



## Product summary for LUV plan

### Your policy

We have specially designed this plan as a group term life policy issued to **NTUC**. This group insurance policy provides financial protection to **NTUC** members and their **husbands, wives** and **dependants**.

This **product summary** only lists the main features of the **insured's** cover under the plan. It is not an insurance contract, and does not have any legal effect. **You** can find the full terms and conditions of the insurance contract in the **master policy**.

Words used in this **product summary**, if defined in the **master policy** or in this **product summary** have the same meanings given to them in the **master policy** and this **product summary** (including Appendix 3).

### Eligibility

**NTUC** members, their **husbands, wives** and **dependants** must meet the following conditions and any other conditions which **we** may reasonably ask for under this plan.

- **You** must be **aged** 16 to 64 and a registered member of the **NTUC**.
- **Your husband** or **wife** must be legally married to **you** and not separated or divorced from **you** and also be **aged** 16 to 64.
- A **dependant** must be **your** unmarried natural or legally adopted child who is **aged** 15 days to 17 years.

**You** must give **us** details of everyone to be covered before the **start date** of cover for each person.

### 1 What your policy covers

**Your policy** covers the following **benefits**.

#### 1.1 Death from all causes

**We** pay the **sum assured** if the **insured** dies from any cause unless where the **insured**, whether sane or insane, dies due to suicide or attempted suicide within one year from:

- the **start date**; or
- the **reinstatement date**;

whichever is later.

If death of an **insured** is due to suicide or attempted suicide within 12 months from the date of any increase in the **sum assured** for the **insured's** cover, **we** will pay the **sum assured** which was in force 12 months before the death of the **insured**.

#### 1.2 Total and permanent disability from any cause

**We** pay the **sum assured** if the **insured** suffers **total and permanent disability** due to any cause before the **age** of 65 while the **insured's** cover is in force unless the **total and permanent disability** is a result of self-inflicted injury.

Even though the **insured's** cover ends after **we** pay the **sum assured**, **we** will pay a further monthly sum equal to 1% of the **sum assured**:

- for 12 months;
- until the **insured** reaches 65 years of **age**; or
- if the **insured** dies;

whichever is earliest.

**We** will make the first payment of the monthly sum one month after **we** pay the **sum assured**.

If the **insured** is diagnosed with any **critical illness** by a **registered medical practitioner** after **we** have paid the **sum assured** for **total and permanent disability**, **we** will pay the rest of any unpaid monthly sum in one lump sum.

### 1.3 Partial and permanent disability due to an accident

If the **insured** suffers any **loss** described in the **table of compensation** (Appendix 2) before the **age** of 65 while the **insured's** cover is in force, **we** pay a percentage of the **sum assured** as long as:

- the **loss** resulted directly from an **accident**; and
- the **loss** happened within 365 days after the **accident**.

**We** do not pay 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.

**We** will not pay more than 100% of the **sum assured** for one or more **losses** for any one **accident**.

### 1.4 Hospital cash benefit

If an **insured** has an illness or injury and has to stay in a **hospital** in Singapore after the **start date** of the **insured's** cover, for each day the **insured** is in **hospital**, **we** will pay a daily hospital cash **benefit** of S\$5 for every S\$10,000 of the **sum assured**. **We** will pay this for up to 365 days for each period of the **insured's** stay in **hospital**.

To avoid any doubt, if the start of the **insured's** stay in the **hospital** is before the **start date** of their cover, **we** will not pay this **benefit** (even if the period of the **insured's** stay in **hospital** continues after the **start date** of their cover).

Each stay in **hospital** must be for at least six hours in a row before **we** will pay any hospital cash **benefit**. No minimum period is needed if the **insured's** stay in **hospital** is for a surgical operation, or if the **hospital** bills for daily room and board charges.

**We** do not pay this **benefit** in the following circumstances.

- The **insured** has to stay in **hospital** for any illness or injury which is caused directly or indirectly, totally or partly, by:
  - 1 strike, riot or civil commotion;
  - 2 war, warlike operations or terrorism;

- 3 being under the influence of intoxicating liquor or any narcotic or drug;
- 4 suicide, attempted suicide, provoked assault, self-inflicted injury, or taking part in any brawl;
- 5 insanity or any other disorders of the mind;
- 6 sexually transmitted infections, childbirth, pregnancy or miscarriage and their complications;
- 7 infertility, sub-fertility, assisted conception or any contraceptive operation;
- 8 congenital disorders;
- 9 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
- 10 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 - list of **critical illnesses**.

