

**Important:**

This is a sample of the policy document. To determine the precise terms, conditions and exclusions of your cover, please refer to the actual policy and any endorsement issued to you.



# Conditions for PrimeShield

## Your policy

This is **your** PrimeShield policy. It is made up of:

- these conditions;
- the **policy schedule**; and
- the **application form**.

These documents, any future endorsements that **we** issue, all health declaration forms and supporting documents which **you** sent to **us** for **our** underwriting purposes and all correspondence relating to **your policy** between **you** and **us** form the entire agreement between **you** and **us**.

**We** refer to them all together as '**Your policy**'. Please examine them to make sure **you** have the protection **you** need. It is important that **you** read them together to avoid misunderstanding.

Words defined in the definitions section of these conditions have the meanings given to them. The same definitions apply if the defined words are used in any of the documents in **your policy** or any correspondence between **you** and **us**.

PrimeShield is an insurance **plan** which pays **you** a monthly sum if **you** become **severely disabled**. It is designed to complement **Basic ElderShield** and provides extra **benefits** to meet the needs of those who would like more comprehensive cover. Details of what **we** will pay are set out in **your policy**.

## 1 What your policy covers

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

### a Lump-sum benefit

If **you** become **severely disabled**, **we** pay the lump-sum **benefit** shown in the **policy schedule** as a one-time payment. **We** will pay the lump-sum **benefit** immediately after the **deferral period**.

If **you** recover from the **severe disability** after **we** have paid this **benefit** but then become **severely disabled** again, **you** are not entitled to this **benefit** again.

## b Monthly disability benefit

If **you** become **severely disabled**, **we** pay the monthly disability **benefit** shown in the **policy schedule** depending on the following conditions.

- When **we** have approved the claim, **we** will pay the first payment of monthly disability **benefit** on the day immediately after the **deferment period**. **We** will then pay it on the same day every month.
- If **you** recover from the **severe disability** or die at any time after **we** have begun paying this **benefit**, this **benefit** ends immediately on the date of **your** recovery or death (as the case may be). If **you** have recovered but become **severely disabled** again, **you** are entitled to further payment of this **benefit**.

The monthly disability **benefit** **we** will pay depends on the type of **Basic ElderShield** plan **you** own at the **start date**. The payout period is shown in the **policy schedule**.

## c Dependant care benefit

If **you** have at least one **child** and **you** become **severely disabled**, **we** pay the dependant care **benefit** as shown in the **policy schedule** every month for up to 36 months in **your** lifetime. This **benefit** depends on the following conditions.

- If **you** recover from the **severe disability** or die at any time after **we** have begun paying this **benefit**, it will end immediately on the date of **your** recovery or death (as the case may be).
- If **you** recover from the **severe disability** and **you** have not fully used the amount under this **benefit**, **you** may make another claim for the remaining amount if **you** become **severely disabled** again as long as **we** have not paid for more than 36 months in **your** lifetime.
- If the **child** is no longer considered a **child** (because of their age or otherwise) at any time after **we** have begun paying this **benefit**, **we** will continue to pay this **benefit** until **your** death or **you** recover from the **severe disability**. The payment will then end.

**We** only have to start paying the dependant care **benefit** after the **deferment period**.

The **benefit** payments listed in clause 1a to 1c will end if **you** no longer suffer from **severe disability**.

## d Get-well benefit or death benefit

**We** pay either the get-well or death **benefit** shown in the **policy schedule** in one lump sum during **your** lifetime.

**We** pay the get-well **benefit** if **you** recover from the **severe disability** while receiving the monthly disability **benefit** under this policy. **We** need proof that **you** have recovered from the **severe disability** which must be confirmed by an assessor from the panel **we** have appointed.

**We** pay the death **benefit** if **you** die while receiving the monthly disability **benefit** under this policy.

## 2 Our responsibilities to you

### a Claims

Depending on the terms, conditions and limits in **your policy schedule** and as long as **you** have paid the **premium** or any amount **you** owe **us** under **your policy**, **we** will pay **you** the **benefits**.

To claim under **your policy**, **you** must send **us** a completed claim form. A certification by an assessor from the panel **we** have appointed that **you** are suffering from **severe disability** must also be sent to **us**. **You** will have to pay the costs and expenses of the first medical examination. **We** will refund **you** the costs and expenses of the first medical examination if **we** accept **your** claim. If the assessor states on the claim form that **you** need further examination, **we** will pay the costs and expenses of a further medical examination. **We** may also ask **you** to have a further medical examination which **we** will pay for.

### b Waiting period

During the first 90 days from the **start date**, **we** do not pay any claim except claims resulting from an **accident**. If **you** become **severely disabled** during this waiting period (other than due to an **accident**), **your policy** will end and **you** will receive a full refund of **your premium**.

### c Right to examine you

While **we** are making claim payments, **we** can appoint a doctor to examine **you** and **you** must give **us** reasonable opportunity to do so. **We** will pay the costs and expenses of this examination and any other medical evidence needed to prove whether **you** are still **severely disabled**.

## 3 Your responsibilities

### a Premium

The **premium** that **you** have to pay **us** to receive the **benefits** is shown in the **policy schedule**. **You** must pay the **premium** every year up to the age shown in the **policy schedule**.

As the amount of **premium** that **you** have to pay **us** depends on **your** age at the **start date** of this policy, **your** sex and the monthly disability **benefit**, if **you** have been paying lower **premiums** because **we** have incorrect information or because of some other mistake, **you** must promptly pay **us** the shortfall when **we** ask. If **you** fail to pay the shortfall in **premium** promptly, **we** may cancel the policy. This will depend on, clause 3c (Non-forfeiture). **We** can then make a claim against **you** for the shortfall. If **you** have paid higher **premiums** because of incorrect information or some other mistake, **we** will refund the difference after working out the correct **premium**.

