

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 VivoLink

Your policy

VivoLink is a regular-premium investment-linked plan designed to increase the value of your regular investments. Through this plan, **you** can invest in one or a number of investment funds.

Each fund is divided into equal units and **we** will allocate a certain number of units in the fund to your policy depending on the amount of money **you** invest. The return on your investments depends on the performance of the funds **you** have chosen and the fund charges.

Each unit has an offer price and a bid price. **We** use the offer price to buy units. **We** use the bid price to work out the cash-in value of your investments when **you** want to take out money from your policy. The value of units can fall as well as rise and is not guaranteed.

This plan provides an element of life cover. **We** will pay benefits if the insured becomes **totally and permanently disabled** (before the age of 70), is diagnosed with a specified dread disease, or dies. If **you** are **retrenched** under the conditions **we** give, **we** will continue to provide the full cover for a certain period.

You may cash in all or part of this policy. However, early cash-in charges may apply. So **you** should consider this carefully. **We** recommend that **you** get financial advice.

1 What your policy covers

a Death benefit for a standard life

If the insured dies (not as a result of **accidental** death), **we** will pay:

- the basic benefit; or
 - the cash-in value at the time **we** are told of the claim;
- whichever is higher.

This policy will end when **we** make this payment.

Age at death	Basic benefit
Under 50	10 times the annualised premium , and 1.05 times all top-ups
50 to 64	5 times the annualised premium , and 1.05 times all top-ups
Above 64	1 times the annualised premium , and 1 times all top-ups

The basic benefits shown above will not apply if **you** have already cashed in part of the policy. In this case, **we** will work out the amount of the reduced basic benefit.

b Total and permanent disability (TPD) benefit for a standard life

If the insured becomes **totally and permanently disabled** (before the age of 70), **we** will pay:

- the basic benefit; or
 - the cash-in value at the time **we** are told about the claim;
- whichever is higher.

This policy will end when **we** make this payment.

Age at being totally and permanently disabled	Basic benefit
Under 50	10 times the annualised premium , and 1.05 times all top-ups
50 to 64	5 times the annualised premium , and 1.05 times all top-ups
Above 64	1 times the annualised premium , and 1 times all top-ups

The basic benefits shown above will not apply if **you** have already cashed in part of the policy. In this case, **we** will work out the amount of the reduced basic benefit.

c Dread disease benefit for a standard life

If the insured is diagnosed with a specified dread disease, **we** will pay:

- the basic benefit; or
 - the cash-in value at the time **we** are told about the claim;
- whichever is higher.

This policy will end when **we** make this payment.

Age at being diagnosed with a specified dread disease	Basic benefit
Under 50	5 times the annualised premium , and 1.05 times all top-ups
50 to 64	2 times the annualised premium , and 1.05 times all top-ups
Above 64	1 times the annualised premium , and 1 times all top-ups

The basic benefits shown above will not apply if **you** have already cashed in part of the policy. In this case, **we** will work out the amount of the reduced basic benefit.

d Accidental death benefit for a standard life

If the insured dies as a result of an **accident**, **we** will pay the basic benefit or the cash-in value at the time **we** are told of the claim, whichever is higher. However, if the insured was taking part in a **restricted activity** at the time of the **accident**, **we** will reduce the basic benefit.

Age at accidental death	Basic benefit under normal activity	Basic benefit under restricted activity
Under 50	20 times the annualised premium , and 1.05 times all top-ups	13 times the annualised premium , and 1.05 times all top-ups
50 to 64	10 times the annualised premium , and 1.05 times all top-ups	6.5 times the annualised premium , and 1.05 times all top-ups
Above 64	2 times the annualised premium , and 1 times all top-ups	1.3 times the annualised premium , and 1 times all top-ups

Example: An insured person died from an **accident** which happened while he was taking part in a **restricted activity**. He was aged 64 at the time **we** were told about the claim. There were no top-ups made to his policy. As a result, **we** will pay 6.5 times the **annualised premium**.

We will pay this benefit only if death happens within 365 days of the **accident**. The policy will end when **we** make this payment.

