.
<p>8. <b>Please answer this question if the life to be insured is a female.</b> Has the life to be insured ever had, or is currently having, any pregnancy complications, pregnancy-related conditions (for example, gestational diabetes, miscarriage or ectopic pregnancy) or complications at childbirth or post-natal depression?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', please give the name of the conditions, diagnosis, symptoms, date of incident and number of occurrences.
<p>9. <b>Please answer this question if the life to be insured is aged 5 years or below at next birthday.</b> (a) Was the life to be insured born before 37 completed weeks of pregnancy or had been diagnosed of any congenital disorder, genetic disorder or birth defects?  (b) Has the life to be insured presented any symptoms and medical conditions or exhibited unusual developmental behaviours that require review, investigation or observation by a medical professional (for example, general practitioner, specialist or therapist) or care-giver (for example, parent, helper or teacher)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes' to Q9(a), please give the name of the conditions, diagnosis, treatment, date and type of investigation and a copy of the child health booklet and test results.  If 'Yes' to Q9(b), please give the details and a copy of the child health booklet and test results.
<p>10. <b>Please answer this question if you have chosen the Child Illness Rider.</b> Has the life to be insured ever had, been told they have, been treated for or suffered symptoms of any of the following health conditions? Severe asthma, leukaemia, bone-marrow transplant, diabetes mellitus, rheumatic disease with valvular impairment, Kawasaki's disease, haemophilia, mental retardation due to sickness or injury or Still's disease?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', please give the name of the conditions, diagnosis and the symptoms.

### Section G: Client Acknowledgement (upgrading/downgrading your Integrated Shield plan)

Your adviser is required to explain the following to you if you are upgrading/downgrading your Integrated Shield plan. (This does not apply for direct marketing.)

- I confirm that my adviser has explained to my satisfaction the implications associated with this switch/replacement and, based on his/her recommendation, I agree to proceed with the switch/replacement of my existing Integrated Shield Plan. I am aware that each life to be insured can only have one Integrated Shield Plan. Once this policy commences, the existing Integrated Shield Plan covering the life to be insured will be automatically terminated.
- My adviser has explained to me the implications associated with this switch/replacement. I am aware that the implications that may arise from a switch/replacement could outweigh any potential benefit such as:
- The new policy may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at higher cost and, the new policy may be less suitable for me.
  - If I am switching to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may lose coverage for those conditions.
  - If I am replacing my existing plan by upgrading to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may not be given the enhanced benefits for those conditions.

### Section H: Declaration to Central Provident Fund Board (CPF Board)

1. **Authorisation by CPF account holder (applicant)**  
I authorise the Central Provident Fund Board (the "CPF Board") to deduct premium(s) due for the Life/Lives to be Insured as named under this application (the "Life/Lives to be Insured") from my Medisave account (including any new Medisave account(s) which I may have arising from obtaining Singapore Permanent Resident status or otherwise) in accordance with the provisions of the Central Provident Fund Act (Chapter 36), the MediShield Life Scheme Act (Act No. 4 of 2015) and the respective subsidiary legislation made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the CPF Board from time to time for the purposes of the Private Medical Insurance Scheme (or by such other name as it may be referred to from time to time) (PMIS).
- I authorise the CPF Board to disclose information/seek information on a confidential basis to/from any Insurer(s) for the PMIS in respect of the insurance cover issued following this application. Such information includes but is not limited to:
- (i) payment and amount of premiums due, including the deduction of premiums from my Medisave account and my Medisave account balance;
  - (ii) the making of refunds under the PMIS, as the CPF Board shall reasonably consider appropriate; and
  - (iii) the amount of premium subsidies for the Life/Lives to be Insured and the amount of additional premium applicable to the Life/Lives to be Insured.
2. **Consent of the applicant and Life/Lives to be Insured**  
I/We, the Life/Lives to be Insured named under this application, hereby consent to the transfer and disclosure, at any time and without notice to me/us, of any medical information on me/us, in the Insurer's or the CPF Board's possession, between the Insurer and the CPF Board for the purpose of assessing the insurability of me/us and/or the making of a claim under the PMIS.
3. **Automatic termination of existing integrated medical insurance plan(s) for Life/Lives to be Insured under certain circumstances**  
Subject to the relevant laws and terms and conditions, I understand that:
- (i) Upon the commencement of this IncomeShield cover, any other existing Integrated Shield Plan (if any) under the PMIS in favour of the Life/Lives to be Insured shall automatically terminate; and
  - (ii) Upon the commencement of another Integrated Shield Plan in favour of the Life/Lives to be Insured, this IncomeShield cover of the Life/Lives to be Insured shall automatically terminate.

## Section I: Personal data collection statement

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

The personal data collected by Income includes all personal data provided in this form, or in any document provided, or to be provided to us by you or your insured persons or from other sources, for the purpose of this insurance application or transaction. It includes all personal data for us to evaluate or administer this application or transaction. For example, if you are applying for an insurance policy, in addition to the personal data provided in the application form, the personal data will also include any subsequent information we collect on health or financial situation, or any information that is necessary for us to decide whether to insure and on what terms to insure, such as test results, medical examination results, and health records from medical practitioners or other insurance companies.

You may not alter any of the wording in this 'Personal data collection statement'. Any attempt to do so will be of no effect.

### 1. Purpose of collection

We may collect and use the personal data to:

- (a) carry out identity checks;
- (b) communicate on purposes relating to an application or policy;
- (c) decide whether to insure or continue to insure you and your insured persons;
- (d) determine and verify your creditworthiness for the financial and insurance products you apply for;
- (e) provide financial advice for product recommendation based on your financial needs analysis;
- (f) provide ongoing services and respond to your inquiries or instructions;
- (g) make or obtain payments;
- (h) investigate and settle claims;
- (i) recover any debt owed to us;
- (j) detect and prevent fraud, unlawful or improper activities;
- (k) conduct research and statistical analysis;
- (l) coach employees and monitor for quality assurance;
- (m) reinsure risks and for reinsurance administration;
- (n) comply with all applicable laws, including reporting to regulatory and industry entities;
- (o) inform you of our philanthropic and charity initiatives, i.e. OrangeAid, including soliciting donations, acknowledging donations, and facilitating tax exemption; and
- (p) provide services and respond to inquiries by employer on the application or policy. (Applicable when this insurance application or transaction is made pursuant to a group employment insurance scheme.)

### 2. Disclosure of personal data

We may disclose personal data belonging to you and your insured persons for the purposes set out in Section 1 above to these parties:

- (a) your financial advisers;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;
- (d) local or overseas service providers to provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- (e) debt collection agencies;
- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) credit reference agencies;
- (j) industry associations;
- (k) regulators, law enforcement and government agencies; and
- (l) employer. (Applicable when this insurance application or transaction is made pursuant to a group employment insurance scheme.)

### 3. Consequence of withdrawing consent to the collection, use and disclosure of personal data

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the products and services that you asked for or have with us.

But if you withdraw your consent for us to use your personal data for your insurance matters, this will affect our ability to provide you with the products and services that you asked for or have with us, including preventing us from keeping your insurance cover in force or properly assessing and processing your claim. Withdrawing such consent will require you to surrender or terminate all your policies with us.

### 4. Access and correction rights

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

You may make your request to withdraw your consent, access or correct your personal data by writing to:

The Data Protection Officer, Income Centre, 75 Bras Basah Road, Singapore 189557.

Alternatively, you can email to: [DPO@income.com.sg](mailto:DPO@income.com.sg)

## Section J: Declaration and authorisation

Where the declaration and authorisation below applies to me:

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 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 you. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.

