MyShield • MyHealthPlus

APPLICATION FORM

* P R 0 P F *

Singlife with AVIVA

WARNING: PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CAP.142), YOU ARE TO DISCLOSE IN THIS APPLICATION FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE INSURANCE EFFECTED MAY BE VOID.

This policy is underwritten by Singapore Life Ltd. and will be entered into the register of Singapore policies. The terms and conditions of this policy shall be governed by and construed in accordance with the laws of Singapore.

IMPORTANT:
Please attach the following documents to your application:
- Copy of Identity Card/Eligible Valid Passes (for non-Singaporeans)
- If address is not available in the Identity Card, a copy of fixed line telephone, utility or tax bill or any documents issued by a local government body.

Particulars of Financial Adviser Representative

Name
Source Code
Name of Firm
Contact No. (HP)
(O)
Email Address

For Financial Adviser Representative Use Only

Referral ID

Select the person(s) to be insured:

	For Official Use Only	
	MyShield	MyHealthPlus
☐ Proposer	Contract No.	Contract No.
☐ Dependant 1	Contract No.	Contract No.
☐ Dependant 2	Contract No.	Contract No.
☐ Dependant 3	Contract No.	Contract No.
☐ Dependant 4	Contract No.	Contract No.

Please complete in capital letters and tick boxes as appropriate.

SECTION A: PARTICULARS OF PROPOSER (ASSURED)

Full Name as shown in Identity Card: Salutation ☐ Mr ☐ Mrs ☐ Mdm ☐ Miss ☐ Dr

Family Name Given Name

Gender ☐ Male ☐ Female Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Identity Card No. Race ☐ Chinese ☐ Malay ☐ Indian ☐ Others

CPF Account No. Date of Birth (DD/MM/YY)

Nationality (Please list your nationalities) Nationality ID Type ☐ Singaporean ☐ Singapore PR

Contact No. (HP) (O) (H) Email Address

(Please provide at least mobile number)

Occupation Name of Employer

Exact Duties Nature of Business

Residential Address Block/Street No. Street Name

Unit No. Building Name Postal/Zip Code Country

Correspondence Address Block/Street No. Street Name

(if different from address above)

Unit No. Building Name Postal/Zip Code Country

For existing policyholder with Singapore Life Ltd.:
(Not applicable to MINDEF/MHA/POGIS)
If the correspondence address differs from our existing records, do you wish to update the correspondence address for all your life and health policy(ies)?

☐ Yes ☐ No

SAMPLE

Singapore Life Ltd. 4 Shenton Way, #01-01, SGX Centre 2 Singapore 068807 • Tel: (65) 6827 9933 singlife.com
Company Reg. No. 196900499K GST Reg. No. MR-8500166-8

SECTION B: PARTICULARS OF DEPENDANT(S) (LIFE ASSURED(S))

DEPENDANT 1

Full Name as shown in Identity Card/Eligible Valid Pass: Salutation ☐ Mr ☐ Mrs ☐ Mdm ☐ Miss ☐ Dr

Family Name | Given Name

Gender ☐ Male ☐ Female | Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Identity Card/FIN No. | Race ☐ Chinese ☐ Malay ☐ Indian ☐ Others

Date of Birth (DD/MM/YY) | Nationality (Please list your nationalities)

Nationality ID Type ☐ Singaporean ☐ Singapore PR ☐ Others

Relationship to Proposer ☐ Spouse ☐ Parent ☐ Child ☐ Grandparent ☐ Sibling (only Singaporean/Singapore PR can apply as Grandparent/Sibling Dependant)

Occupation | Name of Employer

Exact Duties | Nature of Business

DEPENDANT 2

Full Name as shown in Identity Card/Eligible Valid Pass: Salutation ☐ Mr ☐ Mrs ☐ Mdm ☐ Miss ☐ Dr

Family Name | Given Name

Gender ☐ Male ☐ Female | Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Identity Card/FIN No. | Race ☐ Chinese ☐ Malay ☐ Indian ☐ Others

Date of Birth (DD/MM/YY) | Nationality (Please list your nationalities)

