

Servicing Representative's Details

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## Application for IncomeShield Standard Plan (group - parents of serviceman)

**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: 1) We will only accept the original application form. We do not allow photocopied application forms.  
2) We need one application form for each life to be insured.

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

Name (as shown in NRIC or FIN) Please underline your surname.	NRIC or FIN number	CPF account number
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (please give details) _____	Date of birth (dd/mm/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Residential address	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Name of company	Occupation	
Contact number (Handphone)                      (Office)                      (Home)	Email (Please give only one email 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 <b>NOT</b> 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: Next-of-kin information

Name	NRIC or FIN number
Contact number (Handphone)                      (Office)                      (Home)	Relationship

### Section C: Main plan payment method

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: Payment method

Please complete your preferred method for paying the cash portion of main plan and/or rider(s). Please choose either the credit card or GIRO arrangement option below (please do not choose both).

In the event that this section is left blank or incomplete, the default payment method will be cash.

This authorisation will remain in force until terminated by the applicant/policyholder or GIRO account holder.

**Credit card option (for first and renewal premiums)**

Credit card authorisation

I (cardholder) authorise Income to deduct the first and renewal premiums from my credit card for this insurance application.

I (cardholder) fully understand that any refunds will be paid to the applicant/policyholder by cheque.

Name of cardholder

Credit card number (VISA or MasterCard)

□	□	□	□	-	□	□	□	-	□	□	□	-	□	□	□	□
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Card expiry date (mm/yy)

□	□	/	□	□
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Relationship to applicant/policyholder (if different from applicant/policyholder)

Signature of cardholder (as shown on the credit card)

Deduction from this credit card account will only be made when this insurance application has been approved.

**GIRO arrangement option**

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.

\_\_\_\_\_  
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.

## Product summary – IncomeShield Standard Plan

### Product information

#### IncomeShield Standard 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 Standard Plan

An IncomeShield Standard Plan 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 Standard Plan premium comprises the MediShield Life premium and your IncomeShield Standard Plan's additional coverage premium.

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

- if the payout computed based on the full IncomeShield Standard Plan 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 Standard Plan additional coverage payout.
- In the case where the payout based on MediShield Life benefits is higher than that from the IncomeShield Standard Plan benefits, the eventual payout will be based on the MediShield Life benefits.

Benefits	MediShield Life	IncomeShield Standard Plan (Payout includes MediShield Life payout)
<b>Ward entitlement</b>		<b>Restructured hospital for ward class B1 and below</b>
<b>Inpatient hospital treatment</b>		<b>Limits of compensation</b>
Room, board and medical-related services (each day) <sup>1</sup>	\$700	\$1,700
Intensive care unit (ICU) and medical-related services (each day) <sup>1</sup>	\$1,200	\$2,900
Surgical benefits (including day surgery) 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	\$590
– Table 2	\$480	\$1,670
– Table 3	\$900	\$3,290
– Table 4	\$1,150	\$4,990
– Table 5	\$1,400	\$8,760
– Table 6	\$1,850	\$11,670
– Table 7 (more complex procedures)	\$2,000	\$16,720
Surgical implants <sup>2</sup>	\$7,000 (each treatment)	\$9,800 (each admission)
Gamma knife and novalis radiosurgery (for each procedure)	\$4,800	\$9,600
Staying in a community hospital (each day) <sup>1,3</sup>	\$350	\$650
Inpatient psychiatric treatment (each day, up to 35 days for each policy year)	\$100	\$500

Benefits	MediShield Life	IncomeShield Standard Plan
<b>Outpatient hospital treatment</b>		<b>Limits of compensation</b>
Stereotactic radiotherapy for cancer (each session)	\$1,800	\$1,800
Radiotherapy for cancer (for each session)		
– External or superficial	\$140	\$550
– Brachytherapy with or without external	\$500	\$1,100
Chemotherapy for cancer (each month)	\$3,000	\$5,200
Renal dialysis (each month)	\$1,000	\$2,750
Erythropoietin and other drugs approved under MediShield Life for chronic renal failure (each month)	\$200	\$450
Cyclosporin or tacrolimus and other drugs approved under MediShield Life for organ transplant (each month)	\$200	\$1,200
<b>Limit in each policy year</b>	\$100,000	\$150,000
<b>Limit in each lifetime</b>	Unlimited	Unlimited
<b>Last entry age (age next birthday)</b>	Does not apply	Does not apply
<b>Maximum coverage age</b>	Lifetime	Lifetime