I confirm that I understand and agree to the 'Personal data collection statement'.

I agree that your legal responsibility will only begin when you accept this application and you have received the first full premium of the plan. The start date of the plan will be shown in the Policy Certificate.

I agree that you can end any IncomeShield/Enhanced IncomeShield policy that was previously issued to me when you have accepted this application.

I understand that any pre-existing illness, disease or condition which the life to be insured may have suffered from before the start date of the upgraded policy or new rider to be issued will not be covered under the increased benefit provided under the upgraded plan or new rider.

I, agree and authorise:

- (a) any doctor, insurer, or organisation to release to you, and
- (b) you to release to any doctor, insurer or organisation,

any relevant information to do with me and the life to be insured, whether:

- (i) this application is accepted or refused, or
- (ii) for the purpose of this application or any other purpose in respect of the policy to be issued.

A photographic copy is valid as an original copy.

I declare that my adviser has advised me/ us that:

All Singapore Citizens and Permanent Residents will be covered by MediShield Life. An Integrated Shield Plan comprises two parts – a MediShield Life portion provided by the Central Provident Fund Board (CPF Board) and an additional private insurance coverage provided by Income. As Integrated Shield Plan premiums are higher than MediShield Life premiums, there should be sufficient monies in my/our Medisave account(s) or I/we should have enough cash to pay for MediShield Life premiums on an ongoing basis before I/we consider purchasing an Integrated Shield Plan.

I agree that the product summary has been explained to me to my satisfaction by my adviser. (This does not apply for direct marketing.) A copy will be provided together with my policy document.

I am aware that I can ask for a copy of Your Guide to Health Insurance from my adviser. (This does not apply for direct marketing.) Or, I can download one at [www.income.com.sg](http://www.income.com.sg).

I can ask for advice from an adviser before I sign this application. I will make sure that this product is appropriate to my financial needs and insurance objectives. (This applies for direct marketing.)

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.

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

**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 the state of health of the life to be insured or if the life to be insured is planning to have any medical consultation, investigation or treatment before the start date of this cover. If you fail to reveal any material information in this application, you may not receive any benefits under your policy or we may declare your policy as void or add extra terms on 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 adviser but is not written in this application. Please check to make sure you are fully satisfied with the information in this application. You may not alter any of the wording in this proposal form. Any attempt to do so will be of no effect.**

Signed in Singapore on (dd/mm/yyyy): \_\_\_\_\_

Signature of policyholder (who is also payer)

Signature of life to be insured (16 years old and above must sign)

## Section K: Adviser's certification

- |  |                      |
|--|----------------------|
| 1. All the answers given to me by the applicant or life to be insured are declared in the application. I have not withheld any information which may affect your decision to accept this application.  | Signature of adviser |
| 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 life to be insured and have explained the terms of the policy to them. I have also seen the proof of identity of the applicant and life to be insured and confirm that the details are the same as given on this proposal. |                      |

## Product summary – IncomeShield plan

### Product information

#### IncomeShield plan

This is a hospital and surgical plan that helps you reduce the financial burden on your family if you, or your family members who are covered, have to stay in hospital. Depending on the plan you have chosen, we will pay the reasonable expenses for the insured person's necessary medical treatment according to the limits of compensation set out in the benefits schedule below.

#### Integration with MediShield Life

If the insured person is a Singapore Citizen or a Singapore Permanent Resident, the insured person will be jointly insured under MediShield Life which is run by the Central Provident Fund Board and governed by the Central Provident Fund Act (Chapter 36) and the MediShield Life Scheme Act (Act No.4 of 2015) and any subsidiary legislation made under such acts (the "act and regulations"). Upon renunciation of your Singapore Citizenship or Singapore Permanent Resident status, your policy will continue as a non-integrated plan.

#### Comparison of Benefits between MediShield Life and IncomeShield plan

An IncomeShield policy is made up of two parts – a MediShield Life portion provided by the Central Provident Fund Board (CPF Board) and an additional private insurance coverage portion provided by Income. The full IncomeShield premium comprises the MediShield Life premium and your IncomeShield's additional coverage premium.

In the event of hospitalisation/medical treatment, your final payout will comprise the MediShield Life payout and the IncomeShield coverage payout. For example,

- if the payout computed based on the full IncomeShield benefits is \$2,000, and the payout based on MediShield Life benefits is \$500, the policyholder will receive \$2,000, which comprises \$500 from the MediShield Life payout, and \$1,500 from the IncomeShield additional coverage payout.
- In the case where the payout based on MediShield Life benefits is higher than that from the IncomeShield benefits, the eventual payout will be based on the MediShield Life benefits.

Benefits	Full benefit features				
	MediShield Life	IncomeShield (Payout includes MediShield Life payout)			
		Plan P	Plan A	Plan B	Plan C
<b>Inpatient hospital treatment</b>	<b>Limits of compensation</b>				
Room, board and medical-related services (each day) <sup>1</sup>	\$700	\$2,000	\$1,200	\$1,000	\$700
Intensive care unit (ICU) and medical-related services (each day) <sup>1</sup>	\$1,200	\$2,600	\$1,700	\$1,400	\$1,200
Surgical benefits Surgical limits table – limits for various categories of surgery, as classified by the Ministry of Health in its latest surgical operation fees table:					
– Table 1 (less complex procedures)	\$200	\$1,050	\$600	\$500	\$400
– Table 2	\$480	\$2,275	\$1,300	\$1,100	\$750
– Table 3	\$900	\$4,025	\$2,300	\$2,000	\$1,300
– Table 4	\$1,150	\$5,425	\$3,100	\$3,000	\$2,000
– Table 5	\$1,400	\$8,100	\$5,400	\$4,300	\$3,000
– Table 6	\$1,850	\$10,800	\$7,200	\$5,400	\$4,200
– Table 7 (more complex procedures)	\$2,000	\$14,100	\$9,400	\$8,200	\$6,800
Surgical implants <sup>2</sup>	\$7,000 (each treatment)	\$14,000 (each admission)	\$11,000 (each admission)	\$9,000 (each admission)	\$7,000 (each admission)
Gamma knife and novalis radiosurgery (for each procedure)	\$4,800	\$15,600	\$12,600	\$9,600	\$9,600
Pre-hospitalisation treatment and post-hospitalisation treatment <sup>3</sup> (up to 90 days before being admitted to or after being discharged from hospital, respectively)	Not covered	Limited to unused balance amount of room, board and medical-related services, intensive care unit (ICU) and medical-related services benefits and staying in a community hospital.			
Staying in a community hospital (each day) <sup>1,4</sup>	\$350	\$2,000 (up to 45 days for each admission)	\$1,200 (up to 45 days for each admission)	\$1,000 (up to 45 days for each admission)	\$550 (up to 45 days for each admission)