We give **you** 75 days' grace to pay the **premium** for **your policy** to continue. During this grace period, **your policy** will stay in force. **You** must first pay any outstanding **premium** or amounts owing to **us** before **we** pay any claim under **your policy**.

If **you** have still not paid the **premium** after the grace period and unless clause 3c (Non-Forfeiture) applies to **you**, **your policy** will end immediately.

**You** are responsible for making sure that **your premium** is paid up to date.

**You** may choose to either pay the **premium** using a **Medisave** account, up to a limit of \$600 a calendar year in line with the **Act** and **Regulations**, and/or in cash.

**You** may pay the **premium** or any part of it using cash if:

- the **premium** due is more than the maximum amount allowed to be deducted from **your Medisave** account; or
- there are not enough funds in **your Medisave** account to pay the **premium** due.

Unless clause 2b (Waiting period), clause 4i (Not telling us about a pre-existing disability) and the Free look period applies to **you**, **we** will not refund any unused part of the **premium** when **your policy** ends.

The **premium** that **you** pay for this policy can change. If **we** change the **premium** for **your policy**, **we** will write to **you** at **your** last-known address. **We** will do this at least 30 days before the change is to take place. **We** will tell **you** what **your** new **premium** will be.

## **b Waiver of premium**

If, on the date when the **premium** is due, **you** are **severely disabled** and eligible to receive **benefit** payments under **your policy**, **you** do not have to pay the **premiums**. **You** will have to start paying **premiums** again after **you** are no longer **severely disabled** and **benefit** payments have ended.

## **c Non-forfeiture (not cancelling the policy)**

**You** will need to pay the **premium** for **your policy** every year up to the age shown in the **policy schedule**. After **you** have made a minimum number of **premium** payments, **we** will treat **your policy** as a paid-up policy and if **you** fail to pay a **premium**, **we** will not automatically cancel **your policy**. Instead, **we** will reduce the **benefits** and **we** will only pay reduced **benefits**. **We** will decide on the minimum number of **premium** payments **you** will need to make and the level of the reduced **benefits**.

## d Eligibility

To be eligible for PrimeShield **you** must be an individual who at the time of applying for the policy or reinstating it:

- is between 40 years and 64 years (entry age last birthday); and
- has a **Basic ElderShield 300** plan or **Basic ElderShield 400** plan.

## 4 What you need to be aware of

### a Right of recovery

If **you** receive payment for any **benefit** which **you** are not entitled to or are no longer entitled to, **you** must repay the **benefit** payment to **us** when **we** demand.

If **you** fail to return the **benefit** payment to **us**, **you** must pay **us** in full for any loss, damage, cost or expense that **we** may suffer as a result of **your** failing to return the **benefit** payment to **us** or **our** having to enforce **our** rights to recover it. This includes all legal costs.

### b Ending the policy

This policy will end when one of the following events happens.

- Unless clause 3c (Non-forfeiture) applies to **you**, the policy will end when **we** do not receive **your premium** after the grace period.
- Unless clause 3c (Non-forfeiture) applies to **you**, the policy will end when **we** do not receive **your** payment of any shortfall in **premium** set out in clause 3a (Premium).
- upon **your** death;
- Unless clause 3c (Non-forfeiture) applies to **you**, **your** written notice to cancel **your policy** will apply from the next renewal date for **your policy** and there will be no refund of any unused **premium**.
- **Your policy** will end when **your Basic ElderShield 300** is cancelled, unless **your Basic ElderShield 300** is cancelled as a result of **you** having received the last benefit payment under it.
- **Your policy** will end when **your Basic ElderShield 400** is cancelled, unless **your Basic ElderShield 400** is cancelled as a result of **you** having received the last benefit payment under it.
- It will end if **you** did not reveal all material information or there is misrepresentation as shown in clause 4i (Not revealing a pre-existing disability).
- **Your policy** will end as the result of fraud as shown in clause 4j.

## c Reinstating the policy

If **your policy** ends because **you** have not paid the **premiums** due, **you** may apply to reinstate **your policy** within 180 days from the end of the grace period. **We** will reinstate **your policy** depending on the following conditions.

- **You** give evidence that **you** can be insured which **we** must be satisfied with. **You** must pay any costs involved in doing this.
- **You** must pay all **premiums** and any interest **you** owe up to the **reinstatement date** before **your policy** is reinstated.

If **we** are not satisfied with the evidence which **you** have given, **we** have the right not to reinstate **your policy**. **We** will refund any overdue **premiums** paid.

If **we** reinstate **your policy** under this clause, **we** will treat it as if the cancellation never happened.

## d Geographical cover

**Your policy** provides 24-hour worldwide cover.

## e Overseas residence

If **you** are living outside Singapore at the time of making a claim, **we** will make every reasonable effort to assess **your** disability and make payments for **your** claim. Under these circumstances, **we** can change the **benefit** payments to a single payment reflecting the present value of future **benefit** payments. If **we** cannot assess **your** claim after **we** have made reasonable attempts, **we** may withhold claim payments until **we** receive more evidence.

## f Guaranteed renewable

**We** guarantee to renew **your policy** every year as long as none of the conditions in clause 4b (Ending the policy) apply.

## g Lifetime cover

**We** guarantee to provide cover under **your policy** for **your** lifetime. **We** will not end **your policy** for any reason other than those shown in clause 4b (Ending your policy) and clause 2b (Waiting period).