The basic benefits shown above will not apply if **you** have already cashed in part of the policy. In this case, **we** will work out the amount of the reduced basic benefit.

e Full cover during retrenchment

If **you** did not pay your regular premiums because **you** have been **retrenched**, **we** will continue to provide cover for **TPD** (before the age of 70), dread disease, death, and **accidental** death, for up to 24 months. If **you** choose to cash in all of this policy during this 24-month period, **we** will not apply any early cash-in charges.

For this to apply, **you** must meet all the following conditions.

- **You** are treated as a **standard life**.
- **You** must have paid at least six months' premiums.
- Your **retrenchment** must have taken place no earlier than six months after the **cover start date**.
- **You** have not been able to find employment for three months in a row after being **retrenched**.

You will have to pay premiums for the month that **you** start **permanent paid employment**.

This benefit will not apply if your claim arises from **you**:

- retiring, leaving after a probation period, resigning or being dismissed;
- suffering a psychological condition, disability or illness;
- taking part in a labour dispute;
- coming to the end of an employment contract;
- being involved in a staff reduction programme or unemployment **you** knew was going to happen before the **cover start date**;
- being employed for less than six months by an **employer**; or

- being employed by an **employer** not incorporated or registered in Singapore.

We will provide this benefit only once under this policy.

2 Putting money into your policy

a Regular premiums

You will pay your first regular premium at the time **you** apply for this policy. **We** may set a minimal amount. **You** will then pay future premiums when they are due. **You** will have 30 days as a period of grace to make these payments.

If **you** still have not paid the premium after the period of grace, this policy will enter into a premium holiday. During this premium holiday period, **we** will continue to provide cover for **TPD** (before the age of 70), dread disease, death, and **accidental** death, for up to 24 months. **You** must meet all the following conditions.

- For the first premium holiday, **you** must have paid the premiums for at least the last 36 months, as and when premiums were due.
- For any future premium holiday, **you** must have paid at least 36 months' premiums including all of the last 12 months' premiums, as and when premiums were due.

Otherwise, if **you** make a claim, **we** will only pay the cash-in value.

Any premium holiday will end once **you** start paying your regular premiums again.

b Regular premium allocation rate

This allocation rate is a percentage of your regular premiums that **we** use to buy units (at the offer price) in the funds **you** choose. Allocation rates vary as shown in this table.

Monthly regular premium (or its equivalent) for each premium stream	Allocation rate of regular premiums
1 st to 12 th	55%
13 th to 24 th	65%
25 th to 36 th	75%
37 th onwards	100%

If **you** increase your regular premium, **we** will make this change when your next regular premium is due. **We** will treat the extra amount as a new premium stream when applying the allocation rates.

Example:

You started with a regular premium of \$100 per month. For the first 12 premiums (in other words, 1st to 12th), **we** will use 55% of each \$100 to buy units. For the next 12 premiums (13th to 24th), **we** will use 65% of each \$100 to buy units. For the next 12 premiums (25th to 36th), **we** will use 75% of each \$100 to buy units. After this, **we** will use 100% of each \$100 to buy units.

At any time, **you** may increase your regular premium to \$300. This is \$200 more than your original regular premium. **We** will treat this extra amount of \$200 as a new premium stream. For the first 12 premiums (in other words, 1st to 12th) of this new premium stream, **we** will use 55% of each \$200 to buy units. For the next 12 premiums (13th to 24th), **we** will use 65% of each \$200 to buy units. For the next 12 premiums (25th to 36th), **we** will use 75% of each \$200 to buy units. After this, **we** will use 100% of each \$200 to buy units.

c Top-ups

You can add extra payments called ‘top-ups’ at any time by filling in the necessary forms. **We** may set a minimum amount for each top-up.

We will use 100% of your top-ups to buy units (at the offer price) in the funds **you** choose on the forms.

When **we** work out any claim benefit, **we** will not consider any top-ups that were made after the event giving rise to the claim.

Top-ups do not form part of your regular premiums.

d Advance premiums

If **you** pay more regular premiums than are needed, **we** will treat them as premiums paid in advance for future months. **We** will follow the same choice (and proportion) of funds **you** chose for your regular premiums.

We may change the way **we** treat these premiums by giving **you** notice.