Benefits	MediShield Life	Plan P	Plan A	Plan B	Plan C	
<b>Outpatient hospital treatment</b>	<b>Limits of compensation</b>					
Stereotactic radiotherapy for cancer (for each session)	\$1,800	\$5,000	\$3,000	\$2,500	\$2,000	
Radiotherapy for cancer (for each session)						
- External or superficial	\$140	\$600	\$400	\$300	\$250	
- Brachytherapy with or without external	\$500	\$600	\$500	\$500	\$500	
Chemotherapy for cancer (each month)	\$3,000	\$4,000	\$3,500	\$3,000	\$3,000	
Immunotherapy for cancer (each month)	Not covered	\$2,000	\$1,000	\$700	\$400	
Renal dialysis (each month)	\$1,000	\$3,500	\$3,000	\$2,500	\$2,000	
Erythropoietin and other drugs approved under MediShield Life for chronic renal failure (each month)	\$200	\$1,000	\$700	\$600	\$400	
Cyclosporin or tacrolimus and other drugs approved under MediShield Life for organ transplant (each month)	\$200	\$1,000	\$700	\$600	\$400	
<b>Special benefits</b>	<b>Limits on special benefits</b>					
Congenital abnormalities benefit (each policy year)	Covered under inpatient hospital treatment	\$10,000 (with 24 months' waiting period)	\$7,500 (with 24 months' waiting period)	\$5,000 (with 24 months' waiting period)	Covered up to MediShield Life benefits only	
Pregnancy complications benefit (each policy year)		\$7,000 <sup>5</sup> (with 10 months' waiting period)	\$5,000 <sup>5</sup> (with 10 months' waiting period)	\$3,500 <sup>5</sup> (with 10 months' waiting period)		
Inpatient psychiatric treatment benefit	\$100 (each day, up to 35 days for each policy year)	\$7,000 (each policy year)	\$7,000 (each policy year)	\$5,000 (each policy year)	\$5,000 (each policy year)	
Prosthesis benefit (each policy year)	Covered under surgical implants	\$10,000	\$6,000	\$6,000	\$3,000	
Final expenses benefit <sup>6</sup>	Not covered	\$5,000	\$5,000	\$3,000	\$1,500	
<b>Limit in each policy year</b>	\$100,000	\$300,000	\$200,000	\$150,000	\$100,000	
<b>Limit in each lifetime</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
<b>Last entry age (age next birthday)</b>	Does not apply	75	75	75	75	
<b>Maximum coverage age</b>	Lifetime	Lifetime	Lifetime	Lifetime	Lifetime	
<b>Pro-ration factor<sup>7</sup></b>	<b>SG</b>	<b>PR</b>	<b>SG/PR/FR</b>	<b>SG/PR/FR</b>	<b>SG/PR/FR<sup>8</sup></b>	<b>SG/PR/FR<sup>8</sup></b>
<b>Inpatient</b>						
- Restructured hospital						
- Ward class C	100%	44%				
- Ward class B2	100%	58%				
- Ward class B2+	70%	47%				
- Ward class B1	43%	38%				
- Ward class A	35%	35%				
- Private hospital or private medical institution or emergency overseas treatment <sup>9</sup>	35%	35%	Does not apply	Does not apply	Does not apply	Does not apply
- Community hospital						
- Ward class C, B2 or B2+	100%	50%				
- Ward class B1	50%	50%				
- Ward class A	50%	50%				
<b>Day surgery or short-stay ward</b>						
- Restructured hospital subsidised	100%	58%				
- Restructured hospital non-subsidised	35%	35%	Does not apply	Does not apply	Does not apply	Does not apply
- Private hospital or private medical institution or emergency overseas treatment <sup>9</sup>	35%	35%				
<b>Outpatient hospital treatment</b>						
- Restructured hospital subsidised	100%	67%				
- Restructured hospital non-subsidised <sup>10</sup>	50%	50%	Does not apply	Does not apply	Does not apply	Does not apply
- Private hospital or private medical institution <sup>10</sup>	50%	50%				
SG: Singapore Citizen PR: Singapore Permanent Resident FR: Foreigner						
<b>Deductible for each policy year for an insured aged 80 years or below next birthday<sup>11</sup></b>						
<b>Inpatient</b>						
- Restructured hospital						
- Ward class C	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	
- Ward class B2 or B2+	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	
- Ward class B1	\$2,000	\$2,500	\$2,500	\$2,500	\$2,000	
- Ward class A	\$2,000	\$3,500	\$3,500	\$2,500	\$2,000	
- Private hospital or private medical institution or emergency overseas treatment <sup>9</sup>	\$2,000	\$3,500	\$3,500	\$2,500	\$2,000	
- Community hospital						
- Ward class C	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	
- Ward class B2 or B2+	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	
- Ward class B1	\$2,000	\$2,500	\$2,500	\$2,500	\$2,000	
- Ward class A	\$2,000	\$3,500	\$3,500	\$2,500	\$2,000	
<b>Day surgery or short-stay ward</b>						
- Subsidised	\$1,500	\$2,000	\$2,000	\$2,000	\$2,000	
- Non-subsidised	\$1,500	\$3,500	\$3,500	\$2,500	\$2,000	



Benefits	MediShield Life	Plan P	Plan A	Plan B	Plan C
<b>Deductible for each policy year for an insured aged over 80 years at next birthday <sup>11</sup></b>					
<b>Inpatient</b>					
- Restructured hospital					
- Ward class C	\$2,000	\$2,250	\$2,250	\$2,250	\$2,250
- Ward class B2 or B2+	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
- Ward class B1	\$3,000	\$3,750	\$3,750	\$3,750	\$3,000
- Ward class A	\$3,000	\$5,250	\$5,250	\$3,750	\$3,000
- Private hospital or private medical institution or emergency overseas treatment <sup>9</sup>	\$3,000	\$5,250	\$5,250	\$3,750	\$3,000
- Community hospital					
- Ward class C	\$2,000	\$2,250	\$2,250	\$2,250	\$2,250
- Ward class B2 or B2+	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
- Ward class B1	\$3,000	\$3,750	\$3,750	\$3,750	\$3,000
- Ward class A	\$3,000	\$5,250	\$5,250	\$3,750	\$3,000
<b>Day surgery or short-stay ward</b>					
- Subsidised	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
- Non-subsidised	\$3,000	\$5,250	\$5,250	\$3,750	\$3,000
<b>Co-insurance</b>					
- Inpatient hospital treatment					
Claimable amount <sup>12</sup> :					
\$0 - \$3,000	10%	10%	10%	10%	10%
\$3,001 - \$5,000	10%	10%	10%	10%	10%
\$5,001 - \$10,000	5%	10%	10%	10%	10%
Above \$10,000	3%	10%	10%	10%	10%
- Outpatient hospital treatment	10%	10%	10%	10%	10%

- <sup>1</sup> Includes meals, prescriptions, medical consultations, miscellaneous medical charges, specialist consultations, examinations, and laboratory tests. Room, board and medical- related service include being admitted to a high dependency ward.
- <sup>2</sup> Includes charges for the following approved medical items:
- Intravascular electrodes used for electrophysiological procedures
  - Percutaneous transluminal coronary angioplasty (PTCA) balloons
  - Intra-aortic balloons (or balloon catheters).
- <sup>3</sup> Pre-hospitalisation and post-hospitalisation treatment are not covered for treatment given before or after, inpatient psychiatric treatment benefit, accident inpatient dental treatment, emergency overseas treatment or stay in a short-stay ward.
- <sup>4</sup> To claim for staying in a community hospital,
- the insured must have first had inpatient hospital treatment in a restructured hospital or private hospital;
  - after the insured is discharged from the restructured hospital or private hospital, they must immediately be admitted to a community hospital for a continuous period of time;
  - the attending registered medical practitioner in the restructured or private hospital must have recommended in writing that the insured needs to be admitted to a community hospital for necessary medical treatment; and
  - the treatment must arise from the same injury, illness or disease that resulted in the inpatient hospital treatment.
- <sup>5</sup> Pregnancy complications benefit pays for inpatient hospital treatment for the following:
- ectopic pregnancy
  - pre-eclampsia or eclampsia
  - disseminated intravascular coagulation (DIC)
  - miscarriage where the foetus of the insured dies as a result of a sudden unexpected, non-malicious and involuntary event
  - ending a pregnancy if an obstetrician considers it necessary to save the life of the insured.
- <sup>6</sup> We will waive (not enforce) the co-insurance and deductible due for a claim for the inpatient hospital treatment, pre-hospitalisation treatment and post-hospitalisation treatment if the insured dies (i) while in hospital; or (ii) within 30 days of leaving hospital. If the insured dies within 30 days of leaving the hospital, we will also waive the co-insurance due for a claim of outpatient hospital treatment if the treatment was received by the insured within 30 days of leaving hospital.
- <sup>7</sup> If the insured is admitted into a ward and medical institution that is higher than what they are entitled to, we will only pay the percentage of the reasonable expenses for necessary medical treatment of the insured as shown using the pro-ration factor that applies to the plan.
- <sup>8</sup> If the insured is a Singapore Permanent Resident or a foreigner, we will further reduce the amount of each benefit we will pay by the citizenship factor below. The citizenship factor applies to any claim under your policy unless you have chosen the Singapore Permanent Resident or foreigner plan.
- Plan B : 89% (for Singapore Permanent Resident); 80% (for foreigner)
  - Plan C : 57% (for Singapore Permanent Resident); 28% (for foreigner)
- <sup>9</sup> MediShield Life does not cover emergency overseas treatment.
- <sup>10</sup> Pro-ration for non-subsidised outpatient cancer treatments will apply for MediShield Life from 01 Nov 2016. Renal dialysis and immunosuppressant drugs approved under MediShield Life for organ transplant will not be pro-rated for MediShield Life.
- <sup>11</sup> Deductible does not apply to outpatient hospital treatment.
- <sup>12</sup> Claimable amount is the lower of (i) the claim limit in the table or (ii) the amount after adjusting the charges for pro-ration and citizenship factor, if needed.