Benefits	MediShield Life		IncomeShield Standard Plan		
	SG	PR	SG	PR	FR
<b>Pro-ration factor <sup>4</sup></b>					
<b>Inpatient</b>					
- Restructured hospital					
- Ward class C	100%	44%	Does not apply	Does not apply	Does not apply
- Ward class B2	100%	58%	Does not apply	Does not apply	Does not apply
- Ward class B2+	70%	47%	Does not apply	Does not apply	Does not apply
- Ward class B1	43%	38%	Does not apply	90%	80%
- Ward class A	35%	35%	80%	80%	80%
- Private hospital or private medical institution	35%	35%	50%	50%	50%
- Community hospital					
- Ward class C, B2 or B2+	100%	50%	Does not apply	Does not apply	Does not apply
- Ward class B1	50%	50%	Does not apply	90%	80%
- Ward class A	50%	50%	80%	80%	80%
<b>Day surgery or short-stay ward</b>					
- Restructured hospital subsidised	100%	58%	Does not apply	Does not apply	Does not apply
- Restructured hospital non-subsidised	35%	35%	Does not apply	Does not apply	Does not apply
- Private hospital or private medical institution	35%	35%	65%	65%	65%
<b>Outpatient hospital treatment</b>					
- Restructured hospital subsidised	100%	67%	Does not apply	Does not apply	Does not apply
- Restructured hospital non-subsidised <sup>5</sup>	50%	50%	Does not apply	Does not apply	Does not apply
- Private hospital or private medical institution <sup>5</sup>	50%	50%	65%	65%	65%

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

Benefits	MediShield Life		IncomeShield Standard Plan	
	<b>Deductible for each policy year for an insured aged 80 years or below next birthday <sup>6</sup></b>			
<b>Inpatient</b>				
- Restructured hospital				
- Ward class C	\$1,500		\$1,500	
- Ward class B2 or B2+	\$2,000		\$2,000	
- Ward class B1	\$2,000		\$2,500	
- Ward class A	\$2,000		\$2,500	
- Private hospital or private medical institution	\$2,000		\$2,500	
- Community hospital				
- Ward class C	\$1,500		\$1,500	
- Ward class B2 or B2+	\$2,000		\$2,000	
- Ward class B1	\$2,000		\$2,500	
- Ward class A	\$2,000		\$2,500	
<b>Day surgery or short-stay ward</b>				
- Subsidised	\$1,500		\$1,500	
- Non-subsidised	\$1,500		\$2,000	

Benefits	MediShield Life		IncomeShield Standard Plan	
	<b>Deductible for each policy year for an insured aged over 80 years at next birthday <sup>6</sup></b>			
<b>Inpatient</b>				
- Restructured hospital				
- Ward class C	\$2,000		\$2,000	
- Ward class B2 or B2+	\$3,000		\$3,000	
- Ward class B1	\$3,000		\$3,000	
- Ward class A	\$3,000		\$3,000	
- Private hospital or private medical institution	\$3,000		\$3,000	
- Community hospital				
- Ward class C	\$2,000		\$2,000	
- Ward class B2 or B2+	\$3,000		\$3,000	
- Ward class B1	\$3,000		\$3,000	
- Ward class A	\$3,000		\$3,000	
<b>Day surgery or short-stay ward</b>				
- Subsidised	\$3,000		\$3,000	
- Non-subsidised	\$3,000		\$3,000	

<b>Co-insurance</b>				
- Inpatient hospital treatment				
Claimable amount <sup>7</sup> :				
\$0 - \$3,000	10%		10%	
\$3,001 - \$5,000	10%		10%	
\$5,001 - \$10,000	5%		10%	
Above \$10,000	3%		10%	
- Outpatient hospital treatment	10%		10%	

- <sup>1</sup> Includes meals, prescriptions, medical consultations, miscellaneous medical charges, specialist consultations, examinations, and laboratory tests. Room, board and medical-related services 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> 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>4</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>5</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>6</sup> Deductible does not apply to outpatient hospital treatment.
- <sup>7</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, if needed.