3 Options you have

a Reducing your regular premium

You may reduce the regular premium as long as **you** have paid the last regular premium amount for at least 12 months. **We** will make this change when your next regular premium is due. **We** may set a minimum amount for each fund.

Example:

You started with a regular premium of \$100 per month for eight months. **You** then increased this to \$200, and **you** paid this higher amount for five

months. If **you** wanted to reduce your regular premium to \$100, **we** would not allow it, until **you** have paid the premium of \$200 for another seven months.

When there is more than one premium stream, **we** will apply the reduction in the regular premium on the latest premium stream.

Example:

You started with a regular premium of \$200 per month. This is your 1st premium stream. **You** then increased this to \$330 a month. The extra amount of \$130 is your 2nd premium stream. In future, if **you** wanted to reduce the regular premium from \$330 to \$150 a month and **we** allowed it, **we** would first reduce from the 2nd premium stream (in other words, from \$130 to \$0), before **we** reduce from the 1st premium stream (in other words, from \$200 to \$150).

b Switching funds

You can switch between funds at any time. If **you** are not switching out of a fund completely, **we** may tell **you** to leave a minimum amount in that fund.

We may charge **you** a small amount and set a minimum amount for each switch. **We** may also limit the number of switches **you** can carry out.

We may take this action when **we** have good reason to suspect that by switching funds **you** are taking part in activities which aim to take unfair advantage of market timing opportunities. Market timing refers to the practice of short-term buying and selling of units to take advantage of fund pricing. **We** may also do this if **you** show a pattern of carrying out a lot of transactions over the short term or your transactions are likely, in **our** reasonable opinion, to disrupt the pricing of units of the funds affected.

We will carry out the fund switch on a bid-to-bid basis. This means **we** will sell the existing fund at its bid price and use the cash-in value to buy the new fund at its bid price.

c Loans

You may take a loan from this policy depending on **our** terms and conditions. There may be times when **we** may refuse to grant **you** a loan.

We will take all loans and their interest from any amount **we** may be due to pay under this policy. If at any time the amount of the loans and interest is more than the cash-in value, this policy will end.

You may repay all or part of the loan at any time. The interest charged on the loan will be based on the rate agreed at the time **you** took the loan. **We** may change the interest rate at any time by giving **you** 30 days' notice.

4 Taking money out of your policy

You may take money out of your policy by cashing it in partly or fully. **We** will cash in units (at the bid price) to make the payments. **We** may set a minimum amount which **you** can withdraw. **We** may also tell **you** to leave behind a minimum fund or policy value.

If **you** cash in the policy in full and **you** have paid less than 61 months of regular premiums (or its equivalent if **you** do not pay your regular premiums monthly) for each premium stream, **you** will have to pay early cash-in charges.

We work out the charges as a percentage of the **annualised premium**. **We** treat any increase in the regular premium as a new premium stream

and **we** charge early cash-in charges on each premium stream.

Number of monthly premiums paid for each premium stream	Early cash-in charges as a percentage of the annualised premium
Less than 13 months	25%
13 to 24 months	20%
25 to 36 months	15%
37 to 48 months	10%
49 to 60 months	5%

Example:

You started with a regular premium of \$100 per month for 48 months. This is your 1st premium stream. **You** then increased this to \$300 and **you** paid this higher amount for seven months. The increased amount of \$200 is your 2nd premium stream. Then, **you** increased your regular premium to \$350 and **you** paid this amount for six months. The increased amount of \$50 is your 3rd premium stream. After this, **you** cashed the policy in fully. The total early cash-in charges will be \$630, as worked out in the table below. **We** will take this amount from your cash-in value.

Premium stream	Number of monthly premiums paid	Annualised premium	Early cash-in charges
1 st : \$100	48 + 7 + 6 = 61	\$100 x 12 = \$1200	\$0
2 nd : \$200	7 + 6 = 13	\$200 x 12 = \$2400	0.20 x \$2400 = \$480
3 rd : \$50	6	\$50 x 12 = \$600	0.25 x \$600 = \$150
Total			\$630

Your policy will end after **you** cash it in fully.