## What you will need to pay

You may use your Medisave to pay the yearly premium for the IncomeShield plan. If the insured is a Singapore Citizen or Permanent Resident, the MediShield Life portion of the premium is fully payable by Medisave. For the remaining portion of the premium for additional private insurance coverage, the amount that can be paid by Medisave is subject to the Additional Withdrawal Limits (AWLs). If the insured is a foreigner whose plan does not have a MediShield Life component, the Medisave Withdrawal Limits for the plan's full premium is equivalent to the combined Standard MediShield Life premium amount and AWLs that can be used for Singapore Citizens and Permanent Residents. The premium rate is based on the insured person's age at their next birthday, and will increase when the insured person reaches the next age band. You will also need to pay the deductible and co-insurance that is not covered by your IncomeShield plan.

## Breakdown of standard premiums for IncomeShield

The tables below show the breakdown of premiums for a standard life under your plan type.

### For insured person who is a Singapore Citizen or Permanent Resident

Age next birthday <sup>1</sup>	MediShield Life Premiums (Fully payable by Medisave) <sup>2</sup>	Additional Withdrawal Limits (AWLs)	Additional private insurance coverage											
			IncomeShield											
			Plan P		Plan A		Plan B-SG		Plan B-PR		Plan C-SG		Plan C-PR	
Premiums	Cash outlay <sup>3</sup>	Premiums	Cash outlay <sup>3</sup>	Premiums	Cash outlay <sup>3</sup>	Premiums	Cash outlay <sup>3</sup>	Premiums	Cash outlay <sup>3</sup>	Premiums	Cash outlay <sup>3</sup>	Premiums	Cash outlay <sup>3</sup>	
1 - 18	\$130	\$300	\$131	–	\$57	–	\$28	–	\$34	–	\$12	–	\$18	–
19 - 20	\$130		\$179	–	\$74	–	\$54	–	\$62	–	\$29	–	\$36	–
21 - 30	\$195		\$163	–	\$58	–	\$38	–	\$46	–	\$13	–	\$20	–
31 - 35	\$310	\$600	\$232	–	\$84	–	\$53	–	\$64	–	\$16	–	\$25	–
36 - 40	\$310		\$243	–	\$90	–	\$62	–	\$74	–	\$25	–	\$35	–
41 - 45	\$435		\$327	–	\$166	–	\$87	–	\$107	–	\$31	–	\$47	–
46 - 50	\$435		\$382	–	\$178	–	\$112	–	\$133	–	\$45	–	\$62	–
51 - 55	\$630		\$483	–	\$240	–	\$85	–	\$103	–	\$63	–	\$72	–
56 - 60	\$630		\$512	–	\$257	–	\$95	–	\$113	–	\$72	–	\$81	–
61 - 65	\$755		\$882	\$282	\$413	–	\$185	–	\$219	–	\$91	–	\$124	–
66 - 70	\$815		\$1,294	\$694	\$652	\$52	\$380	–	\$450	–	\$113	–	\$154	–
71 - 73	\$885		\$1,895	\$995	\$926	\$26	\$529	–	\$631	–	\$155	–	\$206	–
74 - 75	\$975		\$2,230	\$1,330	\$1,105	\$205	\$603	–	\$721	–	\$184	–	\$240	–
76 - 78	\$1,130	\$2,635	\$1,735	\$1,355	\$455	\$725	–	\$874	–	\$211	–	\$277	–	
79 - 80	\$1,175	\$2,959	\$2,059	\$1,547	\$647	\$736	–	\$892	–	\$253	–	\$330	–	
81 - 83	\$1,250	\$2,722	\$1,822	\$1,417	\$517	\$498	–	\$660	–	\$205	–	\$269	–	
84 - 85	\$1,430	\$3,136	\$2,236	\$1,706	\$806	\$704	–	\$831	–	\$212	–	\$276	–	
86 - 88	\$1,500	\$3,652	\$2,752	\$2,104	\$1,204	\$782	–	\$1,137	\$237	\$397	–	\$684	–	
89 - 90	\$1,500	\$3,982	\$3,082	\$2,381	\$1,481	\$919	\$19	\$1,298	\$398	\$509	–	\$814	–	
91 - 93	\$1,530	\$4,312	\$3,412	\$2,701	\$1,801	\$1,115	\$215	\$1,530	\$630	\$615	–	\$939	\$39	
94 - 95	\$1,530	\$4,721	\$3,821	\$3,033	\$2,133	\$1,368	\$468	\$1,829	\$929	\$727	–	\$1,072	\$172	
96 - 98	\$1,530	\$5,127	\$4,227	\$3,317	\$2,417	\$1,557	\$657	\$2,051	\$1,151	\$839	–	\$1,204	\$304	
99 - 100	\$1,530	\$5,480	\$4,580	\$3,553	\$2,653	\$1,730	\$830	\$2,256	\$1,356	\$944	\$44	\$1,328	\$428	
Over 100	\$1,530	\$5,777	\$4,877	\$3,753	\$2,853	\$1,917	\$1,017	\$2,476	\$1,576	\$1,085	\$185	\$1,495	\$595	

SG: Singapore Citizen PR: Singapore Permanent Resident

The above premium rates apply to policies starting from 1 November 2015. Premium rates are inclusive of 7% GST. Yearly premiums are based on the insured's age at next birthday, and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time.