### What you will need to pay

You may use your Medisave to pay the yearly premium for the IncomeShield Standard 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 Standard Plan.

## Breakdown of standard premiums for IncomeShield Standard Plan

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	MediShield Life Premiums (Fully payable by Medisave) <sup>1</sup>	Additional Withdrawal Limits (AWLs)	Additional private insurance coverage	
			IncomeShield Standard Plan	
			Premiums	Cash outlay <sup>2</sup>
1 - 18	\$130	\$300	\$35	–
19 - 20	\$130		\$35	–
21 - 30	\$195		\$44	–
31 - 35	\$310		\$59	–
36 - 40	\$310		\$63	–
41 - 45	\$435	\$600	\$96	–
46 - 50	\$435		\$116	–
51 - 55	\$630		\$120	–
56 - 60	\$630		\$129	–
61 - 65	\$755		\$206	–
66 - 70	\$815	\$900	\$385	–
71 - 73	\$885		\$566	–
74 - 75	\$975		\$670	–
76 - 78	\$1,130		\$800	–
79 - 80	\$1,175		\$848	–
81 - 83	\$1,250	\$918	\$18	
84 - 85	\$1,430	\$1,081	\$181	
86 - 88	\$1,500	\$1,292	\$392	
89 - 90	\$1,500	\$1,389	\$489	
91 - 93	\$1,530	\$1,500	\$600	
94 - 95	\$1,530	\$1,595	\$695	
96 - 98	\$1,530	\$1,843	\$943	
99 - 100	\$1,530	\$1,927	\$1,027	
Over 100	\$1,530	\$2,037	\$1,137	

The above premium rates apply to policies starting from 1 May 2016. 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> 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>2</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), the total premium = \$195 + \$44 = \$239

**For insured person who is a foreigner**

Age next birthday	Total Medisave Withdrawal Limits <sup>1</sup>	IncomeShield Standard Plan	
		Total Premiums	Cash outlay <sup>2</sup>
1 - 18	\$430	\$165	–
19 - 20	\$430	\$165	–
21 - 30	\$495	\$239	–
31 - 35	\$610	\$369	–
36 - 40	\$610	\$373	–
41 - 45	\$1,035	\$531	–
46 - 50	\$1,035	\$551	–
51 - 55	\$1,230	\$750	–
56 - 60	\$1,230	\$759	–
61 - 65	\$1,355	\$961	–
66 - 70	\$1,415	\$1,200	–
71 - 73	\$1,785	\$1,451	–
74 - 75	\$1,875	\$1,645	–
76 - 78	\$2,030	\$1,930	–
79 - 80	\$2,075	\$2,023	–
81 - 83	\$2,150	\$2,168	\$18
84 - 85	\$2,330	\$2,511	\$181
86 - 88	\$2,400	\$2,792	\$392
89 - 90	\$2,400	\$2,889	\$489
91 - 93	\$2,430	\$3,030	\$600
94 - 95	\$2,430	\$3,125	\$695
96 - 98	\$2,430	\$3,373	\$943
99 - 100	\$2,430	\$3,457	\$1,027
Over 100	\$2,430	\$3,567	\$1,137

The above premium rates apply to policies starting from 1 May 2016. 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> 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>2</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), the total cash outlay will be \$239.

You can pay premiums for the main plan by Medisave, cash, cheque, credit card 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).