## **h Giving us all information**

**You** must give **us** fully and truthfully, up to the **start date**, all significant facts and circumstances that may influence **our** decision whether or not to provide cover or to add terms to the policy. This responsibility applies to all information given to **us**.

If **you** do not reveal all material information or **you** misrepresent anything, and if not more than one year has passed since the **start date** or **reinstatement date**, whichever is later, **we** may:

- declare **your policy** not valid from the **start date**, or
- end **your** cover and not pay any **benefits**; or
- add extra terms and conditions to **your policy**.

If **you** do not reveal all material information or **you** have misrepresented information, and more than one year has passed since the **start date** or **reinstatement date**, whichever is later, **we** will not declare **your policy** not valid or deny any claim under it apart from in the following situations.

- If **you** made a fraudulent mis-statement or left out material information from **your** application.
- If **your policy** was reinstated and **you** made a fraudulent mis-statement or left out material information from **your** application for reinstatement.

## **i Not revealing a pre-existing disability**

If, after the **start date**, **we** discover that **you** have a **pre-existing disability** which **you** did not tell **us** about before the **start date**, **we** will cancel **your policy**. When **we** cancel **your policy**, **we** will refund all **premiums you** have paid.

## **j Fraud**

If a claim or any part of a claim is false or fraudulent, or if **you** use fraudulent methods or devices to gain any **benefit**, **we** can do any or all of the following.

- **We** may declare **your policy** invalid and **you** will lose all benefits under this policy. **You** will have to repay to **us** all amounts **we** have paid out under the policy and **we** will refund all **premiums to you**.
- **We** may refuse to renew **your policy**.
- **We** may add extra terms and conditions. If **you** disagree with us adding extra terms and conditions, **you** can write to **us** to cancel this policy. **You** will have to repay **us** all amounts **we** have paid out under the policy and **we** will refund all **premiums to you**.

## **k No cash-in value**

**Your policy** has no cash-in value.

## **l Changes to policy terms or conditions**

**We** may change the **benefits**, terms, conditions or name of **your policy** at any time. However, **we** will write to **you** at **your** last-known address at least 30 days before doing so. The variation will take effect from the next renewal date.

## **m Currency**

All **premium** and **benefits** will be paid in Singapore dollars.

## **n Dealing with disputes**

If **we** refuse to pay a claim because **you** are not **severely disabled**, and **you** disagree with **our** decision, **we** will pass the dispute to an arbitration panel set up by **MOH**. The arbitration panel may appoint a geriatrician or other qualified medical practitioner to assess **you**. If the panel decides that **you** are **severely disabled**, **we** will pay for the costs of the assessment. If the panel decides that **you** are not **severely disabled**, **you** will have to pay the costs of the assessment. The **Government** pays for the costs of maintaining the arbitration panel and carrying out arbitration proceedings. The decision of the arbitration panel is final and binding on both **you** and **us**.

## **o 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.

## **p Notice of communication**

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

- personally – on the day it is delivered;
- by prepaid mail – within seven days after the mail is sent;
- 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 correct fax number; or
- by email, SMS or other electronic method – as soon as it is sent.

## q Exclusions

**Your policy** does not cover any **severe disability** arising directly or indirectly from:

- deliberately injuring yourself or attempted suicide, whether **you** are sane or insane;
- war, whether declared or not; or
- alcoholism or drug addiction.

**We** do not pay any **benefit** for **pre-existing disability** or **severe disability** arising from **pre-existing conditions** unless **you** have told **us** about the **pre-existing conditions** and **we** have accepted them before the **start date**.

## 5 Definitions

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

**Act** means the Central Provident Fund Act (Chapter 36), as amended, extended or re-enacted from time to time.

**Basic ElderShield 300** means a **severe disability** insurance product which pays an insured person a fixed monthly sum of \$300 for up to 60 months and is approved by **MOH** for the purposes of the **scheme**.

**Basic ElderShield 400** means a **severe disability** insurance product which pays an insured person a fixed monthly sum of \$400 for up to 72 months and is approved by **MOH** for the purposes of the **scheme**.

**Benefits** mean the benefits **we** will pay under **your policy** and as set out in clause 1.

**Child** means any legitimate child or stepchild of the policyholder or child adopted by the policyholder according to any law who has not reached the age of 21 years on the claim date.

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

**Deferment period** means the 90-day period from the claim date (inclusive). **We** will pay the first **benefit** payment immediately after the **deferment period**. **We** treat the claim date as the date on which the claim form for **your policy** is certified by an assessor from the panel **we** have appointed.

If **you** have recovered from a **severe disability** but become **severely disabled** again from the same cause within 180 days, **we** will not enforce the **deferment period** for the new claim. If **you** suffer **severe disability** arising from the same cause after the 180-day period or suffer **severe disability** arising from a different cause, the **deferment period** of 90 days applies for the new claim. The **benefit** payments will end if **you** no longer suffer from **severe disability**.

**Government** means the Government of the Republic of Singapore and includes any officer authorised by the Government to act on its behalf.

**Medisave** means Medisave as defined in the **Act** and any subsidiary legislation enacted under the **Act**.

**MOH** means the Ministry of Health, Singapore.

**Plan** means the type of plan that **you** have chosen under **your policy** and which is shown in the **policy schedule**.

**Policy schedule** means the policy schedule attached to these PrimeShield conditions.

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

- for which **you** have asked for or received treatment, medication, advice or diagnosis for or which **you** ought to have done;
- which was known to exist, whether or not **you** asked for or received treatment, medication, advice or diagnosis; or
- the conditions or symptoms of which existed and would have led a reasonable and sensible person to get medical advice or treatment before the **start date**.