Nationality ID Type ☐ Singaporean ☐ Singapore PR ☐ Others

Relationship to Proposer ☐ Spouse ☐ Parent ☐ Child ☐ Grandparent ☐ Sibling (only Singaporean/Singapore PR can apply as Grandparent/Sibling Dependant)

Occupation | Name of Employer

Exact Duties | Nature of Business

DEPENDANT 3

Full Name as shown in Identity Card/Eligible Valid Pass: Salutation ☐ Mr ☐ Mrs ☐ Mdm ☐ Miss ☐ Dr

Family Name | Given Name

Gender ☐ Male ☐ Female | Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Identity Card/FIN No. | Race ☐ Chinese ☐ Malay ☐ Indian ☐ Others

Date of Birth (DD/MM/YY) | Nationality (Please list your nationalities)

Nationality ID Type ☐ Singaporean ☐ Singapore PR ☐ Others

Relationship to Proposer ☐ Spouse ☐ Parent ☐ Child ☐ Grandparent ☐ Sibling (only Singaporean/Singapore PR can apply as Grandparent/Sibling Dependant)

Occupation | Name of Employer

Exact Duties | Nature of Business

DEPENDANT 4

Full Name as shown in Identity Card/Eligible Valid Pass: Salutation ☐ Mr ☐ Mrs ☐ Mdm ☐ Miss ☐ Dr

Family Name | Given Name

Gender ☐ Male ☐ Female | Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Identity Card/FIN No. | Race ☐ Chinese ☐ Malay ☐ Indian ☐ Others

Date of Birth (DD/MM/YY) | Nationality (Please list your nationalities)

Nationality ID Type ☐ Singaporean ☐ Singapore PR ☐ Others

Relationship to Proposer ☐ Spouse ☐ Parent ☐ Child ☐ Grandparent ☐ Sibling (only Singaporean/Singapore PR can apply as Grandparent/Sibling Dependant)

Occupation | Name of Employer

Exact Duties | Nature of Business

SECTION C: DECLARATION OF OCCUPATION (Please complete this section if you are purchasing MyHealthPlus)

If the answer to the following question on occupation is "Yes", only MyShield will be offered and MyHealthPlus will be declined.

Does your occupation involve any of the following:

- work in heights above 15 metres (excluding those who work indoors of completed buildings, military and commercial aircrew and pilot);
- professional diving;
- use of armed weapons (excluding military personnel);
- offshore oil and gas environment;
- motorcycle dispatch;
- scaffolding; or
- welding?

Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

SAMPLE

SECTION D: PLAN TYPE

MyShield:

1) A dependant child up to age 20 years old at age next birthday will be eligible for Family Discount for Child(ren) (FDC) under MyShield Plan 2 if both parents are covered under MyShield Plan 1 or Plan 2. This benefit is applicable to a maximum of four (4) children, including children that enjoy existing coverage under Free Cover for Children (FCC).
2) If any applicant crosses the age band while the application is being processed, we will charge the higher premium according to the age next birthday.

Please tick ✓ the box according to your plan selection.

MyShield Please do not tick if you have an existing MyShield Plan. Each individual to select one option only and this is not applicable for upgrading/downgrading of plan.	**Proposer**	**Dependant 1**	**Dependant 2**	**Dependant 3**	**Dependant 4**
Plan 1					
Plan 2					
Plan 2 (**FDC** if applicable)	Not Eligible				
Plan 3 (For Singaporean and Singapore PR only)					

MyHealthPlus:

1) The dependant child will be eligible for FCC under MyHealthPlus Plan 2 Option A-II if both parents are covered under MyShield Plan 1 or Plan 2 and MyHealthPlus Option A, C, A-II or C-II.
2) The dependant child will be eligible for Preferred Rate for Children under MyHealthPlus Plan 2 Option C-II if both parents are covered under MyShield Plan 1 or Plan 2 and MyHealthPlus Option A, C, A-II or C-II.
3) If any applicant crosses the age band while the application is being processed, we will charge the higher premium according to the age at next birthday.
4) We will process as Option C-II if both Option A-II and Option C-II are ticked.
5) If any applicant has an existing Option B/B-II (Covers Deductible) and selects to add Option A-II (Covers Co-Insurance), we will process the application as change of option to Option C-II (Covers Co-Insurance & Deductible).
   Note: Option B/B-II benefit is not available for new business application.
6) The same method of underwriting MyShield will apply to your MyHealthPlus unless there is new medical declaration which will be subjected to full medical underwriting.