- <sup>1</sup> The last entry age is 75, based on the insured's age next birthday, when cover starts.
- <sup>2</sup> Your MediShield Life premiums may differ depending on your premium subsidies, premium rebates and whether you need to pay for the Additional Premiums. The net MediShield Life premium payable after accounting for these is fully payable by Medisave.
- <sup>3</sup> This refers to the cash outlay if you are paying by Medisave (assuming you have sufficient monies in your Medisave account). If you are not paying by Medisave, your total cash outlay will be equal to MediShield Life Premiums + Premiums for Additional private insurance coverage. For example, for an insured aged 30 (at next birthday) buying IncomeShield Plan P, the total premium = \$195 + \$163 = \$358

## For insured person who is a foreigner

Age next birthday <sup>1</sup>	Total Medisave Withdrawal Limits <sup>2</sup>	IncomeShield			
		Plan P		Plan A	
		Total Premiums	Cash outlay <sup>3</sup>	Total Premiums	Cash outlay <sup>3</sup>
1 - 18	\$430	\$261	–	\$187	–
19 - 20	\$430	\$309	–	\$204	–
21 - 30	\$495	\$358	–	\$253	–
31 - 35	\$610	\$542	–	\$394	–
36 - 40	\$610	\$553	–	\$400	–
41 - 45	\$1,035	\$762	–	\$601	–
46 - 50	\$1,035	\$817	–	\$613	–
51 - 55	\$1,230	\$1,113	–	\$870	–
56 - 60	\$1,230	\$1,142	–	\$887	–
61 - 65	\$1,355	\$1,637	\$282	\$1,168	–
66 - 70	\$1,415	\$2,109	\$694	\$1,467	\$52
71 - 73	\$1,785	\$2,780	\$995	\$1,811	\$26
74 - 75	\$1,875	\$3,205	\$1,330	\$2,080	\$205
76 - 78	\$2,030	\$3,765	\$1,735	\$2,485	\$455
79 - 80	\$2,075	\$4,134	\$2,059	\$2,722	\$647
81 - 83	\$2,150	\$3,972	\$1,822	\$2,667	\$517
84 - 85	\$2,330	\$4,566	\$2,236	\$3,136	\$806
86 - 88	\$2,400	\$5,152	\$2,752	\$3,604	\$1,204
89 - 90	\$2,400	\$5,482	\$3,082	\$3,881	\$1,481
91 - 93	\$2,430	\$5,842	\$3,412	\$4,231	\$1,801
94 - 95	\$2,430	\$6,251	\$3,821	\$4,563	\$2,133
96 - 98	\$2,430	\$6,657	\$4,227	\$4,847	\$2,417
99 - 100	\$2,430	\$7,010	\$4,580	\$5,083	\$2,653
Over 100	\$2,430	\$7,307	\$4,877	\$5,283	\$2,853

The above premium rates apply to policies starting from 1 November 2015. Premium rates are inclusive of 7% GST. Yearly premiums are based on the insured's age at next birthday, and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time.

- <sup>1</sup> The last entry age is 75, based on the insured's age next birthday, when cover starts.
- <sup>2</sup> If you are paying for a foreigner whose plan does not have a MediShield Life portion, you can utilise an equivalent amount of Medisave to pay for his/her premiums.
- <sup>3</sup> This refers to the cash outlay if you are paying by Medisave (assuming you have sufficient monies in your Medisave account). If you are not paying by Medisave, your total cash outlay will be equal to the Total Premiums. For example, for an insured aged 30 (at next birthday) buying IncomeShield Plan P, the total cash outlay will be \$358.

You can pay premiums for the main plan by Medisave, cash, cheque or GIRO.

The Total Distribution Cost of this product is 55.5% of the additional private insurance premium for the first year and 5.5% of the additional private insurance premiums for renewal years. 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 adviser if you have more questions.

### Eligibility

The applicant must be aged 16 and above. Both applicant and insured must be a

- Singapore Citizen;
- Singapore Permanent Resident; or
- foreigner who has an eligible valid pass with a foreign identification number (FIN).

### Nationality

You must buy the IncomeShield plan based on the nationality or citizenship status of the insured person.

Foreigners who hold a long-term visit pass plus (LTVP+) may buy plans under the Singapore Permanent Resident (PR) category, but the plan will not be integrated with MediShield Life. Please attach a copy of the LTVP+ pass together with your application form.

**Citizenship factor**

For non-Singapore citizens who continue to be insured under plans meant for Singapore Citizens, we will apply a citizenship factor to the benefits we pay.

**Using Medisave**

Premium payments by Medisave are governed by the relevant Medisave regulations.

**Deductible and co-insurance**

The deductible is that part of the benefit you are claiming that you must pay before we will pay the benefit. The amount of deductible depends on the actual ward you are admitted to. The co-insurance is that percentage share that you need to pay after the deductible.

**Start of cover**

We will start the cover after we have approved your application, and full premium payment is received by Income. The start date of the plan will be shown in the Policy Certificate.

**Pre-existing illness, disease or condition**

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

- for which the insured asked for or received treatment, medication, advice or diagnosis (or which they ought to have asked for or received) before the start date or the last reinstatement date (if any), whichever is later;
- which was known to exist before the start date or the last reinstatement date (if any), whichever is later, whether or not the insured asked for treatment, medication, advice or diagnosis; or
- the conditions or symptoms of which existed before the start date or the last reinstatement date (if any), whichever is later, and would have led a reasonable and sensible person to get medical advice or treatment.

**Terms of renewal**

We will automatically renew the cover if you pay the premium within 60 days from the renewal date of the policy, based on the insured person's age on their next birthday.

**Guaranteed renewal**

We will renew your policy automatically every year. We guarantee to do this for life as long as the premium is paid at the current rate which applies; and the cover for the insured under your policy has not been ended.

**Changing the terms and conditions**

We may change the terms and conditions of the policy contract at any time by giving you 30 days' written notice to your last-known address.

**Change in premium**

The premium that you pay for the plan may change. We will give you 30 days' written notice of any change in premium to your last-known address. However, any change in the premium will apply to all policies within the same class of IncomeShield plan.

**Changing the plan**

If you ask to change the plan, we will tell you the start date of the new plan if we approve your request.

**Upgrading or Switching of plan**

You can only have one Integrated Shield Plan. Once this policy commences, your previous Integrated Shield Plan (if any) will be automatically terminated. Where applicable, your health will be assessed by us. If you are not in good health, we may

- decline your application; or
- not provide you with certain benefits

If you are currently holding an Integrated Shield Plan with us and are upgrading your plan, you may not be given the enhanced benefits due to your existing medical conditions.

If you are currently holding an Integrated Shield Plan with another insurer and are switching to this plan with us, and you have existing medical conditions that are currently covered by the existing plan, you may lose coverage for your existing medical conditions.

### **Downgrading of plan**

In the event that you cannot afford, or do not wish to continue paying the premiums for your Integrated Shield Plan, you can switch to a lower coverage but more affordable plan with us (if available), or cease your Integrated Shield Plan. If you are a Singapore Citizen or Permanent Resident, regardless of your decision, you will continue to be covered by MediShield Life for life without any exclusion.

### **Free-look**

We will give you 21 days from the time you receive your policy to decide whether you want to continue with it. If you do not want to continue you may write to us to cancel your policy and get a refund of your premium paid. We consider that the policy has been delivered (and received) seven days after we post it.

### **Cancellation**

You may cancel the IncomeShield plan by giving us 30 days' written notice. If you are a Singapore Citizen or Permanent Resident, even though you have terminated your IncomeShield, you will continue to be covered under MediShield Life, which is a basic healthcare insurance that helps to pay for large hospital bills and expensive outpatient treatments such as dialysis and chemotherapy. For more details, please visit [www.medishieldlife.sg](http://www.medishieldlife.sg).

### **Ending the policy**

All benefits will end when one of the following events happens, and we will not be legally responsible for any further payment under your policy.

- a After we received your written notice to cancel the policy and upon the cancellation date of the policy as determined by us.
- b We do not receive your premium after the period of grace.
- c The insured dies.
- d You fail or refuse to pay or refund any amount you owe us.
- e Fraud takes place.
- f Not revealing relevant information or misrepresent any information.
- g If you take out another Medisave-approved Integrated Shield Plan covering the insured.