- 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.

### 1.5 Critical illness (for Deluxe cover only)

**We** pay either part (for **angioplasty** and **other invasive treatment for coronary artery**) or all of the **sum assured**, in line with the terms and conditions in the list of **critical illnesses** in Appendix 3, if the **insured** is diagnosed with any **critical illness** for the first time by a **registered medical practitioner** while insured under the **Deluxe cover**.

**We** do not pay the **sum assured** in the following circumstances.

- If the **insured's** **critical illness** is caused directly or indirectly, totally or partly, by:
  - 1 self-inflicted injury or illness;
  - 2 the influence or deliberate misuse of drugs or alcohol;
  - 3 an episode of coronary artery or ischaemic heart disease that happens before the **start date** of the **insured's** cover;
  - 4 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

5 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 - list of **critical illnesses**.

- For **major cancer, coronary artery bypass surgery, heart attack of specified severity and angioplasty and other invasive treatment for coronary artery**, we will not pay if the diagnosis for the first time by a **registered medical practitioner** is made 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.

For **major cancer, coronary artery bypass surgery, heart attack of specified severity and angioplasty and other invasive treatment for coronary artery**, if the diagnosis for the first time by a **registered medical practitioner** is made before the end of 90 days from any increase in the **sum assured** for the **insured's** cover, we will pay the **sum assured** which was in force 90 days before the diagnosis is made for the first time.

For the other **critical illnesses**, if the diagnosis for the first time by a **registered medical practitioner** is made before the end of 30 days from any increase in the **sum assured** for the **insured's** cover, we will pay the **sum assured** which was in force 30 days before the diagnosis is made for the first time.

### 1.6 Exception for full-time national service

This plan does not cover any claim or **loss**, arising directly or indirectly, totally or partly, out of the **insured** taking part in full-time national service.

## 2 What you can do on your policy

### 2.1 Changes to the policy

After the **start date** of cover for an **insured** but before the next premium due date, **you** may change the sum insured based on the **type of plan** available or the **type of cover**. This depends on:

- **us** accepting the change (**we** may add extra terms for cover including increasing the **insured's premium** and more exclusions);
- the **insured** filling in any forms **we** ask;
- the **insured** giving **us** all significant information **we** need relating to the cover; and
- paying all the **premiums** due.

### 2.2 Reinstating cover

If an **insured's** cover has ended due to not paying a **premium** due, **you** may apply to reinstate it no later than 12 months after the cover has ended. The reinstatement will depend on our approval and the following terms and conditions. **You** must:

- pay all **premiums** due;
- provide satisfactory proof of the **insured's** good health (and pay any costs involved in doing this);
- confirm that the **insured** is still eligible for cover;
- confirm that there has been no significant change in the risks covered; and
- agree to other terms or conditions **we** consider are necessary (including increasing the **insured's** premium and adding more exclusions).

## 3 Our responsibilities to you

### 3.1 Claims

Depending on the terms, conditions and limits in the **master policy** and if **you** have paid the **premium** and the **insured's** cover is valid, **we** will pay the **benefits** according to the **type of plan** and **cover you** have chosen.

**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 **your** claim form.

The **insured member** must provide adequate medical evidence and **we** may ask the **insured** to have a medical examination by a **registered medical practitioner** that **we** have appointed. 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 **your policy**.
- **We** will refuse to renew **your policy**.
- **We** will add extra terms and conditions.
- **We** will take any action **we** consider is necessary.

Before **we** pay any **benefit**, **we** can take off any **premiums** that **you** owe from the **benefit**.

### 3.2 Who we pay benefit to

**We** may pay the **benefit** to **you** or, if it applies, **your** executors, administrators, **nominees** or **proper claimants**, as the case may be, if **we** receive:

- satisfactory proof of the event **we** will pay **benefit** for;
- proof of the relationship of the person claiming; and
- proof of the date of birth of the **insured**.

## 4 Your responsibilities

### 4.1 Premium

**You** must pay **us** the **premium** to receive the **benefits**.

The **type of cover** and **type of plan** which **you** have chosen will set:

- the amount of **premium** **you** have to pay; and
- the **sum assured** **we** have to pay.