**Pre-existing disability** means that **you** were suffering from **severe disability** before the **start date**.

**Premium** means the premium set out in the **policy schedule** and clause 3a.

**Regulations** mean the Central Provident Fund Regulations, as amended, extended or re-enacted from time to time.

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

**Scheme** means the **Basic ElderShield** scheme established and maintained by **MOH** for the purposes of allowing a person to buy a **severe disability** insurance policy from an insurer approved by **MOH**.

**Severe disability** or **severely disabled** means **your inability** to perform at least three of the following activities of daily living, even with the aid of special equipment and always to require the physical assistance of another person throughout the entire activity.

- Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash 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 or medical appliances.
- Feeding – the ability to feed oneself food after it has been prepared and made available.
- Toileting – the ability to use the lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances if appropriate.
- Mobility – the ability to move indoors from room to room on level surfaces.
- Transferring – the ability to move from a bed to an upright chair or wheelchair, and vice versa.

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

**You or your** means the person named in the **policy schedule** as the policyholder.

#### **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 your insurer 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)).

# Product summary - PrimeShield



## Product information – what we cover

PrimeShield is an insurance plan which pays you a monthly sum if you become severely disabled. It is designed to work alongside Basic ElderShield and provides extra benefits to meet the needs of those who would like more cover.

As an example, we are using PrimeShield at a benefit level of \$1000.

### PrimeShield for policyholders under Basic ElderShield 300

Cover	Basic ElderShield 300 only	Basic ElderShield 300 and PrimeShield 1000
Monthly disability benefit	\$300 for 60 months	\$1000 (see note 1)
Lump-sum benefit	Nil	\$3000 one-time payment
Dependant care benefit	Nil	\$250 for up to 36 months
Get-well benefit or death benefit	Nil	\$3000 one-time payment
Total payout	\$18 000	Payout as long as you suffer from severe disability

Note 1 : For the first 60 months - \$300 for Basic ElderShield and \$700 for PrimeShield.  
From 61st month onwards - \$1,000 for PrimeShield.

### PrimeShield for policyholders under Basic ElderShield 400

Cover	Basic ElderShield 400 only	Basic ElderShield 400 and PrimeShield 1000
Monthly disability benefit	\$400 for 72 months	\$1000 (see note 2)
Lump-sum benefit	Nil	\$3000 one-time payment
Dependant care benefit	Nil	\$250 for up to 36 months
Get-well benefit or death benefit	Nil	\$3000 one-time payment
Total payout	\$28 800	Payout as long as you suffer from severe disability

Note 2 : For the first 72 months - \$400 for Basic ElderShield and \$600 for PrimeShield.  
From 73rd month onwards - \$1,000 for PrimeShield.

PrimeShield provides the following benefits if you are certified to be severely disabled by a qualified assessor from the panel that we have appointed.

You can only buy PrimeShield if you have an existing Basic ElderShield plan.

# Benefits we will pay

## 1 Lump-sum benefit

We will pay a one-time lump-sum benefit which is three times your monthly disability benefit. If you recover from the severe disability after we have paid this benefit but then become severely disabled again, you are not entitled to this benefit again.

## 2 Monthly disability benefit

We will pay a monthly disability benefit as well as the monthly payout under your Basic ElderShield plan. This monthly disability benefit continues even after your Basic ElderShield plan has been fully paid out, as long as you are still severely disabled. We will pay the first monthly disability benefit on the day immediately after the deferment period. We will then pay it on the same day every month. The deferment period is a 90-day period from the claim date.

The monthly disability benefit we will pay depends on the type of Basic ElderShield plan you own at the start date of your cover under PrimeShield.

This benefit ends immediately on the date you recover from the severe disability or die (as the case may be). If you have recovered but become severely disabled again, you are entitled to a further payment of this benefit.

## 3 Dependant care benefit

If you have at least one child who has not reached the age of 21 and you become severely disabled, we will pay a dependant care benefit which is 25% of your monthly disability benefit. We will pay this benefit to you every month for up to 36 months in your lifetime.

This benefit ends immediately on the date you recover from the severe disability or die (as the case may be). If you have recovered but become severely disabled again, you are entitled to a further payment of this benefit as long as we have not paid you this benefit for more than 36 months in your lifetime.

## 4 Get-well or death benefit

We will pay a get-well or death benefit which is three times your monthly disability benefit as a one-time payment if:

- you recover from the severe disability while receiving the monthly disability benefit under this policy; or
- you die while receiving the monthly disability benefit under this policy.

If you have recovered and received the get-well benefit but become severely disabled again or die, you (or your beneficiaries) are not entitled to a further payment of this benefit.

### Definition of severe disability or severely disabled

Severe disability or severely disabled means your inability to perform at least three of the following activities of daily living, even with the aid of special equipment, and always to require the physical assistance of another person throughout the entire activity.

The assessment and the definition of activities of daily living are the same for Basic ElderShield plan.

- Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash 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 or medical appliances.
- Feeding – the ability to feed oneself food after it has been prepared and made available.
- Toileting – the ability to use the lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances if appropriate.
- Mobility – the ability to move indoors from room to room on level surfaces.
- Transferring – the ability to move from a bed to an upright chair or wheelchair, and vice versa.