### Using Medisave

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

### Pro-ration factor, deductible and co-insurance

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 using the pro-ration factor that applies to the plan. 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 at least 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 at least 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 Standard 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 Standard plan by giving us at least 30 days' written notice. If you are a Singapore Citizen or Permanent Resident, even though you have terminated your IncomeShield Standard Plan, 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 another Medisave-approved Integrated Shield Plan is taken out to cover 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 or, if it applies, between the date the policy ends and the date immediately before the reinstatement date of your policy.
- 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, any pre-existing illness, disease or condition which falls under any other exclusion stated here is not covered under your policy, whether a declaration was made in the application form or not. To avoid doubt, any pre-existing illness, disease or condition (including birth defects and congenital sickness or abnormalities) 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 (unless this is covered under cosmetic surgery due to accident or breast reconstruction after mastectomy) or any medical treatment claimed to generally prevent illness, promote health or improve bodily function or appearance.
- d General outpatient medical expenses or retail items or treatment before or after the inpatient hospital treatment or outpatient hospital treatment, even when the treatment arises from the same injury, illness or disease that resulted in the inpatient or outpatient hospital treatment (unless this is covered under outpatient hospital treatment).
- e Treatment for birth defects, including hereditary conditions and disorders and congenital sickness or abnormalities.
- f Overseas medical 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.
- 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 suicide or attempted suicide, whether the insured

- is sane or insane.
- m Drug or alcohol abuse or misuse, or any injury, illness or disease caused directly or indirectly by the abuse or misuse of alcohol, drugs or substance.
  - 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 the following, including parts attached to them, for use at home or as an outpatient.
    - Braces
    - Prostheses
    - Medical appliances including storage, transport and associated administrative costs of those appliances and which are not necessary to complete a surgical operation.
    - Medical equipment or machines
    - Corrective devices
    - Wheelchairs
    - Walking aids
    - Home aids
    - Renal-dialysis machines
    - Iron lungs
    - Oxygen machines
    - Hospital beds
    - Replacement organs
    - Any other hospital-type equipment
  - s Optional items which are outside the scope of treatment or prostheses.
  - 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 or indirectly involved in civil commotion, riot, strike or terrorist activities, breaking or attempting to break the law, resisting arrest or any imprisonment.
  - 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, home visits or treatments, home rehabilitation 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), chiropractic, osteopathy or a stay in any health-care establishment for social or non-medical reasons.
  - aa Treatment for illness or injury resulting from the insured taking part in any dangerous activities or sports, when they are performed in a professional capacity or when income could or would be earned from those activities or sports.
  - ab Treatment for obesity, losing weight, increasing weight, or any procedures relating to managing weight.
  - ac Staying in a hospital mainly for general physical or medical check-ups or screenings.
  - ad Non-medical items such as parking fees, hospital administration and registration fees, laundry, television rental, newspaper or medical report (including test results) fees.
  - ae Genetic testing and preventive treatment or procedures.

Some of the exclusions shown above may be covered under MediShield Life.

### Claim

All claims 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) within 90 days from the date of billing or the date the insured person leaves the hospital, whichever is later.

### 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 Standard Plan. This is provided in the "Comparison of Benefits between MediShield Life and IncomeShield Standard 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 Standard 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 Standard 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: Deluxe Care Rider

### Product information

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

### Benefits we will pay

#### Co-payment

With this rider, you will have to make a co-payment, as shown in the table below. If the treatment is provided by our panel<sup>1</sup>, we will apply a co-payment limit as shown in the table:

<sup>1</sup> The Panel means a registered medical practitioner, specialist, hospital or medical institution who is on Income's approved list. Please refer to [www.income.com.sg](http://www.income.com.sg) for the approved list. The list may be updated from time to time.

Types of Treatment	Co-payment
Treatment not provided by our panel <sup>1</sup>	5% of the benefits due under your policy
Treatment provided by our panel <sup>1</sup>	5% of the benefits due under your policy, up to a co-payment limit of \$3,000 for each policy year

For pre-hospitalisation treatment, post-hospitalisation treatment or special benefits claim(s) (if it applies), we will not apply the co-payment limit if the treatment during the insured's stay in hospital is not provided by our panel<sup>1</sup>.

For consultation fees, medicines, examinations and tests for outpatient hospital treatment claim, we will not apply the co-payment limit if the insured's stereotactic radiotherapy, radiotherapy, chemotherapy, immunotherapy (if it applies) or outpatient renal dialysis is not provided by our panel<sup>1</sup>.

For each claim that meets the limits on special benefits (if it applies) or limit in each policy year of your policy, the co-payment for that claim will not be added towards the co-payment limit of \$3,000 for each policy year.