Please see the **table of plans, premiums and discounts** in Appendix 1 for details.

### 4.2 Change in premium

The **premium** that **you** pay for this **policy** is not guaranteed and can change:

- based on the **age** of the **insured** on their next birthday; or
- when **we** change the **premium** rates in the **table of premiums** in Appendix 1.

**We** will write to **NTUC** and **you** at **your** last-known address, at least 30 days before the change is to take place, to tell **you** what **your** new premium is.

### 4.3 Failing to pay premiums

**We** give **you** 30 days from the premium due date to pay the **premium**. During this 'grace' period, the **insured's** cover will stay in force.

Unless **we** agree to extend the grace period, if **you** have still not paid the **premium** after the grace period comes to an end, the **insured's** cover for which the **premium** has not been paid will automatically end on the day the grace period ends.

**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.

**You** are responsible for making sure that **premiums** are paid up to date.

## 5 What you need to be aware of

### 5.1 Start and length of cover

The **start date** of an **insured's** cover will depend on when **we** accept the proposal form and receive the **premium**.

The **insured's** cover starts from the **start date** and applies until the end of the **contract term** shown in the policy schedule or when an event which results in the end of the **insured's** cover happens, whichever is earlier.

**NTUC** or **we** may end the **master policy** by giving at least three months' written notice to the other. At the end of the notice period, all cover under this **policy** will also automatically end when the period of cover for which the **premiums** has been paid comes to an end.

## 5.2 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, **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.

## 5.3 Sum assured

- The maximum **sum assured** for **you, your husband or wife or dependant** is \$200,000 each.
- The **sum assured** for **your husband or wife or dependant** must not be more than **your sum assured** unless **we** reduce **your sum assured** due to underwriting reasons.

## 5.4 End of insured's cover

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;
- if **you** or **your husband or wife** is the **insured**, when **you** or they reach **age 65** if **you** or **your husband or wife** applied for cover after **age 60**;
- if **you** or **your husband or wife** is the **insured**, when **you** or they reach the **age** of **70** if **you** or **your husband or wife** applied for cover at **age 60** or younger;
- if **your dependant** is the **insured**, when **your dependant** 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 table of critical illnesses in Appendix 3.

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.

## 5.5 Loyalty discount

**You** will enjoy a discount based on the number of years that the **insured** has been insured with **us**. Please see the **table of loyalty discount** in Appendix 1 for details.

## 5.6 Nominating beneficiaries

If **we** provide cover to an **insured member** on their own life, the **insured member** may nominate (choose) any person to receive the share of the **benefits** in line with the Insurance Act and the Insurance (Nomination of Beneficiaries) Regulations.

Any **benefit** **we** pay to any person the **insured member** has nominated, or if they have not nominated someone, to the **insured member's** legal personal representatives or **proper claimants**, will be the end of our legal responsibility in relation to that payment.

## 5.7 Medical examination

If the **insured** is claiming for a disability, **we** may need the **insured** to be examined by a particular **registered medical practitioner**.



## 5.8 Total compensation

The compensation **we** will pay for the same **accident** or cause will not be more than the limit **we** pay under the **benefit** for death, **total and permanent disability**, partial and permanent disability or **critical illnesses**, whichever applies.

If arising from the same **accident** or cause, an **insured** is entitled to claim for more than one **benefit**, **we** will not pay more than the limit due under only one **benefit** for the highest amount of compensation.

For claims for partial and permanent disability arising from the same **accident**, when **we** pay the total amount of 100% of the **sum assured**, **we** will not accept any further claims.

For claims for partial and permanent disability arising from more than one **accident**, when **we** pay a minimum total amount of 100% of the **sum assured**, **we** will not accept any further claims.

For claims for partial and permanent disability and a further claim for death or **total and permanent disability** or **critical illness**, if **we** agree to pay the claim for death or **total and permanent disability** or **critical illness**, **we** will not accept any further claims.

## 5.9 Dealing with disputes

Any dispute or matter arising under, out of or in connection with **your policy** must be referred to the Financial Industry Disputes Resolution Centre Ltd (FIDREC) to be dealt with (if it is a dispute that can be brought before FIDREC).