## PrimeShield 300 yearly premium rates table (Premiums include GST.)

Entry age last birthday	Monthly disability benefit															
	Male															
	500	600	700	800	900	1000	1100	1200	1300	1400	1500	2000	2500	3000		
40	265.40	325.30	384.20	444.10	504.00	562.90	622.80	682.70	742.60	801.50	861.40	1,159.90	1,457.40	1,755.90		
41	277.20	340.30	403.40	466.60	529.70	592.80	656.00	719.10	782.20	845.30	908.50	1,224.10	1,539.80	1,855.40		
42	290.00	357.40	423.80	491.20	557.50	624.90	691.30	758.70	825.00	892.40	958.80	1,293.70	1,628.60	1,962.40		
43	303.90	375.60	446.20	517.90	588.50	659.20	730.90	801.50	872.10	943.80	1,014.40	1,369.60	1,724.90	2,080.10		
44	320.00	395.90	470.80	546.80	621.70	697.70	772.60	848.60	924.50	999.40	1,075.40	1,453.10	1,830.80	2,208.50		
45	337.10	417.30	497.60	577.80	659.20	739.40	819.70	899.90	980.20	1,061.50	1,141.70	1,544.10	1,946.40	2,348.70		
46	355.30	442.00	527.60	613.20	698.80	785.40	871.00	956.60	1,043.30	1,128.90	1,214.50	1,643.60	2,073.70	2,502.80		
47	363.80	452.70	541.50	631.30	720.20	809.00	897.80	986.60	1,075.40	1,164.20	1,253.00	1,698.10	2,142.20	2,587.30		
48	373.50	465.50	557.50	649.50	741.60	833.60	925.60	1,017.60	1,109.60	1,201.70	1,293.70	1,753.80	2,213.90	2,675.00		
49	382.00	477.30	573.60	668.80	764.00	859.30	954.50	1,049.70	1,144.90	1,240.20	1,336.50	1,812.60	2,289.80	2,767.10		
50	391.70	491.20	589.60	689.10	787.60	886.00	985.50	1,084.00	1,182.40	1,281.90	1,380.30	1,874.70	2,369.00	2,863.40		
51	402.40	505.10	607.80	710.50	812.20	914.90	1,017.60	1,120.30	1,222.00	1,324.70	1,427.40	1,940.00	2,452.50	2,963.90		
52	414.10	520.10	626.00	733.00	838.90	944.90	1,051.90	1,157.80	1,263.70	1,370.70	1,476.60	2,008.40	2,540.20	3,072.00		
53	424.80	536.10	646.30	756.50	866.70	977.00	1,088.20	1,198.40	1,308.70	1,418.90	1,529.10	2,081.20	2,633.30	3,185.40		
54	437.70	552.20	667.70	782.20	896.70	1,011.20	1,126.80	1,241.20	1,355.70	1,470.20	1,585.80	2,159.30	2,732.80	3,306.30		
55	451.60	571.40	690.20	810.00	928.80	1,048.60	1,167.40	1,287.30	1,406.00	1,525.90	1,645.70	2,241.70	2,838.80	3,435.80		
56	466.60	590.70	714.80	838.90	963.00	1,088.20	1,212.40	1,336.50	1,460.60	1,585.80	1,709.90	2,331.60	2,953.20	3,574.90		
57	481.50	612.10	741.60	871.00	1,000.50	1,130.00	1,260.50	1,390.00	1,519.40	1,648.90	1,779.50	2,427.90	3,076.30	3,724.70		
58	499.70	634.60	770.40	905.30	1,041.20	1,177.00	1,311.90	1,447.80	1,583.60	1,718.50	1,854.40	2,531.70	3,209.00	3,886.30		
59	517.90	660.20	801.50	943.80	1,085.00	1,227.30	1,368.60	1,510.90	1,652.10	1,794.40	1,935.70	2,645.10	3,354.50	4,062.80		
60	539.30	688.10	836.80	985.50	1,134.20	1,283.00	1,431.70	1,580.40	1,729.20	1,877.90	2,026.60	2,769.20	3,512.90	4,256.50		
61	561.80	718.00	874.20	1,030.50	1,186.70	1,342.90	1,499.10	1,655.30	1,811.60	1,967.80	2,124.00	2,906.20	3,687.30	4,468.40		
62	587.50	752.30	916.00	1,080.70	1,245.50	1,410.30	1,574.00	1,738.80	1,903.60	2,068.40	2,232.10	3,054.90	3,877.70	4,700.60		
63	615.30	788.60	963.00	1,136.40	1,309.70	1,483.10	1,657.50	1,830.80	2,004.20	2,177.50	2,351.90	3,219.70	4,087.40	4,955.20		
64	646.30	830.40	1,013.30	1,197.40	1,381.40	1,564.40	1,748.40	1,932.50	2,115.40	2,299.50	2,483.50	3,401.60	4,319.60	5,238.80		