When there is more than one treating registered medical practitioner or specialist for the insured's stay in hospital, stereotactic radiotherapy, radiotherapy, chemotherapy, immunotherapy (if it applies) or outpatient renal dialysis, we will apply the co-payment limit as long as the main (or primary) treating registered medical practitioner or specialist is part of our panel<sup>1</sup>.

#### Additional non-panel payment

There is no additional non-panel payment under this rider from the cover start date. However, we may apply an additional non-panel payment to this rider at the renewal date by giving you at least 30 days' written notice.

#### 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 during the stay in hospital.

The co-payment and additional non-panel payment of this rider does not apply to any claim 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 Standard Plan.

However, you must make the co-payment and additional non-panel payment (if it applies) before we pay any benefit. We will only pay the amount of your claim which is more than the co-payment and additional non-panel payment.

We will apply the co-payment followed by the additional non-panel payment (if it applies).

### **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 premiums, benefits or cover or the terms and conditions of the policy contract at any time by giving you at least 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 Standard Plan.

### **Claim**

For Deluxe Care 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 at least 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.

**Deluxe Care Rider – yearly premium rates (Premiums include GST.)**

Age next birthday <sup>2</sup>	Standard Plan	Age next birthday <sup>2</sup>	Standard Plan
1 - 18	\$88	76 - 78	\$829
19 - 30	\$95	79 - 80	\$1,000
31 - 35	\$107	81 - 83	\$1,152
36 - 40	\$113	84 - 85	\$1,272
41 - 45	\$178	86 - 88	\$1,402
46 - 50	\$199	89 - 90	\$1,535
51 - 55	\$246	91 - 93	\$1,676
56 - 60	\$265	94 - 95	\$1,776
61 - 65	\$356	96 - 98	\$1,890
66 - 70	\$459	99 - 100	\$2,015
71 - 73	\$579	over 100	\$2,092
74 - 75	\$694		

<sup>2</sup> The last entry age is 75, based on the insured's age next birthday under this rider.

The above yearly premium rates apply to this rider from 1 March 2019 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, credit card 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: Classic Care Rider

### Product information

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

### Benefits we will pay

#### Co-payment

With this rider, you will have to make a co-payment, as shown in the table below. If the treatment is provided by our panel<sup>1</sup>, we will apply a co-payment limit as shown in the table:

<sup>1</sup> The Panel means a registered medical practitioner, specialist, hospital or medical institution who is on Income's approved list. Please refer to [www.income.com.sg](http://www.income.com.sg) for the approved list. The list may be updated from time to time.

Types of Treatment	Co-payment
Treatment not provided by our panel <sup>1</sup>	10% of the benefits due under your policy
Treatment provided by our panel <sup>1</sup>	10% of the benefits due under your policy, up to a co-payment limit of \$3,000 for each policy year

For pre-hospitalisation treatment, post-hospitalisation treatment or special benefits claim(s) (if it applies), we will not apply the co-payment limit if the treatment during the insured's stay in hospital is not provided by our panel<sup>1</sup>.

For consultation fees, medicines, examinations and tests for outpatient hospital treatment claim, we will not apply the co-payment limit if the insured's stereotactic radiotherapy, radiotherapy, chemotherapy, immunotherapy (if it applies) or outpatient renal dialysis is not provided by our panel<sup>1</sup>.

For each claim that meets the limits on special benefits (if it applies) or limit in each policy year of your policy, the co-payment for that claim will not be added towards the co-payment limit of \$3,000 for each policy year.

When there is more than one treating registered medical practitioner or specialist for the insured's stay in hospital, stereotactic radiotherapy, radiotherapy, chemotherapy, immunotherapy (if it applies) or outpatient renal dialysis, we will apply the co-payment limit as long as the main (or primary) treating registered medical practitioner or specialist is part of our panel<sup>1</sup>.

#### Additional non-panel payment

With this rider, you will have to make an additional non-panel payment of up to \$2,000 in each policy year for inpatient hospital treatment, pre-hospitalisation treatment, post-hospitalisation treatment or special benefits claim(s) (if it applies) if the treatment during the insured's stay in hospital is not provided by our panel<sup>1</sup>.

When there is more than one treating registered medical practitioner or specialist for the insured's same stay in hospital, the additional non-panel payment will apply as long as the main (or primary) treating registered medical practitioner or specialist is not part of our panel<sup>1</sup>.