5 Other charges

There will be charges for the cost of setting up your investment-linked policy and the advice **you** receive. The charges also cover dealing with your policy and investing your money. These charges are set out below.

a Yearly management charge

This is an ongoing charge that **we** take from the funds. **We** work this out as a percentage of the value of your chosen funds. This percentage will not be more than 2%.

b Policy fee

You will pay a yearly policy fee of S\$150 for the first policy year and S\$60 for future policy years. **We** will take this policy fee from your policy value by cancelling units at the bid price.

We may change the policy fee at any time by giving **you** notice.

c Insurance cover charge

We do not charge for insurance cover. However, **we** may change this at any time by giving **you** notice.

d Other charges

We will take from the funds all direct expenses relating to buying, selling and valuing the investments of the funds.

6 Fund dealing times and pricing basis

To deal with your instruction on the same business day, **we** must receive your instructions (and premium payment for a 'buy' instruction) by 3pm Singapore time.

If it is not a business day (for example, it is a Saturday, Sunday or public holiday), **we** will deal with your instructions on the following business day.

We may change the 3pm cut-off point at any time by giving **you** notice.

The offer (buy) price means the price at which **you** buy the units of a fund. The bid (sell) price means the price at which **you** sell the units of a fund.

We deal with **our** funds on a forward pricing basis (in other words, **we** work out the price only when the market closes on that dealing day). This means **we** cannot know beforehand the prices at which instructions will be carried out.

We work out the bid price of each unit each day, or at other intervals that **we** set. **We** work out the bid price of each unit in the following way.

$$\text{Bid price} = \frac{\text{total value of the fund}}{\text{total number of units in the fund}}$$

To find the value of the funds, **we** will value the investments and other assets of the funds according to the latest insurance regulations. **We** will consider the expenses charged to the funds and any amounts the funds will have to pay out such as capital gains tax, capital levy or any other taxes.

You can find the offer and bid prices of the funds on **our** website.

7 Distributions

a Declaration of distributions

We may declare distributions for certain funds which have a distribution option. **You** will be entitled to receive these distributions if your policy has not ended and has units in these funds on the declaration date of the distribution.

The distribution amount will depend on the number of units **you** hold in these funds on the date **we** declare the distribution.

We set out the dates of when **we** announce, declare and pay out the distributions in the 'Semi Annual Fund Report' or 'Annual Fund Report', or its equivalent.

Distributions are not guaranteed. **We** may or may not pay a distribution every year.

b Reinvesting distributions

For all funds that declare distributions, **we** will reinvest each distribution into the fund from which it is paid. **We** do this by buying units at the bid price (unless **we** say otherwise) on the payout date as set out in the 'Semi Annual Fund Report' or 'Annual Fund Report', or its equivalent.

However, if the distribution amount for a fund is at least S\$50, **you** can choose to receive all future distributions from that fund as payouts instead, by telling **us** in writing at least 30 days before the next declaration date set out in the 'Semi Annual Fund Report' or 'Annual Fund Report', or its equivalent. This applies as long as the fund is not bought under any of these schemes.

- Central Provident Fund Investment Scheme (CPFIS)
- Supplementary Retirement Scheme (SRS)

We will then follow this same choice for the later distributions of that fund, unless **you** tell **us** your new choice at least 30 days before the next declaration date set out in the 'Semi Annual Fund Report' or 'Annual Fund Report', or its equivalent.

8 Special circumstances

We may suspend all transactions on a fund. Transactions include new applications to the fund, top-ups, switching, and cashing-in.

We may do this in the interest of investors and in exceptional circumstances. Reasons for suspending transactions usually fall into these few broad categories.

- Natural disasters, market closures, or the introduction of new exchange controls or laws in countries in which a fund has considerable investments, making valuation impossible or difficult.
- Liquidity issues, when a very large number of investors unexpectedly want to cash in their units at the same time or when asset values fall sharply and trading in the capital markets dries up, so assets cannot be sold to meet payouts (for example, during the 2008/2009 credit crisis).
- When one of the main organisations involved in operating the fund closes down, the fund may then suspend temporarily until a new party takes over.
- When funds are being wound up or merged with another fund.

In exceptional circumstances, if **we** believe it is in the best interests of all the investors in the funds,

we may create new funds or close or merge the funds by giving **you** notice.