### PrimeShield 300 yearly premium rates table (Premiums include GST.)

Entry age last birthday	Paid until you reach	Monthly disability benefit															
		Female															
		500	600	700	800	900	1000	1100	1200	1300	1400	1500	2000	2500	3000		
40	333.90	410.90	488.00	566.10	643.10	720.20	797.20	875.30	952.30	1,029.40	1,106.40	1,492.70	1,879.00	2,265.20			
41	349.90	431.30	513.60	595.00	677.40	758.70	841.10	922.40	1,004.80	1,086.10	1,168.50	1,577.20	1,986.00	2,394.70			
42	367.10	453.70	540.40	627.10	713.70	800.40	888.10	974.80	1,061.50	1,148.20	1,234.80	1,668.20	2,101.50	2,535.90			
43	386.30	478.30	570.40	662.40	754.40	846.40	938.40	1,030.50	1,122.50	1,214.50	1,307.60	1,767.70	2,227.80	2,689.00			
44	406.60	505.10	602.50	700.90	798.30	896.70	994.10	1,092.50	1,189.90	1,288.30	1,386.80	1,875.80	2,365.80	2,855.90			
45	429.10	534.00	637.80	742.60	846.40	951.30	1,056.10	1,159.90	1,264.80	1,368.60	1,473.40	1,994.50	2,516.70	3,038.80			
46	453.70	566.10	677.40	788.60	899.90	1,011.20	1,122.50	1,234.80	1,346.10	1,457.40	1,568.70	2,126.10	2,683.60	3,240.00			
47	465.50	581.10	696.60	811.10	926.70	1,042.20	1,156.70	1,272.30	1,387.80	1,503.40	1,617.90	2,194.60	2,771.30	3,347.00			
48	477.30	597.10	715.90	834.60	954.50	1,073.30	1,193.10	1,311.90	1,431.70	1,550.50	1,669.20	2,265.20	2,862.30	3,458.30			
49	490.10	613.20	736.20	859.30	983.40	1,106.40	1,229.50	1,352.50	1,476.60	1,599.70	1,722.70	2,339.10	2,956.50	3,572.80			
50	502.90	630.30	757.60	884.90	1,013.30	1,140.70	1,268.00	1,395.30	1,523.70	1,651.10	1,778.40	2,416.10	3,053.80	3,692.60			
51	515.80	648.50	780.10	911.70	1,044.40	1,176.00	1,308.70	1,440.30	1,571.90	1,704.60	1,836.20	2,496.40	3,156.50	3,816.70			
52	529.70	666.70	803.60	940.60	1,076.50	1,213.40	1,350.40	1,487.30	1,623.20	1,760.20	1,897.20	2,580.90	3,264.60	3,947.30			
53	544.70	687.00	828.20	969.50	1,111.80	1,253.00	1,394.30	1,536.60	1,677.80	1,819.00	1,961.40	2,669.70	3,377.00	4,085.30			
54	560.70	707.30	853.90	1,001.60	1,148.20	1,294.70	1,441.30	1,587.90	1,735.60	1,882.20	2,028.80	2,762.80	3,496.80	4,230.80			
55	577.80	729.80	882.80	1,034.70	1,186.70	1,339.70	1,491.60	1,643.60	1,796.60	1,948.50	2,100.50	2,862.30	3,624.10	4,386.00			
56	596.00	754.40	911.70	1,070.00	1,228.40	1,386.80	1,545.10	1,703.50	1,861.80	2,019.10	2,177.50	2,969.30	3,760.00	4,550.80			
57	615.30	780.10	944.90	1,108.60	1,273.30	1,438.10	1,602.90	1,767.70	1,931.40	2,096.20	2,261.00	3,083.80	3,906.60	4,729.40			
58	636.70	807.90	980.20	1,151.40	1,322.60	1,493.80	1,666.00	1,837.20	2,008.40	2,179.60	2,351.90	3,209.00	4,066.00	4,923.10			
59	660.20	840.00	1,018.70	1,197.40	1,377.10	1,555.80	1,734.50	1,914.30	2,093.00	2,271.70	2,451.40	3,345.90	4,241.50	5,136.00			
60	687.00	874.20	1,062.60	1,249.80	1,437.10	1,624.30	1,811.60	1,998.80	2,186.10	2,373.30	2,561.60	3,497.90	4,435.20	5,371.40			
61	716.90	913.80	1,109.60	1,306.50	1,503.40	1,700.30	1,897.20	2,093.00	2,289.80	2,486.70	2,683.60	3,666.90	4,649.20	5,632.50			
62	750.10	956.60	1,164.20	1,370.70	1,577.20	1,784.80	1,991.30	2,198.90	2,405.40	2,613.00	2,819.50	3,854.20	4,888.90	5,923.60			
63	787.60	1,005.80	1,224.10	1,442.40	1,660.70	1,880.00	2,098.30	2,316.60	2,534.90	2,753.20	2,972.50	4,065.00	5,157.40	6,249.90			
64	829.30	1,060.40	1,291.50	1,523.70	1,754.80	1,987.00	2,218.20	2,449.30	2,681.50	2,912.60	3,143.70	4,301.40	5,459.20	6,616.90			