If the dispute cannot be referred to or dealt with by FIDREC, the dispute must be referred to and decided using arbitration in Singapore in line with the Arbitration Rules of the Singapore International Arbitration Centre which apply at that point in time. **We** will not be legally responsible under **your policy** unless **you** have first received an award under arbitration.

## 5.10 Excluding third-party rights

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

## 5.11 Notice of communication

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

- a personally – on the day it is delivered;
- b by prepaid mail – within seven days after the mail is sent;
- c by fax – immediately, as long as a transmission report is produced by the machine from which the fax was sent which shows that the fax was sent to the fax number of the person receiving it; or
- d by email, text message or other electronic means – as soon as it is sent.

# 6 Definitions

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

**Age** means the actual age unless **we** are referring to **premiums** and then **we** mean the age at the next birthday.

**Benefit** means the amount **we** will pay under the terms and conditions of this **policy**.

**Community hospital** means a hospital in Singapore that is recognised by the Ministry of Health as a community hospital which provides intermediate health-care facilities to patients who are well enough to be discharged from acute-care hospitals, but are still not ready to return home.

**Contract term** means the period of the **insured's** cover as shown in the policy schedule.

**Critical illness** means any critical illness listed in Appendix 3.

**Dependant** means any of **your** unmarried natural or legally adopted child.

**Endorsement** means any written statement or notice **we** have issued to confirm and record changes to the terms and conditions of the **master policy**.

**Hospital** means:

- a **restructured hospital**;
- a licensed private hospital in Singapore; or
- any other hospital **we** accept.

This does not include a **community hospital**.

**Husband** or **wife** means **your** legally married husband or wife who is not separated or divorced from **you**.

**Insured** means the person named as the insured in the policy schedule.

**Insured member** means the person named in the policy schedule who meets the eligibility requirements and is a member of **NTUC**.

**Loss** or **losses** means total and permanent loss or loss of use of a limb as shown in the table of compensation in Appendix 2.

**Master policy** means the LUV plan master policy entered into between **NTUC** and **us**.

**Nominee** means a person nominated (chosen) in line with Clause 5.6 above and the Insurance Act and the Insurance (Nomination of Beneficiaries) Regulations.

**NTUC** means the National Trades Union Congress, Singapore.

**Policy** means the LUV plan policy **you** have entered into with **us**.

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

- which the **insured** asked for or received treatment, medication, advice or diagnosis (or which they ought to have asked for or received);
- which was known to exist, whether or not the **insured** asked for treatment, medication, advice or diagnosis; or
- which the **insured** had symptoms for and would have led a reasonable and sensible person to get medical advice or treatment;

before the **start date** or **reinstatement date** (if any), whichever is later.

**Premium** means the premium as shown in Appendix 1.

**Proper claimant** is defined in the Insurance Act (Chapter 142).

**Registered medical practitioner** means a doctor qualified in western medicine who is licensed and authorised in the geographical area they are practising in to provide medical or surgical services. This cannot be **you**, the **insured** or **your** or the **insured's** parent, brother or sister, **husband** or **wife**, child or relative.

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

**Restructured hospital** means a hospital in Singapore that is run as a private company owned by the Singapore Government and which meets broad policy guidance from the Singapore Government through the Ministry of Health of Singapore. They receive a government subsidy each year to provide subsidized medical services to their patients.

**Start date** means the date **your policy** starts and is shown in the policy schedule.

**Sum assured** means the sum assured which is due under the **type of plan you** have chosen.

**Total and permanent disability and totally and permanently disabled** means:

- the inability to take part in any paid work for the rest of a person's life; or
- **total physical loss**.

**Total physical loss** means:

- the total and permanent loss of sight in both eyes;
- the loss of, or total and permanent loss of use of, two limbs at or above the wrist or ankle; or
- the total and permanent loss of sight in one eye and the loss of, or total and permanent loss of use of, one limb at or above the wrist or ankle.

**Type of cover** means the type of cover that **you** have chosen under this **policy** listed in Appendix 1.

**Type of plan** means the type of plan that **you** have chosen under this **policy** listed in Appendix 1.

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

**You** or **your** means the person named in the policy schedule as the **insured member** who meets the eligibility requirements and is a member of **NTUC**.