### **Exclusions**

The following treatment items, procedures, conditions, activities and their related complications are not covered under your policy.

- a A stay in hospital if the insured was admitted to the hospital before the start date.
- b Any pre-existing illness, disease or condition from which the insured was suffering, unless declared in the application form and we accepted the application without any exclusions. However, we will exclude any pre-existing illness, disease or condition which is specifically excluded in your policy, whether a declaration was made in the application form or not. To avoid doubt, any pre-existing illness, disease or condition will be covered under MediShield Life according to the act and regulations, as long as the insured satisfies the eligibility criteria for MediShield Life at the time the claim is made under your policy.
- c Cosmetic surgery or any medical treatment claimed to generally prevent illness, promote health or improve bodily function or appearance.
- d General outpatient medical expenses (unless this is covered under outpatient hospital treatment, pre-hospitalisation treatment or post-hospitalisation treatment).
- e Treatment for birth defects, including hereditary conditions and disorders and congenital sickness or abnormalities (unless we do cover it under congenital abnormalities benefit).
- f Overseas medical treatment (unless we cover it under emergency overseas treatment).
- g Psychological disorders, personality disorders, mental conditions or behavioural disorders, including any addiction or dependence arising from these disorders such as gambling or gaming addiction (unless we cover it under inpatient psychiatric treatment benefit).
- h Pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, or any form of related stay in hospital or treatment (unless we cover this under pregnancy complications benefit).
- i Infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment.
- j Treatment of sexually-transmitted diseases.
- k Acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency virus (HIV) (except HIV due to blood transfusion and occupationally acquired HIV).
- l Treatment for self-inflicted injuries or injuries or illnesses resulting from attempted suicide, whether the insured is sane or insane.

- m Drug or alcohol misuse.
- n Expenses of getting an organ or body part for a transplant from a living donor for the insured and all expenses the living donor has to pay.
- o Dental treatment (unless this is covered under accident inpatient dental treatment).
- p Transport-related services including ambulance fees, emergency evacuation, sending home a body or ashes.
- q Sex-change operations.
- r Buying or renting special braces, appliances, equipment, machines and other devices, such as wheelchairs, walking or home aids, dialysis machines, iron lungs, oxygen machines and any other hospital-type equipment to use at home or as an outpatient.
- s Optional items which are outside the scope of treatment, prosthesis and corrective devices, and medical appliances which are not needed surgically (unless this is covered under prosthesis benefit).
- t Experimental or pioneering medical or surgical techniques and medical devices not approved by the Institutional Review Board and the Centre of Medical Device Regulation and medical trials for medicinal products whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority of Singapore.
- u Private nursing charges and nursing home services.
- v Vaccinations.
- w Treatment of injuries arising from being directly involved in civil commotion, riot or strike.
- x The consequences arising, whether directly or indirectly, from nuclear fallout, radioactivity, any nuclear fuel, material or waste, war and related risks.
- y Rest cures, hospice care, home or outpatient nursing or palliative care, convalescent care in convalescent or nursing homes, sanatoriums or similar establishments, outpatient rehabilitation services such as counselling and physical rehabilitation.
- z Alternative or complementary treatments, including traditional Chinese medicine (TCM) or a stay in any health-care establishment for social or non-medical reasons.

### **Claim**

All claims (except pre-hospitalisation treatment and post-hospitalisation treatment) must be made and sent to us through the system set up by Ministry of Health (electronic filing) and according to the act and regulations within 90 days from the date of billing or the date the insured person leaves the hospital, whichever is later. We will only accept claims that are electronically filed.

For claims which are not integrated with MediShield Life, you have to submit a Claim form, Hospital Discharge Summary or medical report, Original final bill (fully settled) and Copy of settlement details from other insurers (if applicable) after the date of billing or the date the insured person leaves the hospital, whichever is later. Claims for pre-hospitalisation treatment and post-hospitalisation treatment must be sent to us within 120 days from the date the insured leaves hospital with the Claim form, Hospital Discharge Summary or medical report, Original final bill (fully settled) and Copy of settlement details from other insurers (if applicable).

### **Reinstatement**

We can reinstate this policy when you have paid all premiums you owe and we give our written permission. When we reinstate this policy, we may add exclusions or charge extra premiums from the date of reinstatement if there is a change in the insured person's medical or physical condition.

### **Limit in each policy year**

A limit in each policy year will apply to the IncomeShield plan. This is provided in the "Comparison of Benefits between MediShield Life and IncomeShield plan".

### **Next-of-kin**

A next-of-kin is an immediate family member who is 21 years or older. They can be appointed to deal with us about matters relating to the IncomeShield plan.

### **Other medical insurance or employee benefits**

When making a claim, you must tell us about any other medical insurance policies or employee benefits of the insured person. If there are other medical insurance policies or employee benefits, you must claim first from those policies or benefits before claiming under the IncomeShield plan.

### **Policy Owners' 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 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))."

### **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.

## **Product summary: Plus Rider**

### **Product information**

This is applicable for existing Plus Rider policyholders only.

### **Benefits we will pay**

#### **Deductible and co-insurance**

The rider will cover the deductible and co-insurance parts of the IncomeShield Plan.

#### **Extra bed benefit**

If during the insured's stay in hospital their parent or guardian stays and shares the same room, we will refund up to \$80 for each day the parent or guardian stays. We will pay up to 10 days for each stay in hospital. This applies only if the insured is a child aged 18 or below on the date the claim is made for this benefit.

### **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 adviser if you have more questions.

#### **Deductible and co-insurance**

While the rider is in force, there is no deductible or co-insurance due under the IncomeShield plan.

#### **Start of Cover**

We will start the cover after we have approved your application, and full premium payment is received by Income. The start date of the rider will be shown in the Rider Endorsement.

#### **Terms of renewal**

We will automatically renew the cover if you have paid the premium within 60 days from the renewal date of the rider, based on the insured's age on their next birthday.

#### **Cancellation**

You can cancel the rider by giving us at least 30 days' written notice. This will not affect the main policy.

#### **Ending the rider**

If your main policy is cancelled, ends or has lapsed for any reason, the rider will automatically and immediately end even if the period of grace for premium has not come to an end.

#### **Changing the terms and conditions**

We may change the terms and conditions of the policy contract at any time by giving you 30 days' written notice to your last-known address.

#### **Exclusions**

All exclusions under the main policy will also apply to the rider. You can refer to the Exclusions shown in the Product Summary for IncomeShield.

## Claim

For Plus Rider, we will assess your claim based on the Claim documents submitted and obtained for your main policy. To claim for Extra bed benefit you have to submit a Claim form, Original final bill (fully settled) and Copy of settlement details from other insurers (if applicable).

## Change in premium

You will need to pay the agreed premium to keep the rider in force. The premium that you pay for the rider may change. We will give you 30 days' written notice of any change to your last-known address.

## Reinstatement

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. When we reinstate the rider, we may add exclusions or charge extra premiums from the date of reinstatement if there is a change in the insured person's medical or physical condition.