Please tick ✓ the box accordingly and select either Option A-II or Option C-II.

MyHealthPlus MyHealthPlus Plan Type will follow MyShield	**Proposer**	**Dependant 1**	**Dependant 2**	**Dependant 3**	**Dependant 4**
Option A-II (Co-Insurance)					
Option A-II (Co-Insurance) (**FCC** if applicable)	Not Eligible				
Option C-II (Deductible and Co-Insurance)					
Option C-II (Deductible and Co-Insurance) (**Preferred Rate** for child(ren) if applicable)	Not Eligible				

Please tick ✓ the box accordingly if you are applying for a change of option from your existing MyHealthPlus to Option C-II.	☐ **Proposer**	☐ **Dependant 1**	☐ **Dependant 2**	☐ **Dependant 3**	☐ **Dependant 4**

FDC / FCC or Preferred Rate for child(ren) if applied, please complete the following for our processing:

Other parent's name: _____ NRIC No./FIN No.: _____

SECTION E: PAYMENT DETAILS

Note:

1. For MyShield, please refer to the Product Summary for the Additional Withdrawal Limits (AWLs) for Singaporeans and Permanent Residents and refer to singlife.com for the Medisave Withdrawal Limits (MWLs) for foreigners. We will attempt to deduct the maximum withdrawal amount from the designated CPF Medisave account. **Premium in excess of the applicable withdrawal limits and/or balance premium will be paid by your selected payment method(s) below.**
2. For payment by Interbank GIRO, please complete the attached Application for Interbank GIRO form. For initial premium via GIRO, **the bank account must be a DBS or POSB account**, a single or joint/or account, not a trust/minor account, belongs to the payor of the policy (who is also the policyholder) and the payer's identification number (e.g. NRIC) in our record must be the same as the bank's record.
3. For payment by Credit Card, please complete the section on Visa/Mastercard Authorisation.

MyShield
Payment Frequency: Yearly

MyHealthPlus
Payment Frequency: ☐ Yearly ☐ Monthly (subsequent payment method must be by GIRO)

Please tick ONE option for both initial and subsequent premium payments

Payment Method	☐	☐	☐	☐
Initial Premium	Credit Card	Interbank GIRO	Cash/Cheque	Cash/Cheque
Subsequent Premium	Interbank GIRO	Interbank GIRO	Interbank GIRO	Cash/Cheque

SAMPLE

SECTION E: PAYMENT DETAILS (continued)

VISA/MASTERCARD AUTHORISATION

I authorise Singapore Life Ltd. to charge the initial premium(s) to my credit card account for this insurance policy.

Name of Cardholder (as shown in Identity Card/Eligible Valid Pass)

Identity Card/FIN No.

Card Number

Card Expiry Date (MM/YY)

Signature of Cardholder

☐ Visa ☐ Mastercard Issuing Bank

SECTION F: SOURCE OF WEALTH/FUNDS

Source of Wealth (Where your wealth is derived from)

☐ Employment/Trade Income ☐ Rental Income ☐ Investment Income

☐ Others, please specify

Source of Funds (Origin of the funds used to pay premiums)

☐ Employment/Trade Income ☐ Sales of Property ☐ Savings ☐ Maturity or Surrender of Policy

☐ Others, please specify

Name of Payer (if different from Assured/Life Assured)

Identity Card/Passport No.*

Payer's Relationship to Assured

Please provide reason for paying for this policy

*Please provide a copy of Identity Card/Passport (whichever applicable)

SECTION G: REPLACEMENT OF EXISTING INTEGRATED SHIELD PLAN/DECLARATION

(Please complete this Section if you are purchasing MyShield for yourself and/or your dependant(s))

Please tick ✓ the appropriate boxes.

	Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4
1. Is this application to replace or intended to replace your / your dependants' existing Integrated Shield Plan?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If **'Yes'**, please complete the table below and answer Question 2.