If **we** close any funds, unless **you** tell **us** otherwise in writing, **we** will reinvest the cash-in value in any of **our** funds which have investment aims similar to the funds which have been closed.

We will decide how to manage the funds and choose the investments of the funds and the fund managers. **We** may change the investment aims, focus and approach, and fund managers of any funds by giving **you** notice.

9 Your policy cover - what you need to be aware of

a Cover for a non-standard life

For **non-standard** lives, **we** will only pay the cash-in value for any claim.

b Dread disease benefit

We only cover the dread diseases **we** define in this policy. The name of each dread disease is only a guide to what is covered. The full definition of each dread disease covered and the circumstances in which **you** can claim are given in this policy.

You must provide adequate medical evidence and **we** may ask the insured to have a medical examination by a doctor **we** have appointed. Every diagnosis must be supported by acceptable clinical, radiological, histological and laboratory evidence and confirmed by a **registered medical practitioner**.

We will not pay this benefit if your claim arises from:

- deliberate acts such as self-inflicted injuries, illnesses or attempted suicide;
- deliberate misuse of drugs or alcohol;
- acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency virus (HIV), except as stated under **HIV due to blood transfusion and occupationally acquired HIV**; or
- **major cancers, heart attack of specified severity, coronary artery bypass surgery, angioplasty and other invasive treatment for coronary artery or other serious coronary artery disease**, where the insured was diagnosed with the disease within 90 days after the **cover start date**. For **coronary artery by-pass surgery and angioplasty and other invasive treatment for coronary artery**, the date of diagnosis will be the date the medical condition that leads to the surgical procedure is diagnosed, and not the date of the surgical procedure.

c TPD benefit

Under the definition of TPD, if the insured is under 65 years old, he or she must be unable to carry out any occupation. **We** do not pay if the insured is merely unable to perform the same job as before, or is unable to perform a job to which their training, education or experience is suited for.

If the insured is 65 years old and above, but under 70 years old, he or she must be suffering from a **severe disability**. Otherwise, **we** will not pay the benefit.

However, if there is **total physical loss**, and the insured is under 70 years old, **we** will pay.

We will pay this benefit in a lump sum.

We will not pay this benefit if your claim arises from:

- deliberate acts such as self-inflicted injuries, illnesses or attempted suicide;
- unlawful acts, provoked assault or deliberate exposure to danger; or
- the effects of alcohol, drug or any dependence.

We will also not pay this benefit unless the insured is certified by a **registered medical practitioner** to have been **totally and permanently disabled** for at least six months in a row.

If the insured is also covered for TPD under any policies which have been issued in the past (whether issued by **us** or by any other insurer), the total **TPD** benefit due under all these policies cannot be more than S\$6.5 million (not including bonuses). In this case **we** will first take into account the amounts due under the earlier policies, and then pay out only an amount to bring the total payments to S\$6.5 million (not including bonuses). The cover for death will be reduced by the **TPD** payment, and this remaining cover will continue as long as **you** pay premiums on it. **We** will work out the remaining cover as well as the reduced premium **you** will need to pay for this remaining cover.

d Accidental death benefit

We will not pay the benefit if death is caused directly or indirectly by:

- deliberate acts such as self-inflicted injuries, suicide or attempted suicide;
- unlawful acts, provoked assault, or deliberate exposure to danger;
- the effects of alcohol, drugs, or any dependence;
- illnesses, psychological conditions, or eating disorders;
- heat stroke;
- a bad reaction to drug or medication;

- the effects of viruses (for example, dengue), bacteria or diseases;
- the negative effects or complications of medical and surgical care;
- treatment aimed at improving appearance, such as cosmetic surgery or any treatment relating to a previous cosmetic treatment;
- radiation or contamination from radioactivity;
- being in any aircraft, except as a fare-paying passenger in a commercial aircraft or during military operations in peacetime;
- military, air force or naval operations, except when carried out in peacetime;
- warlike operations (whether war is declared or not), war, invasion, riot, or any similar event;
- an **accident** which happens outside of Singapore, if the insured has been outside Singapore for more than 180 days in a row at the time of the **accident**; or
- an **act of terrorism**. However, for a **standard life**, **we** will pay \$10,000 or 10% of the death benefit, whichever is lower, on top of the death benefit.