# PrimeShield 400 yearly premium rates table (Premiums include GST.)

Entry age last birthday	Monthly disability benefit															
	Male															
	500	600	700	800	900	1000	1100	1200	1300	1400	1500	2000	2500	3000		
40	217.30	277.20	336.00	395.90	455.90	514.70	574.60	634.60	694.50	753.30	813.20	1,111.80	1,409.20	1,707.80		
41	225.80	288.90	352.10	415.20	478.30	541.50	604.60	667.70	730.90	794.00	857.10	1,172.80	1,488.40	1,804.10		
42	236.50	302.90	370.30	436.60	504.00	570.40	637.80	704.10	771.50	837.90	905.30	1,239.10	1,574.00	1,908.90		
43	247.20	317.80	388.50	460.10	530.80	601.40	673.10	743.70	815.40	886.00	956.60	1,311.90	1,667.10	2,022.30		
44	257.90	333.90	409.90	484.80	560.70	635.60	711.60	787.60	862.50	938.40	1,013.30	1,391.00	1,768.80	2,146.50		
45	271.80	352.10	432.30	512.60	592.80	674.10	754.40	834.60	914.90	995.10	1,076.50	1,478.80	1,881.10	2,283.40		
46	285.70	371.30	456.90	543.60	629.20	714.80	800.40	887.10	972.70	1,058.30	1,144.90	1,574.00	2,003.10	2,433.20		
47	291.10	379.90	468.70	558.60	647.40	736.20	825.00	913.80	1,002.60	1,091.40	1,180.30	1,625.40	2,069.40	2,514.50		
48	297.50	389.50	481.50	573.60	665.60	757.60	849.60	941.60	1,033.70	1,125.70	1,217.70	1,678.90	2,139.00	2,599.10		
49	303.90	399.20	494.40	589.60	685.90	781.10	876.40	971.60	1,066.80	1,162.10	1,257.30	1,734.50	2,211.70	2,687.90		
50	310.30	409.90	508.30	606.70	706.20	804.70	904.20	1,002.60	1,101.10	1,200.60	1,299.00	1,793.40	2,287.70	2,781.00		
51	317.80	420.60	523.30	624.90	727.60	830.40	933.10	1,034.70	1,137.50	1,240.20	1,342.90	1,855.40	2,368.00	2,879.40		
52	325.30	432.30	538.30	644.20	751.20	857.10	963.00	1,070.00	1,176.00	1,283.00	1,388.90	1,920.70	2,452.50	2,983.20		
53	333.90	444.10	554.30	664.50	775.80	886.00	996.20	1,106.40	1,216.60	1,326.80	1,438.10	1,989.20	2,541.30	3,093.40		
54	342.40	456.90	571.40	687.00	801.50	916.00	1,030.50	1,146.00	1,260.50	1,375.00	1,489.50	2,063.00	2,637.60	3,211.10		
55	352.10	470.80	590.70	710.50	829.30	949.10	1,067.90	1,187.70	1,306.50	1,426.40	1,545.10	2,142.20	2,739.20	3,336.30		
56	361.70	486.90	611.00	735.10	859.30	983.40	1,108.60	1,232.70	1,356.80	1,480.90	1,605.00	2,227.80	2,849.50	3,471.10		
57	373.50	502.90	632.40	761.90	892.40	1,021.90	1,151.40	1,280.80	1,410.30	1,540.80	1,670.30	2,318.70	2,967.20	3,615.60		
58	385.20	521.10	656.00	791.80	927.70	1,062.60	1,198.40	1,333.30	1,469.20	1,605.00	1,739.90	2,417.20	3,095.60	3,772.90		
59	399.20	540.40	682.70	823.90	966.30	1,107.50	1,249.80	1,391.00	1,533.40	1,674.60	1,816.90	2,525.20	3,234.70	3,944.10		
60	413.10	561.80	710.50	859.30	1,008.00	1,156.70	1,305.40	1,454.20	1,602.90	1,751.60	1,900.40	2,644.00	3,387.70	4,131.30		
61	430.20	586.40	742.60	898.80	1,055.10	1,211.30	1,367.50	1,523.70	1,679.90	1,836.20	1,992.40	2,773.50	3,554.60	4,335.70		
62	448.40	612.10	776.90	941.60	1,106.40	1,270.10	1,434.90	1,599.70	1,764.50	1,928.20	2,093.00	2,915.80	3,737.60	4,560.40		
63	467.60	641.00	815.40	988.70	1,162.10	1,335.40	1,509.80	1,683.20	1,856.50	2,029.80	2,204.20	3,072.00	3,939.80	4,808.60		
64	490.10	674.10	857.10	1,041.20	1,224.10	1,408.20	1,592.20	1,775.20	1,959.20	2,143.30	2,326.20	3,245.40	4,163.40	5,081.50		

## PrimeShield 400 yearly premium rates table (Premiums include GST.)

Entry age last birthday	Paid until you reach	Monthly disability benefit															
		Female															
		500	600	700	800	900	1000	1100	1200	1300	1400	1500	2000	2500	3000		
40	272.90	349.90	427.00	505.10	582.10	659.20	736.20	814.30	891.40	968.40	1,045.40	1,431.70	1,818.00	2,204.20			
41	285.70	367.10	448.40	530.80	612.10	694.50	775.80	858.20	939.50	1,021.90	1,103.20	1,512.00	1,921.80	2,330.50			
42	298.60	385.20	471.90	558.60	645.30	731.90	818.60	905.30	993.00	1,079.70	1,166.30	1,599.70	2,033.00	2,467.50			
43	313.60	405.60	497.60	589.60	681.60	773.70	865.70	957.70	1,049.70	1,141.70	1,233.80	1,694.90	2,155.00	2,615.10			
44	328.50	427.00	525.40	622.80	721.20	818.60	917.00	1,014.40	1,112.80	1,210.20	1,308.70	1,798.70	2,287.70	2,777.80			
45	346.70	450.50	555.40	659.20	764.00	867.80	972.70	1,077.50	1,181.30	1,286.20	1,390.00	1,912.10	2,434.30	2,956.50			
46	366.00	477.30	588.50	699.80	811.10	922.40	1,034.70	1,146.00	1,257.30	1,368.60	1,479.90	2,037.30	2,594.80	3,152.30			
47	373.50	489.00	604.60	719.10	834.60	950.20	1,065.80	1,180.30	1,295.80	1,411.40	1,525.90	2,102.60	2,679.30	3,255.00			
48	382.00	501.90	620.60	739.40	859.30	978.00	1,097.90	1,216.60	1,336.50	1,455.20	1,574.00	2,170.00	2,767.10	3,363.10			
49	391.70	514.70	637.80	760.80	883.90	1,008.00	1,131.00	1,254.10	1,377.10	1,501.30	1,624.30	2,240.60	2,856.90	3,474.30			
50	400.20	527.60	656.00	783.30	910.60	1,037.90	1,166.30	1,293.70	1,421.00	1,548.30	1,675.70	2,314.50	2,952.20	3,589.90			
51	409.90	541.50	674.10	805.80	938.40	1,070.00	1,202.70	1,334.30	1,465.90	1,598.60	1,730.20	2,390.40	3,050.60	3,710.80			
52	420.60	556.40	693.40	830.40	967.30	1,103.20	1,240.20	1,377.10	1,514.10	1,650.00	1,786.90	2,470.70	3,154.40	3,837.10			
53	431.30	572.50	713.70	856.00	997.30	1,138.50	1,280.80	1,422.10	1,563.30	1,705.60	1,846.90	2,555.20	3,262.50	3,970.80			
54	442.00	588.50	736.20	882.80	1,029.40	1,176.00	1,322.60	1,469.20	1,616.80	1,763.40	1,910.00	2,644.00	3,378.00	4,112.10			
55	453.70	606.70	758.70	910.60	1,063.60	1,215.60	1,368.60	1,520.50	1,672.50	1,825.50	1,977.40	2,739.20	3,500.00	4,261.90			
56	467.60	624.90	783.30	941.60	1,100.00	1,258.40	1,416.70	1,575.10	1,732.40	1,890.70	2,049.10	2,840.90	3,631.60	4,422.40			
57	481.50	646.30	810.00	974.80	1,139.60	1,304.40	1,469.20	1,632.90	1,797.60	1,962.40	2,127.20	2,950.00	3,772.90	4,595.70			
58	496.50	668.80	840.00	1,011.20	1,182.40	1,354.70	1,525.90	1,697.10	1,868.30	2,040.50	2,211.70	3,068.80	3,925.90	4,784.00			
59	514.70	693.40	872.10	1,051.90	1,230.50	1,409.20	1,589.00	1,767.70	1,946.40	2,126.10	2,304.80	3,199.30	4,094.90	4,990.50			
60	534.00	721.20	908.50	1,095.70	1,283.00	1,470.20	1,658.50	1,845.80	2,033.00	2,220.30	2,407.50	3,344.90	4,281.10	5,218.40			
61	555.40	752.30	949.10	1,144.90	1,341.80	1,538.70	1,735.60	1,931.40	2,128.30	2,325.20	2,522.00	3,505.40	4,488.70	5,472.00			
62	580.00	786.50	994.10	1,200.60	1,407.10	1,614.70	1,821.20	2,028.80	2,235.30	2,441.80	2,649.40	3,684.10	4,718.70	5,753.40			
63	606.70	825.00	1,044.40	1,262.60	1,480.90	1,699.20	1,918.60	2,136.80	2,355.10	2,573.40	2,791.70	3,884.10	4,977.70	6,070.20			
64	637.80	868.90	1,101.10	1,332.20	1,564.40	1,795.50	2,026.60	2,258.80	2,489.90	2,721.10	2,953.20	4,109.90	5,267.70	6,425.40			

