

eDecreasingTerm

General conditions

1. THE CONTRACT

This **policy** is written confirmation of a contract between **you** and **us**. This is a regular-premium non-participating term insurance **policy** that covers death, terminal illness and total and permanent disability.

2. DEFINITIONS

Unless **we** say otherwise, the following are definitions of words and expressions used in this **policy**.

(a) **Accident** means a sudden, unexpected, unintentional, unusual and specific event caused by violent, external or visible means and has a visible impact on the **life insured's** external appearance. It happens at an identifiable date, time and place and, without being linked to any other cause.

(b) **Activities of daily living**

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

The **diagnosis** must be confirmed and certified by a **medical examiner**.

(c) **Age** means the **life insured's** age as at his or her last birthday, on the **policy effective date**.

(d) **Application** means information **you** and/or the **life insured** gave to buy this **basic benefit** of this **policy**. Whether **we** accept **your application** depends on **our** assessment of the information submitted.

(e) **Basic Benefit** means the basic insurance cover as shown on the **schedule page** or **endorsement** and as stated in the **basic benefit** conditions of this **basic benefit** contract.

(f) **Dates**

- (i) **Grace period** means a period of 30 calendar days after the **premium due date**.
- (ii) **Policy anniversary** means any anniversary of the **policy effective date**.
- (iii) **Policy start date** (or **policy effective date**) means the date when this **policy** takes effect, as shown on the **schedule page**. If there is no day in any month or year that coincides with the **policy effective date**, the **policy anniversary**, policy monthiversary, and **policy year** (where applicable) will be the first calendar day of the next calendar month.
- (iv) **Policy issue date** means the date when this **policy** is issued, as shown on the **schedule page**.
- (v) **Policy year** means a consecutive 12-month period. The first **policy year** begins on the **policy effective date** and ends 1 day before the first **policy anniversary**. Each subsequent **policy year** begins on the day of the **policy anniversary** and ends 1 day before the next **policy anniversary**.
- (vi) **Benefit end date** means the date when the **basic benefit** or any **supplementary benefit** cover ends, as shown on the **schedule page**.
- (vii) **Premium end date** means the date on which the final **premium** is due and is to be paid, as shown on the **schedule page**.

- (viii) **Premium due date** means the date when the premium is due and payable according to the payment frequency **you** have chosen.
- (g) **Death Benefit** means the **basic benefit** as defined and as set out in clause 20.
- (h) **Diagnosis or diagnosed** means the definitive **diagnosis** made by a **medical examiner**, based on radiological, clinical, histological or laboratory evidence which **we** accept. **We** may appoint another **medical examiner** to examine the **life insured** or the evidence presented. The opinion and **diagnosis** of this **medical examiner** will be final and binding.
- (i) **Endorsement** means a written document which changes the terms of this **policy**. The **endorsement** is attached to, and forms part of the **policy**.
- (j) **Life insured** means the person named as the **life insured** on the **schedule page** or **endorsement**. This is the person that this **policy** insures.
- (k) **Medical Examiner** means:
- (i) any medical practitioner or specialist doctor with a recognised degree in western medicine who is licensed and authorised to practise in his or her country, who has the relevant skill to provide medical or surgical services for the illness, disability or disease; or
 - (ii) any medical practitioner or specialist doctor in Singapore **we** choose if **you** or the **life insured** makes a claim for **basic benefit** or **supplementary benefit** (if applicable) under this **policy**.
- This person must not be **you** or the **life insured**, or **your** or the **life insured's** husband, wife, relative or business partner.
- (l) **Policy**
- (i) This **policy** is made up of the following:
 - a. the **application** form, any amendments, other forms and documents provided by **you** and the **life insured** to apply for this **policy**;
 - b. this **basic benefit** contract;
 - c. the **schedule page**;
 - d. the **endorsement** (if any);
 - e. any information and documents provided by **you** and the **life insured** with or after **your application**.
 - (ii) **We** may issue revised **schedule pages** and/or **endorsements** to show changes made to this **policy**. Any change to this **policy** must be in writing and signed by **our** Chief Executive or Chief Operations Officer.
 - (iii) **We** are not bound by any representation made by or to any other person not included in this **policy**.
- (m) **Pre-existing condition** means any illness or condition which existed before the **policy issue date** or the most recent date of reinstatement of this **policy**, whichever is the latest, which would have affected our decision to accept your application and for which:
- (i) presented signs or symptoms which **you** or the **life insured** was aware of or should have been aware of, and where the **life insured** should have sought medical advice or treatment;
 - (ii) treatment, test or investigation was recommended by or received from a **medical examiner**;
or
 - (iii) the **life insured** has arranged or received medical consultation, test or investigation.
- (n) **Schedule Page** forms part of this **policy** setting out specific details.
- (o) **Sum Insured** means the **sum insured** of the **basic benefit** as shown on the **schedule page** and may change according to clause 5.
- (p) **We / Our / Us** refers to Manulife (Singapore) Pte. Ltd..
- (q) **You / Your / Yourself** refers to the owner of this **policy** as shown in **schedule page** or **endorsement** (if there is an **assignment** to change the ownership of this **policy**).