# Appendix 1

## Tables 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%



## Appendix 2

### Table of compensation

Item	Description of loss	Percentage of sum assured
1	Loss of arm	100%
2	Loss of hand	100%
3	Loss of leg	100%
4	Loss of feet	100%
5	Loss of <ul style="list-style-type: none"> <li>- eye</li> <li>- sight of eye</li> <li>- sight of eye except perception of light</li> </ul>	100% 100% 50%
6	Loss of four fingers and thumb of one hand	50%
7	Loss of four fingers of one hand	40%
8	Loss of thumb <ul style="list-style-type: none"> <li>- both phalanges</li> <li>- one phalanx</li> </ul>	25% 10%
9	Loss of index finger <ul style="list-style-type: none"> <li>- three phalanges</li> <li>- two phalanges</li> <li>- one phalanx</li> </ul>	10% 8% 4%
10	Loss of middle finger <ul style="list-style-type: none"> <li>- three phalanges</li> <li>- two phalanges</li> <li>- one phalanx</li> </ul>	6% 4% 2%
11	Loss of ring finger <ul style="list-style-type: none"> <li>- three phalanges</li> <li>- two phalanges</li> <li>- one phalanx</li> </ul>	5% 4% 2%
12	Loss of little finger <ul style="list-style-type: none"> <li>- three phalanges</li> <li>- two phalanges</li> <li>- one phalanx</li> </ul>	4% 3% 2%
13	Loss of metacarpals <ul style="list-style-type: none"> <li>- first or second ( additional)</li> <li>- third, fourth or fifth ( additional)</li> </ul>	3% 2%
14	Loss of toes <ul style="list-style-type: none"> <li>- all</li> <li>- great toe, both phalanges</li> <li>- great toe, one phalanx</li> <li>- each toe, other than great toe</li> </ul>	15% 5% 5% 1%
15	Loss of hearing <ul style="list-style-type: none"> <li>- both ears</li> <li>- one ear</li> </ul>	75% 15%
16	Loss of speech	50%

**We** will work out the total compensation **we** will pay for the **loss** due to the same **accident** by adding together the various percentages. However, this will not be more than 100% of the **sum assured**.

## Appendix 3

### Plain English Campaign's Crystal Mark does not apply to the following section.

#### List of Critical Illnesses

The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2014). These Critical Illnesses fall under Version 2014. You may refer to [www.lia.org.sg](http://www.lia.org.sg) for the standard Definitions (Version 2014).

Any one of the following 30 Critical Illnesses is a Critical Illness:

#### 1 Heart Attack of Specified Severity

Death of heart muscle due to obstruction of blood flow, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:

- History of typical chest pain;
- New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;
- Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by NTUC Income.

For the above definition, the following are excluded:

- Angina;
- Heart attack of indeterminate age; and
- A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

#### 2 Stroke

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit with persisting clinical symptoms. This diagnosis must be supported by all of the following conditions:

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and
- Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks;
- Brain damage due to an **accident** or injury, infection, vasculitis, and inflammatory disease;
- Vascular disease affecting the eye or optic nerve; and
- Ischaemic disorders of the vestibular system.

Permanent means expected to last throughout the lifetime of the **insured**.

Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the **insured**. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

#### 3 Major Cancers

A malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

The term malignant tumour includes leukemia, lymphoma and sarcoma.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
  - Pre-malignant;
  - Non-invasive;
  - Carcinoma-in-situ;
  - Having borderline malignancy;
  - Having any degree of malignant potential;
  - Having suspicious malignancy;
  - Neoplasm of uncertain or unknown behavior; or
  - Cervical Dysplasia CIN-1, CIN-2 and CIN-3;

- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3; and
- All tumours in the presence of HIV infection.

#### 4 Coronary Artery By-pass Surgery

The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

Angioplasty and all other intra arterial, catheter based techniques, 'keyhole' or laser procedures are excluded.

#### 5 Kidney Failure

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

#### 6 Fulminant Hepatitis

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- Rapid decreasing of liver size as confirmed by abdominal ultrasound;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy.

#### 7 Major Organ / Bone Marrow Transplantation

The receipt of a transplant of:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

#### 8 Blindness (Loss of Sight)

Permanent and irreversible loss of sight in both eyes as a result of illness or **accident** to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.

#### 9 Paralysis (Loss of Use of Limbs)

Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

#### 10 Primary Pulmonary Hypertension

Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.