10 General conditions

a Suicide

If the insured commits suicide within one year from the **cover start date**, **we** will only pay the cash-in value.

b Making a claim

To make a claim for **accidental** death benefit, **we** must be told within 30 days after the insured's death.

For all other claims, **we** must be told within six months after the diagnosis or the event giving rise to the claim.

c Refusing to pay a claim

After **you** have been continuously covered for one year from the **cover start date**, **we** will pay your claim unless:

- it is a case of fraud;
- **you** fail to pay a premium;
- the insured has a **material pre-existing condition**; or
- the claim is excluded or not covered under the terms of the policy.

d Transferring the legal right of the policy

You cannot assign (transfer) this policy unless **you** tell **us** in writing and **we** agree to the assignment.

e Excluding third-party rights

Anyone not directly involved in this policy cannot enforce it under the Contracts (Rights of Third Parties) Act (Chapter 53B).

f Supplementary Retirement Scheme (SRS), Central Provident Fund Investment Scheme (CPFIS)

If premiums for this policy have been paid with funds from the SRS or CPFIS account, this policy will follow the SRS or CPFIS regulations, which include the following.

- **You** cannot take a loan from the policy or assign (transfer) the policy.
- **We** will make all payments, except the death benefit, to the policyholder's SRS or CPFIS account.

g Zero cash-in value

This policy will end once the cash-in value of its units falls to zero after taking off any loan or debt.

11 Definitions

Accident and **accidental** mean an unexpected incident (that happens during the term of the insurance cover) that results in an injury or death. The injury or death must be caused entirely by being hit by an external object that produces a bruise or wound, except for injury or death caused specifically by drowning, food poisoning, choking on food, or suffocation by smoke, fumes or gas.

Act of terrorism means an act (which may or may not include using or threatening to use force or violence) by any person or group, committed for political, religious, ideological or similar purposes, with the aim of influencing any government or to put the public, or any section of the public, in fear.

Annualised premium means the regular premium due over one policy year under this policy for each premium stream.

Cover start date means the date:

- **we** issue the policy; or
 - **we** issue an endorsement to include or increase a benefit;
- whichever is later.

Employer means any person, company, association, club, society or organisation that is formed, incorporated or registered in Singapore and which employs people. This includes the Government and any statutory organization or authority in Singapore.

Material pre-existing condition means any condition that existed before the **cover start date** which would have reasonably affected **our** decision to accept your application and for which:

- the insured had symptoms that would have caused any sensible person to get medical treatment, advice or care;
- treatment was recommended by or received from a medical practitioner; or
- the insured had medical tests or investigations.

Non-standard life means an insured who has been diagnosed with any of the following medical conditions at any time before or within 90 days after the **cover start date**.

- Cancer
- Heart or heart-valve conditions
- Chronic kidney disease
- Stroke or transient ischaemic attacks
- Liver cirrhosis or end-stage liver failure
- Systemic lupus erythematosus
- **Terminal illness**
- Total loss, or total loss of use of one or both limbs, or total loss of use of one or both eyes
- Chronic obstructive lung disease or end-stage lung disease
- Diabetes
- Combination of any two conditions of hypertension, high cholesterol or where body mass index (BMI) is greater than 30

Permanent paid employment means being in any contract of service with any person, company, association, club, society, government or authority, whether in Singapore or overseas, where **you** agree to serve as an employee, including an apprenticeship contract or agreement, or are **self-employed**.

Registered medical practitioner means a doctor who is qualified in western medicine and is legally licensed in Singapore or has the qualifications recognised by the Singapore Medical Council.

Restricted activity means any of the following activities.