3. FREE-LOOK PERIOD

- (a) **You** may cancel this **policy** by writing to **us** within 14 days after **you** receive this **policy** (**free-look period**).
- (b) If **you** cancel the **policy** within this **free-look period**, **we** will refund all premiums paid without interest and less any medical fees or other expenses (including but not limited to payment for medical check-ups and medical reports) **we** have had to pay in processing **your application**.
- (c) If **we** send this **policy** to **you** by post or email, it will be considered delivered by **us** and received by **you** 7 days after the date of posting or email sent.

4. PREMIUMS

- (a) The premium for this **policy** is shown on the **schedule page** or **endorsement**. The premium shown will be based on the frequency of payment **you** have chosen.
- (b) **You** must pay the premiums by the **premium due date**. It is **your** responsibility to pay all premiums when due and until the **premium end date** as shown on the **schedule page**.
- (c) **We** will not process the payment if **we** do not receive the full premiums for the **policy**.
- (d) If **you** pay premiums monthly, **you** must do so using a direct debit facility (**GIRO**) approved by **us**. **We** may charge an administrative fee for any monthly premium not paid through GIRO or where the GIRO transaction has not been successful.
- (e) **You** must continue to pay premiums until **we** have approved any claim, which will result in the **policy** ending.

5. SUM INSURED

- (a) The **sum insured** decreases every year over the term of this **policy** at the interest rate chosen by **you**. The decreased **sum insured** for each **policy year** will be the current **sum insured** for that **policy year** (**current sum insured**). The **current sum insured** as at the beginning of each **policy year** is shown under the table of death benefit values on the **schedule page**.
- (b) Depending on **our** approval and conditions that may change at any time, **you** can ask **us** to reduce the **sum insured** as long as the **policy** is in force. If **we** approve the request, **we** will charge **you** a premium based on the reduced **sum insured** starting from the next **premium due date**.

6. LAPSING AND REINSTATING THE POLICY

- (a) This **policy** will lapse (no cover will be provided) if **you** do not pay the premiums by the end of the **grace period**.
- (b) **You** may ask **us** to reinstate the **policy** within 3 **policy years** from the date the **policy** lapsed.
- (c) **We** will decide whether to reinstate the **policy** and **we** must receive:
 - (i) evidence of the **life insured's** eligibility for insurance cover (**you** will have to pay for any medical reports and tests needed);
 - (ii) all overdue premiums which would have been paid had the **policy** not lapsed and the interest **we** may charge on these premiums (in a way which **we** will decide);
 - (iii) any amount **you** may owe **us**.
- (d) We can include new terms and conditions on the reinstated **policy**.

7. NON-DISCLOSURE

- (a) Under the Insurance Act (Cap. 142), **you** and the **life insured** must disclose all facts **you** and/or the **life insured** know or ought to know (including any facts which may affect **our** decision to provide insurance coverage under this **policy**).
- (b) If **you** and/or the **life insured** misrepresent or fail to disclose any facts (as described above), **we** may void this **policy**. **We** may determine at **our** sole discretion whether to refund all premiums received without interest, less the **policy debt**, amounts **you** owe to **us**, medical and other expenses incurred and to be incurred by **us** under this **policy**.