☐ Proposer ☐ Dependant 1 ☐ Dependant 2 ☐ Dependant 3 ☐ Dependant 4

Name of Insurer

Name of Plan

☐ Proposer ☐ Dependant 1 ☐ Dependant 2 ☐ Dependant 3 ☐ Dependant 4

Name of Insurer

Name of Plan

☐ Proposer ☐ Dependant 1 ☐ Dependant 2 ☐ Dependant 3 ☐ Dependant 4

Name of Insurer

Name of Plan

☐ Proposer ☐ Dependant 1 ☐ Dependant 2 ☐ Dependant 3 ☐ Dependant 4

Name of Insurer

Name of Plan

☐ Proposer ☐ Dependant 1 ☐ Dependant 2 ☐ Dependant 3 ☐ Dependant 4

Name of Insurer

Name of Plan

SAMPLE

SECTION G: REPLACEMENT OF EXISTING INTEGRATED SHIELD PLAN/DECLARATION (continued)
(Please complete this Section if you are purchasing MyShield for yourself and/or your dependant(s))

2. In answering **'Yes'** to Section G Question 1 for the proposer and/or any of the dependant(s), please tick to confirm the declaration below:

☐ I confirm that my Financial Adviser Representative has explained to my satisfaction the implications associated with this switch/replacement and, based on his/her recommendation, I agree to proceed with the switch/replacement of my existing Integrated Shield Plan. I am aware that each Life Assured can only have one Integrated Shield Plan. Once this policy commences, the existing Integrated Shield Plan covering the Life Assured will be automatically terminated.

☐ My Financial Adviser Representative has explained to me the implications associated with this switch/replacement. I am aware that the implications that may arise from a switch/replacement could outweigh any potential benefit(s) such as:
- The new policy may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at higher cost and, the new policy may be less suitable for me.
- If I am switching to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may lose coverage for those conditions.
- If I am replacing my existing plan by upgrading to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may not be given the enhanced benefits for those conditions.

SECTION H: UNDERWRITING HISTORY

This section must be fully completed.
If you are applying for MyHealthPlus and your existing MyShield is under Moratorium underwriting, your MyHealthPlus will be subjected to Moratorium underwriting if the selection is **'No'** to Question 1 and 2 below.

1. Have you had an application of a Life, Critical Illness, Health, Accident, Disability policy deferred, declined or required to pay Additional Premiums for MediShield Life?

If **'Yes'**, please complete the table below.

Note: If you are required to pay Additional Premiums for MediShield Life, please also provide a copy of the CPF MediShield Life Additional Premium Letter.

Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

☐ Proposer ☐ Dependant 1 ☐ Dependant 2 ☐ Dependant 3 ☐ Dependant 4

Name of Insurer | Type of Policy

Reason

☐ Proposer ☐ Dependant 1 ☐ Dependant 2 ☐ Dependant 3 ☐ Dependant 4

Name of Insurer | Type of Policy

Reason

☐ Proposer ☐ Dependant 1 ☐ Dependant 2 ☐ Dependant 3 ☐ Dependant 4

Name of Insurer | Type of Policy

Reason

☐ Proposer ☐ Dependant 1 ☐ Dependant 2 ☐ Dependant 3 ☐ Dependant 4

Name of Insurer | Type of Policy

Reason

☐ Proposer ☐ Dependant 1 ☐ Dependant 2 ☐ Dependant 3 ☐ Dependant 4

Name of Insurer | Type of Policy

Reason

2. Have you **ever** experienced **symptoms** or received **medical advice** or had **treatment** for any of the following conditions **(whether diagnosed or not)**?

- AIDS or HIV infection
- Alzheimer's disease
- Angioplasty
- Any form of Cancer
- Atherosclerosis
- Autism
- Bipolar Disorder
- Chronic cor pulmonale
- Chronic Kidney disease
- Chronic Obstructive lung disease
- Coronary Artery Disease (CAD)
- Dementia
- Diabetes Mellitus / Impaired Glucose tolerance
- Down syndrome
- Heart attack
- Heart bypass
- Hepatitis C/D
- Ischaemic Heart Disease (IHD)
- Kidney failure
- Liver cirrhosis
- Multiple sclerosis
- Muscular Dystrophy
- Organ transplant
- Osteoporosis
- Paralysis
- Polycystic Kidney disease
- Pulmonary hypertension
- Schizophrenia
- Stroke
- Systemic Lupus Erythematosus (SLE)
- Thalassaemia intermediate/major

Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

SAMPLE

SECTION I: UNDERWRITING QUESTIONS

This section must be fully completed.