## Plus Rider – yearly premium rates (Premiums include GST.)

Age next birthday	Plan P	Plan A	Plan B	Plan C
1 - 18	\$148	\$134	\$97	\$75
19 - 30	\$169	\$141	\$104	\$81
31 - 35	\$192	\$153	\$116	\$85
36 - 40	\$199	\$165	\$121	\$89
41 - 45	\$310	\$278	\$196	\$142
46 - 50	\$321	\$290	\$206	\$152
51 - 55	\$392	\$348	\$248	\$178
56 - 60	\$400	\$360	\$256	\$186
61 - 65	\$536	\$485	\$349	\$246
66 - 70	\$698	\$629	\$448	\$320
71 - 73	\$966	\$788	\$562	\$403
74 - 75	\$1,135	\$929	\$661	\$472
76 - 78	\$1,358	\$1,109	\$788	\$605
79 - 80	\$1,580	\$1,285	\$926	\$742
81 - 83	\$1,760	\$1,417	\$1,032	\$857
84 - 85	\$1,943	\$1,578	\$1,140	\$965
86 - 88	\$2,105	\$1,703	\$1,246	\$1,084
89 - 90	\$2,306	\$1,865	\$1,339	\$1,189
91 - 93	\$2,492	\$2,004	\$1,462	\$1,302
94 - 95	\$2,641	\$2,156	\$1,559	\$1,410
96 - 98	\$2,843	\$2,299	\$1,675	\$1,533
99 - 100	\$3,014	\$2,451	\$1,792	\$1,656
over 100	\$3,125	\$2,535	\$1,849	\$1,721

The above yearly premium rates apply to this rider from 1 November 2015 onwards. Yearly premiums are based on the insured's age at next birthday, and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time. You can pay premiums for this rider by cash, cheque or GIRO only.

The Total Distribution Cost of this product is 31.5% of the premium for the first year and 5.5% of the premiums for renewal years. 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.

## Disclaimer

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## Product summary: Assist Rider

### Product information

This is a rider that can be added to the IncomeShield plan. It can be taken up only if the insured person under this rider is covered under the IncomeShield plan.

### Benefits we will pay

#### Co-payment

With the rider, you will only need to pay 10% of the claim. However, there is a limit in each policy year depending on the plan, as shown in the table below.

	Plan P	Plan A	Plan B	Plan C
Maximum co-payment for each policy year	\$3,000	\$2,500	\$2,000	\$1,500

#### Extra bed benefit

If during the insured's stay in hospital their parent or guardian stays and shares the same room, we will refund up to \$80 for each day the parent or guardian stays. We will pay up to 10 days for each stay in hospital. This applies only if the insured is a child aged 18 or below on the date the claim is made for this benefit.

### 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 adviser if you have more questions.

#### Deductible and co-insurance

While the rider is in force, there is no deductible or co-insurance due under the IncomeShield plan.

However, you will have to make a co-payment of 10% for each claim unless you have already paid up to the maximum amount for each policy year as set out above.

#### Start of Cover

We will start the cover after we have approved your application, and full premium payment is received by Income. The start date of the rider will be shown in the Rider Endorsement.

#### Terms of renewal

We will automatically renew the cover if you have paid the premium within 60 days from the renewal date of the rider, based on the insured's age on their next birthday.

#### Cancellation

You can cancel the rider by giving us at least 30 days' written notice. This will not affect the main policy.

#### Ending the rider

If your main policy is cancelled, ends or has lapsed for any reason, the rider will automatically and immediately end even if the period of grace for premium has not come to an end.

#### Changing the terms and conditions

We may change the terms and conditions of the policy contract at any time by giving you 30 days' written notice to your last-known address.

#### Exclusions

All exclusions under the main policy will also apply to the rider. You can refer to the Exclusions shown in the Product Summary for IncomeShield.

#### Claim

For Assist Rider, we will assess your claim based on the Claim documents submitted and obtained for your main policy. To claim for Extra bed benefit you have to submit a Claim form, Original final bill (fully settled) and Copy of settlement details from other insurers (if applicable).

#### Change in premium

You will need to pay the agreed premium to keep the rider in force. The premium that you pay for the rider may change. We will give you 30 days' written notice of any change to your last-known address.

## Reinstatement

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. When we reinstate the rider, we may add exclusions or charge extra premiums from the date of reinstatement if there is a change in the insured person's medical or physical condition.

## Assist Rider – yearly premium rates (Premiums include GST.)

Age next birthday <sup>1</sup>	Plan P	Plan A	Plan B	Plan C
1 - 18	\$98	\$92	\$63	\$52
19 - 30	\$102	\$95	\$67	\$54
31 - 35	\$108	\$101	\$73	\$57
36 - 40	\$115	\$107	\$80	\$60
41 - 45	\$170	\$165	\$122	\$86
46 - 50	\$188	\$185	\$131	\$97
51 - 55	\$226	\$222	\$155	\$119
56 - 60	\$250	\$235	\$169	\$125
61 - 65	\$341	\$310	\$228	\$168
66 - 70	\$438	\$419	\$297	\$211
71 - 73	\$582	\$526	\$365	\$266
74 - 75	\$712	\$616	\$435	\$326
76 - 78	\$841	\$732	\$525	\$402
79 - 80	\$975	\$856	\$594	\$498
81 - 83	\$1,111	\$956	\$671	\$552
84 - 85	\$1,225	\$1,056	\$750	\$624
86 - 88	\$1,336	\$1,258	\$1,102	\$734
89 - 90	\$1,450	\$1,407	\$1,237	\$810
91 - 93	\$1,564	\$1,546	\$1,366	\$886
94 - 95	\$1,676	\$1,657	\$1,489	\$961
96 - 98	\$1,789	\$1,775	\$1,602	\$1,040
99 - 100	\$1,902	\$1,890	\$1,722	\$1,114
over 100	\$1,970	\$1,925	\$1,769	\$1,160

<sup>1</sup> The last entry age is 75, based on the insured's age next birthday when cover starts under this rider.

The above yearly premium rates apply to this rider from 1 November 2015 onwards. Yearly premiums are based on the insured's age at next birthday, and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time. You can pay premiums for this rider by cash, cheque or GIRO only.

The Total Distribution Cost of this product is 31.5% of the premium for the first year and 5.5% of the premiums for renewal years. 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.

## Disclaimer

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## Product summary: Daily Cash Rider

### Product information

The rider adds to the IncomeShield plan by providing cover for hospitalisation. It can be taken up only if the insured person is covered under the IncomeShield plan.

If an insured person needs hospitalisation in Singapore as a result of an accident or an illness, we will pay a daily cash benefit as set out below.

Daily cash benefit		
Plan P	Plan A	Plan B or Plan C
\$150 a day	\$100 a day	\$50 a day

**Up to 365 days (in one or more policy years) for the same accident or illness from the same confirmed diagnosis, of which any stay in a community hospital must not be more than 45 days. We will not pay this benefit for day surgery in clinics.**

We will also pay the get-well benefit as set out below (but no more than one payment for the same accident or illness from the same confirmed diagnosis).

Get-well benefit		
Plan P	Plan A	Plan B or Plan C
\$300	\$250	\$100

## Benefits we will pay

### a) Daily cash benefit

We will pay the daily cash benefit for hospitalisation in Singapore as a result of an accident or an illness. This will depend on the following.

- The start date of hospitalisation must be before the end of the policy year in which the insured person reaches age 85.
- Room and board charges are made by the hospital.
- Apart from hospitalisation as a result of an accident, the start date of hospitalisation must be 30 days after the start date.
- We will not pay more than one day's worth of the daily cash benefit for each day the insured person is in hospital.
- The total number of days in hospital arising from the same accident or illness from the same confirmed diagnosis must not be more than 365 days (whether within one or more policy years), of which any hospitalisation in a community hospital must not be for more than 45 days.
- If the insured person has been discharged from hospital for more than 90 days, we will treat any further hospitalisation for the same accident or illness from the same confirmed diagnosis as arising from a separate or different accident or illness.

### b) Get-well benefit

If the insured is entitled to the daily cash benefit, we will also pay the get-well benefit up to one payment for the same accident or illness from the same confirmed diagnosis. The following will apply.