8. INCONTESTABILITY

- (a) Except for fraud, non-payment of premium, any claim that is not covered under this **policy**, or **non-disclosure** as described under clause 7, **we** will not contest the validity of or void this **policy** after 2 years from any of the following dates, whichever is the latest:
 - (i) the **policy issue date**; or
 - (ii) the date of the most recent reinstatement of the **policy**;

If **we** contest the validity of or void this **policy**, **we** may determine at **our** sole discretion whether to refund all premiums received without interest, less the policy debt, amounts **you** owe to **us**, medical and other expenses incurred and to be incurred by **us** under this **policy**.

9. SUICIDE

- (a) If the **life insured** dies from suicide within 1 year from the **policy issue date**, **we** will not pay the **death benefit** and will refund all premiums paid without interest and less any medical or other expenses **we** have had to pay in connection with this **policy** and this **policy** ends.
- (b) If the **life insured** dies from suicide within 1 year from the effective date of the most recent reinstatement of the **policy**, **we** will not pay the **death benefit** and will refund all premiums paid from the start date of the most recent reinstatement without interest and less any medical or other expenses **we** have had to pay in connection with this **policy** and this **policy** ends.

10. MAKING A CLAIM

- (a) **You** or the person making a claim must give **us** notice in writing of the claim within 30 days of the event (or as soon as possible).
- (b) **You** or the person making the claim must give **us**, within 30 days after notice of the claim (or as soon as possible) evidence of the event. **We** must receive:
 - (i) this **policy**;
 - (ii) proof of ownership or entitlement of the person making the claim;
 - (iii) the birth certificate, identification documents or other relevant documents we may need for the **life insured** or the person making the claim;
 - (iv) the completed claim form and the medical report;
 - (v) proof of the event giving rise to the claim under this **policy**; and
 - (vi) any other document **we** may ask for so **we** can process the claim.
- (c) **We** may appoint another **medical examiner** to examine the **life insured** in Singapore or the evidence presented. The opinion and **diagnosis** of this **medical examiner** will be binding on the **life insured** and **us**. **You** will have to pay any travel, accommodation and other costs; but not the cost of the examination carried out by **our** appointed **medical examiner**.
- (d) **We** will not be legally responsible if **you** or the person making the claim fails to provide the documents, **we** need to check the claim or entitlement under this **policy**.
- (e) If the **age** or sex (or both) were incorrect on the **application**, **we** will change the benefits due under this **policy** to those which would have been appropriate had the **age** or sex been correctly stated.

- (f) If **we** make a payment under this **policy**, this will fulfill **our** duty under the **policy**, and **we** will have no further responsibility to **you** or any other person for the claim. This will apply to any action, claim, proceedings, cost, damages, demand, interest, liability, loss, penalty, tax and expenses **you** or the person making the claim may suffer or have to pay as a result of or in connection with the claim.
- (g) **We** may ask **you** or the person claiming to repay any amount which **we** have paid as a result of any mistake or oversight (including on **our** part or on the part of **our** employees or representatives).

11. RESIDENCE, TRAVEL AND OCCUPATION

There are no restrictions on where the **life insured** stays, travels or works, unless **we** say otherwise.

12. NON-PARTICIPATING

This **policy** does not benefit from **our** surplus distributions. When **you** ask to end the **policy** or if the **policy** lapses or ends, it will have no cash value.

13. ASSIGNMENT

- (a) While this **policy** is in force and during the lifetime of the **life insured**, **you** may use **your policy** as security or collateral if **you** fully transfer the benefits of the **policy** to another person or organisation.
- (b) **You** must give **us**:
 - (i) written notice of the **assignment**; and
 - (ii) a copy of the **assignment**.
- (c) **We** will only treat the notice of **assignment** as received when it is delivered to **our** registered address. If **you** provide this notice through **our** representative, **we** will only treat it as received when the representative delivers it to **our** registered address.
- (d) By acknowledging the notice of **assignment**, **we** are not responsible for whether the **assignment** is valid or legally enforceable.