Any disease or condition of health, which existed before the date of application, will not qualify for benefit unless it is fully disclosed to and accepted by us. You must, therefore, ensure that each question below is answered clearly and fully and that all material information, including any new disease or condition of health or any change in state of health, which arises or becomes known to you prior to the policy commencement date is declared. Should you require more space for your answers, please continue on a separate sheet, sign and date it.

If you are unsure whether any information is material or not, you are advised to disclose it.

	Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4
1. What is your height?	☐ metres	☐ metres	☐ metres	☐ metres	☐ metres
2. What is your weight?	☐ kg	☐ kg	☐ kg	☐ kg	☐ kg
3. Have you **ever** experienced **symptoms** or received **medical advice** or had **treatment** for any of the following conditions (**whether diagnosed or not**)?					
a) Heart attack, chest pain or discomfort, irregular heart beat, heart valve disorder, heart murmur, palpitations or any other blood vessel or heart disease or disorder?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
b) High blood pressure or high cholesterol?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
c) Cancer, or malignant tumour/growth/lump/nodule/polyp/cyst of any kind including cancer screening tests that were not normal?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
d) Benign tumour/growth/lump/nodule/polyp/cyst?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
e) Diabetes, elevated or raised blood sugar, thyroid disorders or any other endocrine disease or disorder?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
f) Asthma, bronchitis, pneumonia, tuberculosis, emphysema or any other breathing or lung disease or disorder?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
g) Depression, anxiety, stress or any other mental or nervous disorder?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
h) Drug or alcohol addiction or abuse?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
i) Arthritis, gout or any other disorder, pain or injury to the muscles, bones, tendons, limbs, joints, spine (back or neck)?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
j) Stroke, epilepsy, fits, paralysis or weakness of limb, head injury or any other neurological disease or disorder?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
k) Crohn's disease, ulcerative colitis, stomach or duodenal ulcers, or any other bowel, stomach or intestinal disease or disorder?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
l) Hepatitis B or C, fatty liver, jaundice, abnormal or elevated liver function, gallstones or any other liver or gallbladder disease or disorder?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
m) AIDS, HIV or sexually transmitted disease?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
n) Anaemia, thalassaemia, haemophilia or any other blood disease or disorder?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
o) Kidney stones, kidney infection, urine abnormalities or any other kidney, bladder, prostate or gynaecological disease or disorder?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
p) Eye, ear, nose or throat disease or disorder (excluding sight problems corrected by prescription lenses)?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
q) Any other illness, disorder, operation, physical disability, injury or hospitalisation not mentioned above?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4. For application of life assured who is a dependant child (aged one year and below), please answer the following questions:					
a) Were there any significant events during pregnancy or delivery of the child including but not limited to difficulties during or at birth, congenital mental developmental issues, respiratory distress syndrome, prolonged neonatal jaundice, respiratory disorder?	Not Applicable	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
b) Was the child a premature baby (i.e. less than 37 weeks of gestation)?	Not Applicable	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
c) Has the child been advised or been told to go for further follow up or further evaluation after each routine assessment?	Not Applicable	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If you answered **'Yes'** to any of questions 4(a) to (c) above, please provide a full copy of the child's Health Booklet and complete the medical condition questionnaire on page 7.					

SAMPLE

SECTION I: UNDERWRITING QUESTIONS (continued)

If you answered **'Yes'** to either Question 3 or 4 above, please complete the following:

☐ Proposer ☐ Dependant 1 ☐ Dependant 2 ☐ Dependant 3 ☐ Dependant 4

Name of **Condition**	Date of **first** symptoms, diagnosis or recurrence	Have you made a **full recovery** with no further treatment, recurrence of condition, ongoing symptoms or complications?	Name and address of the **doctor** whom you consulted
Question ( ) Condition:	☐ 0 to 6 months ☐ 7 to 12 months ☐ 1 to 2 years ☐ 2 to 3 years ☐ 3 to 5 years ☐ 5 years or more	☐ **Yes** ☐ **No** How long since your **full recovery**? ☐ 0 to 6 months ☐ 2 to 3 years ☐ 7 to 12 months ☐ 3 to 5 years ☐ 1 to 2 years ☐ 5 years or more What **treatment** or **medication** did you take?	Name Address