- Duties as firefighters, police force personnel, fishermen, armed security guards, aircrew, ship crew, marine salvage crew, oil riggers, dock workers, drivers, despatch riders, driving instructors, bodyguards and bouncers.
- Any activities involving explosives, heavy machinery, woodworking, dangerous gases or substances, using underwater breathing apparatus, work on construction or demolition sites, work at heights above 10 metres, work in underground tunnels, oil and gas rigs or offshore work.
- Military, air force or naval operations in peacetime, including training and exercises for national servicemen or reservists in peacetime.
- Motorcycling whether as rider or pillion rider.
- Professional sports, any form of race (except racing on foot, cycling or swimming), action or adventure sports that involve speed, heights above 10 metres, highly specialized gear, stunts or using underwater breathing apparatus. This definition includes rock climbing, mountaineering, parachuting, white-water rafting, horse riding, winter sports and scuba diving.

Retrenched and **retrenchment** mean losing your job as a result of redundancy or because your **employer's** profession, business, trade or work is being reorganised.

Self-employed means being a sole proprietor, a partner of a business or employed by a business or company where **you** or your husband or wife, parents, parents-in-law, brothers and sisters, brothers- and sisters-in-law or children own at least 20% of the share capital or are entitled to at least 20% of the profits, either individually or jointly.

Severe disability means the inability to perform at least three of the following activities of daily living, even with the aid of special equipment and

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

Standard life means an insured who is not a **non-standard life**.

Terminal illness and **terminally ill** mean an illness which, in the opinion of the **registered medical practitioner** involved and a **registered medical practitioner we** have appointed, is highly likely to lead to death within 12 months.

Total and permanent disability (TPD), and **totally and permanently disabled**, mean any of the below.

- If the insured is under 65 years old, **TPD**, and **totally and permanently disabled** mean **total physical loss**, or the inability to take part in any paid work for the rest of a person's life.
- If the insured is 65 years old and above but under 70 years old, **TPD**, and **totally and permanently disabled** mean **total physical loss, or severe disability**.

Total physical loss means:

- the total and permanent loss of sight in both eyes;

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

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

You means the policyholder shown in the policy schedule.

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

12 Definition of dread diseases

12.1 Major cancers

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

The term malignant tumour includes leukemia, lymphoma and sarcoma.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
Pre-malignant;
Non-invasive;
Carcinoma-in-situ;
Having borderline malignancy;
Having any degree of malignant potential;
Having suspicious malignancy;
Neoplasm of uncertain or unknown behavior;
or
Cervical Dysplasia CIN-1, CIN-2 and CIN-3;
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3; and
- All tumours in the presence of HIV infection.

12.2 Heart attack of specified severity

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

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

For the above definition, the following are excluded:

- Angina;
- Heart attack of indeterminate age; and

- A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

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

12.3 Stroke

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

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

The following are excluded:

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

Permanent means expected to last throughout the lifetime of the Life Assured.

Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life Assured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria

(difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

12.4 Coronary artery by-pass surgery

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

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

12.5 Kidney failure

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

12.6 Aplastic anaemia

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

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

The diagnosis must be confirmed by a haematologist.

12.7 Blindness (Loss of sight)

Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse

in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.

12.8 End stage lung disease

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

- FEV1 test results which are consistently less than 1 litre;
- Permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO₂ = 55mmHg); and
- Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

12.9 End stage liver failure

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

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

Liver disease secondary to alcohol or drug abuse is excluded.

12.10 Coma

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

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

Coma resulting directly from alcohol or drug abuse is excluded.

12.11 Deafness (Loss of hearing)

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

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

12.12 Heart valve surgery

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

12.13 Loss of speech

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

All psychiatric related causes are excluded.

12.14 Major burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Insured’s body.

12.15 Major organ/bone marrow transplantation

The receipt of a transplant of:

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

Other stem cell transplants are excluded.

12.16 Multiple sclerosis

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

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

Other causes of neurological damage such as systemic lupus erythematosus (SLE) and HIV are excluded.

12.17 Muscular dystrophy

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

"Activities of Daily Living" means:

- Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

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

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

12.18 Paralysis (Loss of use of limbs)

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

Self-inflicted injuries are excluded.

12.19 Parkinson's disease

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

- The disease cannot be controlled with medication;
- Signs of progressive impairment; and
- Inability of the Insured to perform (whether aided or unaided) at least three of the six "Activities of Daily Living" for a continuous period of at least six months.