## 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.

### Lifetime cover

We guarantee to provide cover under your policy for your lifetime. We will not end your policy for any reason other than those shown in the clause on ending the policy and the clause on the waiting period.

### Premium

The premium that you have to pay us to receive the benefits is shown in the premium rates table. You must pay the premium every year up to the age shown in the premium rates table. You may choose to either pay the premium using a Medisave account, up to a limit of \$600 a calendar year in line with the Central Provident Fund Act and its Regulations, or in cash, or both.

You can pay the premium, or any part of it, using cash if the premium due is more than the maximum amount which is allowed to be taken from your Medisave account or there are not enough funds in your Medisave account to pay the premium due.

The premium that you pay for this policy can change. If we change the premium for your policy, we will write to you at your last-known address. We will do this at least 30 days before the change is to take place. We will tell you what your new premium will be.

### Waiver of premium

We will allow you to stop paying premiums if you are severely disabled and eligible to receive benefit payments under your policy. You will have to start paying premiums again after you are no longer severely disabled and benefit payments have ended.

### Exclusions

There are certain conditions when we will not pay any benefits. These are shown as exclusions in the contract. You should read the policy contract for the full list of exclusions. Some exclusions are listed below. Your policy does not cover any severe disability arising directly or indirectly from:

- deliberately injuring yourself or attempted suicide, whether you are sane or insane;
- war, whether declared or not; or
- alcoholism or drug addiction.

We do not pay any benefit for pre-existing disability or severe disability arising from pre-existing conditions unless you have told us about the pre-existing conditions and we have accepted them before the start date of your cover.

## **Waiting period**

During the first 90 days from the start date of your cover, we do not pay any claim except claims resulting from an accident. If you become severely disabled during this waiting period (other than due to an accident), your policy will end and you will receive a full refund of your premium.

## **Deferment period**

Deferment period means the 90-day period from the claim date (inclusive). We will pay the first benefit payment immediately after the deferment period. We treat the claim date as the date on which your disability is certified (confirmed) by our appointed panel assessor who will assess your ability to carry out the activities of daily living.

## **Guaranteed renewable**

We guarantee to renew your policy every year as long as none of the conditions in the clause on ending the policy apply.

## **Ending the policy**

This policy will end when:

- you die;
- we do not receive your premium after the grace period of 75 days after the premium due date;
- we receive your written notice to end the policy;
- your Basic ElderShield plan is cancelled, unless your Basic ElderShield plan is cancelled as a result of you having received the last benefit payment under it; or
- you commit any act of fraud or we find out you misrepresented information.

## **Free-look period**

We will give you 60 days from the time you receive this policy to decide whether you want to continue with it. If you do not want to continue, you may write to us to cancel this policy and get a refund of your premium paid, less medical and other expenses we spent in considering your application. We consider that this policy has been delivered (and received) seven days after we post it.

## **Changes to policy terms or conditions**

We may change the benefits, terms, conditions or name of your policy at any time. However, we will write to you at your last-known address at least 30 days before doing so. The change will take effect from the next renewal date.

## **No cash-in value**

This policy has no cash-in value.

## **Policy Owner's 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 your insurer or visit the GIA/LIA or SDIC web-sites ([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.

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