☐ Proposer ☐ Dependant 1 ☐ Dependant 2 ☐ Dependant 3 ☐ Dependant 4

Name of **Condition**	Date of **first** symptoms, diagnosis or recurrence	Have you made a **full recovery** with no further treatment, recurrence of condition, ongoing symptoms or complications?	Name and address of the **doctor** whom you consulted
Question ( ) Condition:	☐ 0 to 6 months ☐ 7 to 12 months ☐ 1 to 2 years ☐ 2 to 3 years ☐ 3 to 5 years ☐ 5 years or more	☐ **Yes** ☐ **No** How long since your **full recovery**? ☐ 0 to 6 months ☐ 2 to 3 years ☐ 7 to 12 months ☐ 3 to 5 years ☐ 1 to 2 years ☐ 5 years or more What **treatment** or **medication** did you take?	Name Address

☐ Proposer ☐ Dependant 1 ☐ Dependant 2 ☐ Dependant 3 ☐ Dependant 4

Name of **Condition**	Date of **first** symptoms, diagnosis or recurrence	Have you made a **full recovery** with no further treatment, recurrence of condition, ongoing symptoms or complications?	Name and address of the **doctor** whom you consulted
Question ( ) Condition:	☐ 0 to 6 months ☐ 7 to 12 months ☐ 1 to 2 years ☐ 2 to 3 years ☐ 3 to 5 years ☐ 5 years or more	☐ **Yes** ☐ **No** How long since your **full recovery**? ☐ 0 to 6 months ☐ 2 to 3 years ☐ 7 to 12 months ☐ 3 to 5 years ☐ 1 to 2 years ☐ 5 years or more What **treatment** or **medication** did you take?	Name Address

☐ Proposer ☐ Dependant 1 ☐ Dependant 2 ☐ Dependant 3 ☐ Dependant 4

Name of **Condition**	Date of **first** symptoms, diagnosis or recurrence	Have you made a **full recovery** with no further treatment, recurrence of condition, ongoing symptoms or complications?	Name and address of the **doctor** whom you consulted
Question ( ) Condition:	☐ 0 to 6 months ☐ 7 to 12 months ☐ 1 to 2 years ☐ 2 to 3 years ☐ 3 to 5 years ☐ 5 years or more	☐ **Yes** ☐ **No** How long since your **full recovery**? ☐ 0 to 6 months ☐ 2 to 3 years ☐ 7 to 12 months ☐ 3 to 5 years ☐ 1 to 2 years ☐ 5 years or more What **treatment** or **medication** did you take?	Name Address

☐ Proposer ☐ Dependant 1 ☐ Dependant 2 ☐ Dependant 3 ☐ Dependant 4

Name of **Condition**	Date of **first** symptoms, diagnosis or recurrence	Have you made a **full recovery** with no further treatment, recurrence of condition, ongoing symptoms or complications?	Name and address of the **doctor** whom you consulted
Question ( ) Condition:	☐ 0 to 6 months ☐ 7 to 12 months ☐ 1 to 2 years ☐ 2 to 3 years ☐ 3 to 5 years ☐ 5 years or more	☐ **Yes** ☐ **No** How long since your **full recovery**? ☐ 0 to 6 months ☐ 2 to 3 years ☐ 7 to 12 months ☐ 3 to 5 years ☐ 1 to 2 years ☐ 5 years or more What **treatment** or **medication** did you take?	Name Address

SAMPLE

SECTION I: UNDERWRITING QUESTIONS (continued)

	Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4
5. In the **last 5 years**, have you had any **medical test(s) with abnormal results**, such as x-ray, ultrasound, imaging scan, biopsy, electrocardiogram (ECG), blood or urine test, Covid-19 PCR, pap smear or mammogram?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If **'Yes'**, please complete the table below:

☐ Proposer ☐ Dependant 1 ☐ Dependant 2 ☐ Dependant 3 ☐ Dependant 4

Name of medical test	Date of initial test	Have you had a follow-up test? ☐ Yes ☐ No	Date of follow-up test	Have you been prescribed treatment or been advised to have any further test or required follow-up/monitoring? ☐ Yes ☐ No	Name and address of the **doctor** whom you consulted
	☐ 0 to 6 months ☐ 7 to 12 months ☐ 1 to 2 years ☐ 2 to 3 years ☐ 3 to 5 years	If **'Yes'**, what was the result? ☐ normal ☐ abnormal ☐ don't know	☐ 0 to 6 months ☐ 7 to 12 months ☐ 1 to 2 years ☐ 2 to 3 years ☐ 3 to 5 years	If **'Yes'**, please provide details	Name Address

☐ Proposer ☐ Dependant 1 ☐ Dependant 2 ☐ Dependant 3 ☐ Dependant 4

Name of medical test	Date of initial test	Have you had a follow-up test? ☐ Yes ☐ No	Date of follow-up test	Have you been prescribed treatment or been advised to have any further test or required follow-up/monitoring? ☐ Yes ☐ No	Name and address of the **doctor** whom you consulted
	☐ 0 to 6 months ☐ 7 to 12 months ☐ 1 to 2 years ☐ 2 to 3 years ☐ 3 to 5 years	If **'Yes'**, what was the result? ☐ normal ☐ abnormal ☐ don't know	☐ 0 to 6 months ☐ 7 to 12 months ☐ 1 to 2 years ☐ 2 to 3 years ☐ 3 to 5 years	If **'Yes'**, please provide details	Name Address

	Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4
6. Are you currently experiencing **symptoms** or **considering** seeking medical advice or treatment for your health other than minor illnesses such as cold and flu?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If **'Yes'**, please complete the table below:

☐ Proposer ☐ Dependant 1 ☐ Dependant 2 ☐ Dependant 3 ☐ Dependant 4

What are the **symptoms** or conditions?	Date of **first** symptoms	Date of any planned medical consultation
	☐ 0 to 6 months ☐ 7 to 12 months ☐ 1 year or more	

☐ Proposer ☐ Dependant 1 ☐ Dependant 2 ☐ Dependant 3 ☐ Dependant 4

What are the **symptoms** or conditions?	Date of **first** symptoms	Date of any planned medical consultation
	☐ 0 to 6 months ☐ 7 to 12 months ☐ 1 year or more	

☐ Proposer ☐ Dependant 1 ☐ Dependant 2 ☐ Dependant 3 ☐ Dependant 4

What are the **symptoms** or conditions?	Date of **first** symptoms	Date of any planned medical consultation
	☐ 0 to 6 months ☐ 7 to 12 months ☐ 1 year or more	

SAMPLE

SECTION J: PERSONAL DATA CONSENT

Let's stay in touch!

- I agree to be contacted by Singapore Life Ltd. ("Singlife"), Singlife related group of companies and their service providers for special marketing offers, promotions and information about Singlife and Singlife related group of companies' products and services which may be of interest to me. I consent to the collection, use and disclosure of my personal data by Singlife and Singlife related group of companies for the above purposes.

  What's the best way for us to keep in touch?

  ☐ By Mail or E-Mail ☐ Messages on any messaging platform (including SMS) ☐ By Telephone Call

  View your policy details anytime, anywhere. Register for MySinglife at www.singlife.com/mysinglife.

- On behalf of myself and all proposed Lives Assured, I/we consent to Singlife (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data (whether contained in this form or obtained from other sources; existing data in Singlife's record or to be collected in future) for the following purposes:
  - to issue and administer my/our existing and/or new policy(ies) and/or account(s) with Singlife and such other purposes ancillary or related to the administering of the policy(ies) and/or account(s), including the processing of my/our personal data for underwriting purposes, payment of premiums (including, where applicable, the deduction of premiums due from the Medisave accounts of the proposed Lives Assured) and/or claims purposes;
  - for statistical, research, compliance, audit and regulatory purposes; and
  - to provide general information on product enhancements and services relevant to my/our needs or policies (including increasing benefits, adding riders/supplements and/or Lives Assured) as well as to provide financial advice or product recommendations to me/us, where applicable.
- On behalf of myself and all proposed Lives Assured, I/we also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers and intermediaries, whether located in Singapore or elsewhere, for the above purposes.
- On behalf of myself and all proposed Lives Assured, I/we have read and understood Singlife's Data Protection Notice which may be found at www.singlife.com/pdpa. Singlife's Data Protection Notice may be updated from time to time without notice. I/We am/are aware that I/we should visit your website regularly to ensure that I/we am/are well informed of the updates.