#### 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 during the stay in hospital.

The co-payment and additional non-panel payment of this rider does not apply to any claim 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 Standard Plan.

However, you must make the co-payment and additional non-panel payment (if it applies) before we pay any benefit. We will only pay the amount of your claim which is more than the co-payment and additional non-panel payment.

We will apply the co-payment followed by the additional non-panel payment (if it applies).

### **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 premiums, benefits or cover or the terms and conditions of the policy contract at any time by giving you at least 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 Standard Plan.

### **Claim**

For Classic Care 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 at least 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.

**Classic Care Rider – yearly premium rates (Premiums include GST.)**

Age next birthday <sup>2</sup>	Standard Plan	Age next birthday <sup>2</sup>	Standard Plan
1 - 18	\$64	76 - 78	\$581
19 - 30	\$70	79 - 80	\$677
31 - 35	\$78	81 - 83	\$756
36 - 40	\$83	84 - 85	\$832
41 - 45	\$132	86 - 88	\$1,060
46 - 50	\$140	89 - 90	\$1,150
51 - 55	\$175	91 - 93	\$1,348
56 - 60	\$181	94 - 95	\$1,444
61 - 65	\$250	96 - 98	\$1,543
66 - 70	\$328	99 - 100	\$1,639
71 - 73	\$397	over 100	\$1,698
74 - 75	\$492		

<sup>2</sup> The last entry age is 75, based on the insured's age next birthday under this rider.

The above yearly premium rates apply to this rider from 1 March 2019 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, credit card 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**

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

## Section E: Product summary

### Declaration

I agree that the contents of the product summary have been explained to me to my satisfaction by my adviser. 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)

# IncomeShield Standard Plan application – Information on the life to be insured

(You must fill in section F to section L for the life to be insured. If there is more than one life to be insured, please attach extra copies of section F to section L to this application.)

Applicant's (payer's) NRIC or FIN number \_\_\_\_\_

## Section F: Details of life to be insured

Relationship of life to be insured to applicant: <input type="checkbox"/> You <input type="checkbox"/> Your husband or wife <input type="checkbox"/> Your child <input type="checkbox"/> Father <input type="checkbox"/> Mother			
We will only give the discount to parents of the serviceman. <b>For discount purpose</b> , please give the following details and a copy of documentary proof of relationship:			
Details of serviceman:		SAF Unit: _____	NRIC number: _____
ORD applicable for NSFs only (dd/mm/yyyy): _____			
Height (metres)		Weight (kilograms)	
Life to be insured same as applicant? <input type="checkbox"/> Yes (Please proceed from section G.) <input type="checkbox"/> No (Please give the following details and complete the rest of the sections.)			
Name		Email (Please give only one email address.)	
Name of company		Occupation	
Date of birth (dd/mm/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Life to be insured's CPF account number (if different from BC/NRIC/FIN number)	BC or NRIC or FIN number
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (please give details) _____			

## Section G: Details of riders

### Important notes

There is a 40 days period from the start date of your new plan or downgraded/upgraded plan where you are not allowed to perform any downgrade or upgrade of your policy.

Deluxe Care Rider  Classic Care Rider

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

### Important notes

- 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.
- 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?		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	
(g) Urinary disorders (for example, protein, blood or sugar in urine, kidney stones, prolapsed urinary bladder, prostate problem or urinary incontinence)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(h) Breast or reproductive-organ disorders (for example, breast calcifications, lump, cyst or nodule, ovarian cyst, endometriosis or fibroids)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(i) Gout, thyroid disorders or other endocrine disorders (glands that secrete hormones)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(k) Nervous or mental disorders (for example, epilepsy or fits, prolonged headache or depression)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(l) Cancer, or any abnormal growth or tumour (for example, cyst, polyp or nodule) whether cancerous or benign	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<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>2. (a) Are there any medical or health-screening reports 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 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:</p> <p>_____ 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:</p> <p>_____ can of 330ml beer</p> <p>_____ glass of 125ml wine</p> <p>_____ 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>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If 'Yes', please give the name of the serious pre-existing medical conditions.</p>
<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>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If 'Yes', please give the name of the conditions, diagnosis, symptoms, date of incident and number of occurrences.</p>