The NYHA Classification of Cardiac Impairment:

- Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.
- Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.
- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

#### 11 Multiple Sclerosis

The definite occurrence of Multiple Sclerosis. The diagnosis must be supported by all of the following:

- Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis;
- Multiple neurological deficits which occurred over a continuous period of at least 6 months; and
- Well documented history of exacerbations and remissions of said symptoms or neurological deficits.

Other causes of neurological damage such as SLE and HIV are excluded.

#### 12 Alzheimer's Disease / Severe Dementia

Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the **insured**. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by NTUC Income's appointed **registered medical practitioner**.

The following are excluded:

- Non-organic diseases such as neurosis and psychiatric illnesses; and
- Alcohol related brain damage.

#### 13 Surgery to Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra arterial techniques are excluded.

#### 14 Coma

A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the following:

- No response to external stimuli for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

Coma resulting directly from alcohol or drug abuse is excluded.

#### 15 Deafness (Loss of Hearing)

Total and irreversible loss of hearing in both ears as a result of illness or **accident**. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.

Total means "the loss of at least 80 decibels in all frequencies of hearing".

#### 16 Heart Valve Surgery

The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

#### 17 Loss of Speech

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

All psychiatric related causes are excluded.

#### 18 Major Burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the **insured's** body.

#### 19 Terminal Illness

The conclusive diagnosis of an illness that is expected to result in the death of the **insured** within 12 months. This diagnosis must be supported by a specialist and confirmed by NTUC Income's appointed **registered medical practitioner**.

Terminal illness in the presence of HIV infection is excluded.

#### 20 HIV Due to Blood Transfusion and Occupationally Acquired HIV

A) Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:

- The blood transfusion was medically necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore after the **start date**, date of endorsement or date of reinstatement of this policy, whichever is the later;

- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and
  - The **insured** does not suffer from Thalassaemia Major or Haemophilia.
- B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an **accident** occurring after the **start date**, date of endorsement or date of reinstatement of this policy, whichever is the later whilst the **insured** was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to NTUC Income's satisfaction:
- Proof of the **accident** giving rise to the infection must be reported to NTUC Income within 30 days of the **accident** taking place;
  - Proof that the **accident** involved a definite source of the HIV infected fluids;
  - Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented **accident**. This proof must include a negative HIV antibody test conducted within 5 days of the **accident**; and
  - HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This **benefit** is only payable when the occupation of the **insured** is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic (in Singapore).

This **benefit** will not apply under either section A or B where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

## 21 End Stage Lung Disease

End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:

- FEV<sub>1</sub> test results which are consistently less than 1 litre;
- Permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO<sub>2</sub> ≤ 55mmHg); and
- Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

## 22 End Stage Liver Failure

End stage liver failure as evidenced by all of the following:

- Permanent jaundice;
- Ascites; and
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

## 23 Motor Neurone Disease

Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.

## 24 Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist. The condition must result in the inability of the **insured** to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living:

- Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility- the ability to move indoors from room to room on level surfaces;
- Toileting- the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding- the ability to feed oneself once food has been prepared and made available.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

## 25 Parkinson's Disease

The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- The disease cannot be controlled with medication;
- Signs of progressive impairment; and
- Inability of the **insured** to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living:

- (i) Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- (ii) Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- (iii) Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa;
- (iv) Mobility- the ability to move indoors from room to room on level surfaces;
- (v) Toileting- the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- (vi) Feeding- the ability to feed oneself once food has been prepared and made available.

Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson's Disease are excluded.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

## 26 Aplastic Anaemia

Chronic persistent bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist.

## 27 Angioplasty & Other Invasive Treatment For Coronary Artery

The actual undergoing of balloon angioplasty or similar intra arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Payment under this condition is limited to 10% of the **sum assured** under this **policy** subject to a S\$25,000 maximum sum payable. This **benefit** is payable once only and shall be deducted from the amount of this **policy**, thereby reducing the amount of the **sum assured** which may be payable herein.

Diagnostic angiography is excluded.

## 28 Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:

- The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- A consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

## 29 Benign Brain Tumour

Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met:

- It is life threatening;
- It has caused damage to the brain;
- It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
- Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.



The following are excluded:

- Cysts;
- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland or spinal cord.

### **30 Viral Encephalitis**

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.

Encephalitis caused by HIV infection is excluded.