14. TERMINATION

This **policy** will end:

- (a) when **we** receive **your** notice in writing to end this **policy**;
 - (b) on the **benefit end date** shown on the **schedule page** or **endorsement**;
 - (c) when it lapses;
 - (d) when the **life insured** dies and **death benefit** is paid;
 - (e) when the **death benefit** is accelerated in full under the **policy**;
- whichever happens first.

15. GOVERNING LAW

This **policy** is governed by the laws of Singapore.

16. CONTRACTS (RIGHTS OF THIRD PARTIES) ACT

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

17. POLICY TRANSACTIONS

If **you** want to carry out any transactions under this **policy**, **you** must use the forms **we** provide to **you**. **You** must tell **us** about any change in **your** personal information, especially **your** correspondence address, residential address, email address and contact number.

18. CURRENCY

All premiums and benefits quoted in this **policy** are in Singapore dollars. Payments made to **us** under this **policy** or payments which **we** make under this **policy** will also be in Singapore dollars.

19. 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 **us** or visit the Life Insurance Association of Singapore (LIA) or SDIC websites (www.lia.org.sg or www.sdic.org.sg).

SAMPLE

Basic benefit conditions

20. DEATH BENEFIT

- (a) **We** will pay **death benefit** if the **life insured** dies while this **policy** is in force.
- (b) **Death benefit** is equivalent to the **current sum insured** at the time of death of the **life insured**, less any amount **you** owe **us**. The **policy** will end immediately after payment of **death benefit**.
- (c) The maximum **we** will pay for this **policy** and all other term policies aggregated, sold digitally and are issued by **us** covering the same **life insured** for any **death benefit** is S\$1,000,000. This **policy** is also subject to a S\$1,500,000 limit which is the maximum that **we** will pay for all term policies under simplified issuance offered by **us**.

21. TERMINAL ILLNESS (TI) BENEFIT

- (a) **We** will pay **TI benefit** if the **life insured** is **diagnosed** with **TI** while this **policy** is in force.
- (b) **TI benefit** can only be claimed once during the policy term and is an amount equivalent to the **current sum insured** (subject to the **TI limit** defined in clause 21(d) below) on the date **life insured** is **diagnosed** with **TI**. This benefit is paid as an acceleration of the **death benefit**. The **current sum insured** will be reduced by the amount paid. This **policy** will end upon full acceleration of **death benefit**.
- (c) **TI** is defined as the conclusive **diagnosis** of an illness that is expected to result in the death of the **life insured** within 12 months from the date of **diagnosis**. This **diagnosis** must be supported by a **medical examiner** and confirmed by **our** appointed **medical examiner**. **TI** in the presence of Human Immunodeficiency Virus (HIV) infection is excluded.
- (d) The maximum **we** will pay for this **policy** and all other policies **we** have issued covering the same **life insured** for any **TI benefit** is S\$1,000,000 (**TI limit**). This **policy** will stay in force for the **death benefit** if **we** have not paid the full **sum insured** following the **TI claim**.
- (e) This **policy** will stay in force if **death benefit** is not fully accelerated as a part of **TI benefit**.
- (f) If the **life insured** is **diagnosed** with **TI**, **you** must continue to pay premiums until **we** have approved the claim for **TI benefit**.
- (g) **We**, as per **our** own discretion decide the sequence of payment for this benefit if there is more than one **policy** issued by **us** covering the same **life insured** for this benefit.
- (h) Cover for **TI** will end:
 - (i) when **we** have paid a claim for **TI benefit**;
 - (ii) when this **policy** ends; or
 - (iii) when **we** have paid the **TI limit** as shown in clause 21(d) above;whichever happens first.

22. TOTAL AND PERMANENT DISABILITY (TPD) PLUS BENEFIT

- (a) **We** will pay **TPD Plus benefit**, if the **life insured** is **diagnosed** with **TPD Plus** and while this **policy** is in force.
- (b) **TPD Plus benefit** can only be claimed once during the policy term and is an amount equivalent to **current sum insured** (subject to **TPD limit** in clause 22(c) below) on the date **life insured** is **diagnosed** with **TPD plus**. **TPD Plus** benefit is paid as an acceleration of **death benefit**. The **current sum insured** will be reduced by the amount paid. This **policy** will end upon full acceleration of **death benefit**.
- (c) The maximum **we** will pay for this **policy** and all other term **policies** aggregated, sold digitally and that are issued by **us** covering the same **life insured** for any total and permanent disability is S\$1,000,000 (**TPD limit**). This **policy** is also subject to a S\$1,500,000 limit which is the maximum that **we** will pay for all term policies under simplified issuance offered issued by **us**.