<p>9. <b>Please answer this question if the life to be insured is aged 5 years or below at next birthday.</b></p> <p>(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?</p> <p>(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>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>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.</p> <p>If 'Yes' to Q9(b), please give the details and a copy of the child health booklet and test results.</p>
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### Section I: Declaration for replacing existing Integrated Shield Plan

<p>Is the life to be insured currently insured under any Integrated Shield Plan?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If 'Yes', your adviser is required to explain the following to you. <b>Please tick the boxes below to proceed with your application.</b></p>
<p><input type="checkbox"/> 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.</p>		
<p><input type="checkbox"/> 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:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>		

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

<p><b>1. Authorisation by CPF account holder (applicant)</b></p> <p>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).</p> <p>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:</p> <p>(i) payment and amount of premiums due, including the deduction of premiums from my Medisave account and my Medisave account balance;</p> <p>(ii) the making of refunds under the PMIS, as the CPF Board shall reasonably consider appropriate; and</p> <p>(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.</p> <p><b>2. Consent of the applicant and Life/Lives to be Insured</b></p> <p>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.</p> <p><b>3. Automatic termination of existing integrated medical insurance plan(s) for Life/Lives to be Insured under certain circumstances</b></p> <p>Subject to the relevant laws and terms and conditions, I understand that:</p> <p>(i) Upon the commencement of this Enhanced 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</p> <p>(ii) Upon the commencement of another Integrated Shield Plan in favour of the Life/Lives to be Insured, this Enhanced IncomeShield cover of the Life/Lives to be Insured shall automatically terminate.</p>
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## Section K: Personal data use statement

### 1. Personal data

The information I have provided is my personal data and, where it is not, I have the consent of the owner of the personal data to provide such information. The personal data includes personal data provided in this application or any document to Income, whether by me or any other party or source for this application.

By providing this information, I or we understand, and give my or our consent for Income as well as Income's respective representatives and agents to collect, use, store, transfer and disclose the information, to or with all such persons (including Income's third party service providers, whether located within or outside of Singapore) for the purpose of enabling Income to provide me with the services required of by an insurer, including the evaluation, processing, administering and/or managing of my relationship and policies with Income and for the purposes set out in Income's Privacy Policy which can be found at <http://www.income.com.sg/privacy-policy> ("How we use your personal data (Purpose & Notification Obligation)").

### 2. Marketing material

By signing up for this product or service, I give my consent to Income to collect, use and disclose my personal data, and contact me via email and post, for both rewards and privileges, marketing and promotional purposes.

In addition, by checking the boxes below, I consent to being contacted by you via telephone calls, SMS and other phone number-based messaging about products and services offered by Income, regardless of my registration(s) with the Do Not Call registry.

Call       Text messages/SMS

I agree that Income will use the contact particulars, including any update that I have given to Income, to contact me.

I may withdraw my above consent by contacting Income Contact Center at 6788 1777 or [DPO@income.com.sg](mailto:DPO@income.com.sg).

Please refer to [www.income.com.sg/privacy-policy](http://www.income.com.sg/privacy-policy) for more information.

## Section L: 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 use statement'.

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

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

I understand that the policy does not cover any pre-existing illness, disease or condition which the life to be insured may have suffered from before the start date of the policy to be issued.

I, the CPF account holder, understand that the money in my Medisave account can be used to buy only one medical insurance policy for myself and each life to be insured.

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.

Where a credit card is used for paying the cash portion of the main plan and/or rider and the cardholder is different from the applicant, I declare that the cardholder has authorised and consented to such use and that I am authorised to agree to the payment method and terms under the above credit card option on the cardholder's behalf.

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. 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. Or, I can download one at [www.income.com.sg](http://www.income.com.sg).

I authorise my next-of-kin to contact you on behalf of the life to be insured, if this is necessary.

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.

I agree that the policy will be entered in the Register of the Singapore policies.

**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 applicant

Details of witness (person other than the applicant or life to be insured)

Name

NRIC number

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

Signature

### Section M: 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.
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.

Signature of adviser