- If the insured person has been discharged from hospital for a continuous period of more than 90 days, we will treat any further stay in hospital for the same accident or illness from the same confirmed diagnosis as arising from a separate or different accident or illness.
- Apart from hospitalisation arising as a result of an accident, the start date for the hospitalisation will be 30 days after the start date.

We will not pay the get-well benefit if:

- the insured person dies while in hospital; or
- the insured person is in hospital for less than 48 hours.

## Daily Cash Rider – yearly premium rates (Premiums include GST.)

Age next birthday <sup>1</sup>	Plan P	Plan A	Plan B or Plan C
1 - 30	\$83	\$61	\$28
31 - 40	\$110	\$80	\$37
41 - 50	\$134	\$98	\$45
51 - 55	\$168	\$122	\$56
56 - 60	\$224	\$163	\$75
61 - 65	\$282	\$205	\$94
66 - 70	\$396	\$288	\$132
71 - 73	\$508	\$369	\$169
74 - 75	\$619	\$450	\$206
76 - 80	\$716	\$520	\$239
81 - 85	\$829	\$602	\$276

<sup>1</sup> The last entry age is 65, based on the insured's age next birthday when cover starts under this rider.

The above yearly premium rates apply to this rider from 1 November 2015 onwards. Yearly premiums are based on the insured's age at next birthday, and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time. You can pay premiums for this rider by cash, cheque or GIRO only.

The Total Distribution Cost of this product is 31.5% of the premium for the first year and 11% of the premiums for renewal years. 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 adviser if you have more questions.

### **Start of cover**

We will start the cover after we have approved your application, and full premium payment is received by Income. The start date of the rider will be shown in the Rider Endorsement.

### **Terms of renewal**

We will automatically renew the cover if you have paid the premium within 60 days from the renewal date of the rider, based on the insured person's age at their next birthday.

### **Cancellation**

You can cancel the rider by giving us at least 30 days' written notice. This will not affect the main policy.

### **Ending the rider**

If your main policy is cancelled, ends or has lapsed for any reason, the rider will automatically and immediately end even if the period of grace for premium has not come to an end. This rider will also end automatically and immediately at the end of the policy year in which the insured reaches the age of 85.

### **Changing the terms and conditions**

We may change the terms and conditions of the policy contract at any time by giving you 30 days' written notice to your last-known address.

### **Exclusions**

All exclusions under the main policy will also apply to the rider except for (e), (g) and (h) which will be replaced with below. You can refer to the Exclusions shown in the Product Summary for IncomeShield.

- (e) Birth defects, including hereditary disorders, and congenital sickness or abnormalities (including those covered under congenital abnormalities benefit, if it applies).
- (g) Psychological disorders, personality disorders, mental conditions or behavioural disorders, including any addiction or dependence arising from these disorders such as gambling or gaming addiction (including those covered under inpatient psychiatric benefit, if it applies).
- (h) Pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, or any form of related stay in hospital or treatment (including those covered under pregnancy complications benefit, if it applies).

### **Claim**

For Daily Cash Rider, we will assess your claim based on the claim documents submitted and obtained for your main policy.

### **Change in premium**

You will need to pay the agreed premium to keep the rider in force. The premium that you pay for the rider may change. We will give you 30 days' written notice of any change to your last-known address.

### **Reinstatement**

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. When we reinstate the rider, we may add exclusions or charge extra premiums from the date of reinstatement if there is a change in the insured person's medical or physical condition.

### **Disclaimer**

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## Product summary: Child Illness Rider

### Product information

The rider adds to the IncomeShield plan by providing cover for child-related illnesses and accidental fractures. You can take it up only if the child (the insured person) is covered under the IncomeShield plan.

The rider pays up to \$20,000 (sum assured) for the following.

#### a) Child illnesses

- Severe asthma
- Leukaemia
- Bone-marrow transplant
- Insulin-dependent diabetes mellitus
- Rheumatic disease with valvular impairment
- Kawasaki disease
- Haemophilia
- Still's disease
- Mental retardation due to sickness, injury or accident

#### b) Accidental fracture of the skull, spine, pelvis or femur

If the child suffers from any fracture of the skull, spine, pelvis or femur due to an accident, we will pay 10% of the sum assured for each accident.

The rider will end when we pay the child illness benefit or an amount worth 100% of the sum assured in a policy year for accidental fracture.

### Benefits we will pay

#### a) Child illnesses

We will pay the sum assured less any benefit paid for accidental fracture if:

- the date of the first confirmed diagnosis of the illness is not within two months from the start date of cover under the rider (for leukemia, this period will be three months);
- the date of the first confirmed diagnosis of the illness is before the end of the policy year in which the child reaches age 25; and
- the child survives beyond one month from the date of the first confirmed diagnosis of the illness.

#### b) Accidental fracture of the skull, spine, pelvis or femur

We will pay 10% of the sum assured for each accident if, as a result of the accident, the child suffers from any fracture of the skull, spine, pelvis or femur if the:

- the accident does not happen within two months from the start date of cover under the rider;
- the accident happens before the end of the policy year in which the child reaches age 25;
- the total sum we will pay for a policy year is not more than the sum assured; and
- the child has to be admitted to a hospital for treatment (or if the fracture is a hairline fracture, it must involve the periosteum or articular surface).

### Child Illness Rider – yearly premium rates (Premiums include GST.)

Age next birthday <sup>1</sup>	Plan P, Plan A, Plan B or Plan C
1 - 25	\$99

<sup>1</sup> The last entry age is 24, based on the insured's age next birthday when cover starts under this rider.

The above yearly premium rates apply to this rider from 1 November 2015 onwards. Premium rates are non-guaranteed and may be reviewed from time to time. You can pay premiums for this rider by cash, cheque or GIRO only.

The Total Distribution Cost of this product is 31.5% of the premium for the first year and 11% of the premiums for renewal years. 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 adviser if you have more questions.

### **Start of cover**

We will start the cover after we have approved your application, and full premium payment is received by Income. The start date of the rider will be shown in the Rider Endorsement.

### **Terms of renewal**

We will automatically renew the cover if you have paid the premium within 60 days from the renewal date of the rider, based on the child's age on their next birthday.

### **Cancellation**

You can cancel the rider by giving us at least 30 days' written notice. This will not affect the main policy.

### **Ending the rider**

If your main policy is cancelled, ends or has lapsed for any reason, the rider will automatically and immediately end even if the period of grace for premium has not come to an end. This rider will also end automatically and immediately at the end of the policy year in which the insured reaches the age of 25.

### **Changing the terms and conditions**

We may change the terms and conditions of the policy contract at any time by giving you 30 days' written notice to your last-known address.

### **Exclusions**

All exclusions under the main policy will also apply to the rider. You can refer to the Exclusions shown in the Product Summary for IncomeShield.

### **Claim**

To claim, you have to submit a claim form for Child Illness Rider (Section 1) and Attending Physician's Statement for Child Illness Rider (Section 2). The Attending Physician's Statement for Child Illness Rider (Section 2) has to be completed by the attending doctor/specialist at your expense.

### **Change in premium**

You will need to pay the agreed premium to keep the rider in force. The premium that you pay for the rider may change. We will give you 30 days' written notice of any change to your last-known address.

### **Reinstatement**

We can reinstate the rider when you have paid all premiums you owe and we give our written permission. When we reinstate the rider, we may add exclusions or charge extra premiums from the date of reinstatement if there is a change in the child's medical or physical condition.

### **Disclaimer**

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## Section L: Product summary

### Declaration

I agree that the contents of the product summary have been explained to me to my satisfaction by my adviser. (This does not apply for direct marketing.)  
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 adviser	Signature and date (dd/mm/yyyy)