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- (d) This **policy** will stay in force if **death benefit** is not fully accelerated as a part of **TPD Plus benefit**.
- (e) If the **life insured** is **diagnosed** with **TPD Plus**, **you** must continue to pay premiums until **we** have approved the **TPD Plus** claim.
- (f) **We**, as per **our** own discretion decide the sequence of payment for this benefit if there is more than one **policy** issued by **us** covering the same **life insured** for this benefit.
- (g) **TPD Plus** means: -

From	Up to	Definitions of TPD Plus TPD Plus means any of the following situations:
Age 0	the immediate policy anniversary after life insured's 85th birthday	If the life insured has suffered: (a) total and irrecoverable loss of sight of both eyes; (b) total and irrecoverable loss of use of 2 limbs; or (c) total and irrecoverable loss of sight of 1 eye and total and irrecoverable loss of use of 1 limb. Loss of use means total, continuous and permanent functional disablement of a limb, which has lasted for at least 6 months.
Age 0	the immediate policy anniversary after life insured's 18th birthday	The life insured required for a minimum period of 6 consecutive months, due to an accident , illness or disease, constant care and attention and continuous confinement to a home, hospital or similar institution. Such requirement for constant care and attention and continuous confinement to a home, hospital or similar institution is expected to be permanent.
the immediate policy anniversary after life insured's 18th birthday	the immediate policy anniversary after life insured's 65th birthday	(a) The life Insured had been, for a minimum period of 6 consecutive months, continuously unable to engage in any occupation, business, work or profession whatsoever (whether his or her usual or otherwise) for income, profit, compensation, wages or remuneration. This inability to engage in any occupation, business, work or profession whatsoever (whether his or her usual or otherwise) for income, profit, compensation, wages or remuneration is expected to be continuous and permanent and must result from an accident , illness or disease; OR (b) As a result of accident , illness or disease, the life insured becomes total and permanently unable to perform at least 3 of the 6 activities of daily living even with the aid of special equipment, and always require physical assistance of another person throughout the entire activity for a continuous period of at least 6 months.
the immediate policy anniversary after life insured's 65th birthday	the immediate policy anniversary after life insured's 70th birthday	As a result of accident , illness or disease, the life Insured becomes total and permanently unable to perform at least 3 of the following 6 activities of daily living even with the aid of special equipment, and always require physical assistance of another person throughout the entire activity for a continuous period of at least 6 months.

- (h) **We** will not cover any disability if it is caused by:
- (i) any self-inflicted injury or attempt at suicide, while sane or insane;
 - (ii) the **life insured** being under the influence of any narcotic, alcohol, gas or fumes, voluntarily taken, administered, absorbed or inhaled or drugs not prescribed by a **medical examiner**;

- (iii) **war** or any act incident to **war**, or service in the **armed forces** or in a civil defense force supporting any country at **war** except for peacetime national service duties;
- (iv) riot, insurrection, civil commotion, strikes, or terrorist activities, except as a victim;
- (v) any **pre-existing condition**; or
- (vi) injuries sustained while travelling in any aerial device or conveyance, except (i) as a fare-paying passenger or a crew member including pilot on an aircraft licensed for passenger service and operated by a regular airline on a scheduled route, or (ii) operated by the Republic of Singapore Air Force.

War means any war, declared or not, or any conflict between the armed forces of countries, international organisations or combinations of the above.

Armed forces means the military, naval and air forces of any country or international organisations.

- (i) Cover for **TPD Plus** will end:
 - (i) when **we** have paid a claim for **TPD Plus benefit**;
 - (ii) when this **policy** ends; or
 - (iii) when **we** have paid the **TPD limit** as shown in clause 22(c) above;whichever happens first.

SAMPLE