“Activities of Daily Living” means:

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

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

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

12.20 Surgery to aorta

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

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

12.21 Alzheimer’s disease/severe dementia

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

The following are excluded:

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

12.22 Fulminant hepatitis

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

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

12.23 Motor neurone disease

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

12.24 Primary pulmonary hypertension

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

The NYHA Classification of Cardiac Impairment:

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

12.25 Terminal illness

The conclusive diagnosis of an illness that is expected to result in the death of the Insured within 12 months. This diagnosis must be supported by a specialist and confirmed by our appointed doctor.

Terminal illness in the presence of HIV infection is excluded.

12.26 HIV due to blood transfusion and occupationally acquired HIV

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

- The blood transfusion was medically necessary or given as part of a medical treatment;

- The blood transfusion was received in Singapore after the **cover start date**;
- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and
- The Insured does not suffer from Thalassaemia Major or Haemophilia.

(B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the **cover start date** whilst the Insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to **our** satisfaction:

- Proof of the accident giving rise to the infection must be reported to us within 30 days of the accident taking place;
- Proof that the accident involved a definite source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within five days of the accident; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

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

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

12.27 Benign brain tumor

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

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

The following are excluded:

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

12.28 Viral Encephalitis

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

Encephalitis caused by HIV infection is excluded.

12.29 Angioplasty and other invasive treatment for coronary artery

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

revascularisation must be considered medically necessary by a consultant cardiologist.

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

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

Diagnostic angiography is excluded.

This benefit is not applicable to VivoLink, and any type of premium waiver plans or benefits.

12.30 Bacterial meningitis

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

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

Bacterial meningitis in the presence of HIV infection is excluded.

12.31 Major head trauma

Accidental head injury resulting in permanent neurological deficit with persisting clinical symptoms to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" means an event of violent, unexpected, external, involuntary

and visible nature which is independent of any other cause and is the sole cause of the head Injury.

The following are excluded:

- Spinal cord injury; and
- Head injury due to any other causes.

Permanent means expected to last throughout the lifetime of the Insured.

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

12.32 Progressive scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome.

12.33 Apallic syndrome

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved

hospital. This condition has to be medically documented for at least one month.

12.34 Systemic lupus erythematosus with lupus nephritis

A multi-system, multifactorial, autoimmune disorder characterised by the development of auto-antibodies directed against various self-antigens. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

- Class I: Minimal Change Lupus Glomerulonephritis
- Class II: Messangial Lupus Glomerulonephritis
- Class III: Focal Segmental Proliferative Lupus Glomerulonephritis
- Class IV: Diffuse Proliferative Lupus Glomerulonephritis
- Class V: Membranous Lupus Glomerulonephritis

12.35 Other serious coronary artery disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed.

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

12.36 Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause,
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least three months.

12.37 Loss of independent existence

A condition as a result of a disease, illness or injury whereby the Insured is unable to perform (whether aided or unaided) at least three of the following six "Activities of Daily Living", for a continuous period of six months.

"Activities of Daily Living" means:

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

This condition must be confirmed by the company's approved doctor.

Non-organic diseases such as neurosis and psychiatric illnesses are excluded.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device

and/or apparatus and not pertaining to human aid.

12.38 Chronic adrenal insufficiency (Addison's disease)

An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a registered doctor who is a specialist in endocrinology through one of the following:

- ACTH simulation tests;
- insulin-induced hypoglycemia test;
- plasma ACTH level measurement;
- Plasma Renin Activity (PRA) level measurement.

Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

12.39 Chronic relapsing pancreatitis

More than three attacks of pancreatitis resulting in pancreatic dysfunction causing malabsorption needing enzyme replacement therapy. The diagnosis must be made by a consultant gastroenterologist and confirmed by Endoscopic Retrograde Cholangio Pancreatography (ERCP). Chronic relapsing pancreatitis caused by alcohol use is excluded.

12.40 Cardiomyopathy (Class IV)

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a cardiologist, and resulting in permanent and irreversible physical impairment of Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The diagnosis has to be supported by abnormal ECG and echocardiographic findings of compromised ventricular performance.

The NYHA Classification of Cardiac Impairment:

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

Cardiomyopathy that is directly related to alcoholic and drug abuse is excluded.