SECTION K: E-DOCUMENTS

Let's work together to save the trees.

You will receive your policy, any endorsements and communications electronically after your insurance application is approved and policy is issued. Please provide us with your mobile number and email address, and we will inform you when e-documents are ready for viewing online at www.singlife.com/mydocuments. If e-documents are not available, you will receive printed documents. This will apply to all your individual life and health policies with Singapore Life Ltd. You may log in to MySinglife to opt for your preferred document option and may switch between e-documents and printed documents.

☐ Please tick here if you wish to continue to receive hard copies of your policy, any endorsements and communications. This will apply to all your individual life and health policies with Singapore Life Ltd.

SECTION L: DECLARATION

AUTHORISATION & DECLARATION BY PROPOSER (CPF ACCOUNT HOLDER)

1. I authorise the Central Provident Fund Board (the **"CPFB"**) to deduct premium(s) due for the Life/Lives to be Insured as named under this application (the **"Life/Lives to be Insured"**) from my Medisave account (including any new Medisave account(s) which I may have arising from obtaining Singapore Permanent Resident status or otherwise) in accordance with the provisions of the Central Provident Fund Act (Chapter 36), the MediShield Life Scheme Act (Act No. 4 of 2015) and the respective subsidiary legislation made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the CPFB from time to time for the purposes of the Private Medical Insurance Scheme (or by such other name as it may be referred to from time to time) (PMIS).

2. I authorise the CPFB to disclose information/seek information on a confidential basis to/from any Insurer(s) for the PMIS in respect of the insurance cover issued following this application. Such information includes but is not limited to:
   (i) payment and amount of premiums due, including the deduction of premiums from my Medisave account and my Medisave account balance;
   (ii) the making of refunds under the PMIS, as the CPFB shall reasonably consider appropriate; and
   (iii) the amount of premium subsidies for the Life/Lives to be Insured and the amount of additional premium applicable to the Life/Lives to be Insured.

3. (Applicable if Life Assured is the Proposer's sibling) I confirm, warrant and represent that I am responsible for bearing the healthcare costs, including the costs to be covered in respect of the Life/Lives to be insured and I will suffer direct financial loss if any of the events to be insured under this application occurs. Accordingly, I acknowledge and agree that I have an interest in the subject matter and the events to be insured.

4. Subject to the relevant laws and terms and conditions, I understand that:
   (i) Upon the commencement of this MyShield cover, any other existing Integrated Shield Plan (if any) under the PMIS in favour of the Life/Lives to be Insured shall automatically terminate; and
   (ii) Upon the commencement of another Integrated Shield Plan in favour of the Life/Lives to be Insured, this MyShield cover of the Life/Lives to be Insured shall automatically terminate.

5. I confirm that the contents of (a) Your Guide to Health Insurance and Infographic "Evaluating My Health Insurance Coverage"; (b) Interim Cover Terms & Conditions; (c) Product Summary; (d) Fact Find Form; and (e) Infographic "Moratorium on Genetic Testing and Insurance" have been explained to my satisfaction. I have received a copy of (c) and (d) and have been informed and directed to view or download a copy of Your Guide to Health Insurance and Infographic "Evaluating My Health Insurance Coverage", and Infographic "Moratorium on Genetic Testing and Insurance" from singlife.com.

SAMPLE

AUTHORISATION & DECLARATION BY PROPOSER (CPF ACCOUNT HOLDER) (continued)

6. I am aware that I can seek advice from a qualified Financial Adviser Representative before I sign this Application Form. Should I choose not to, I take sole responsibility to ensure that this product is appropriate for my financial needs and insurance objectives. I have read a copy and understand the contents of the Your Guide to Health Insurance and Infographic "Evaluating My Health Insurance Coverage" which are found at singlife.com. I understand that if I decide that the Policy is not suitable for me after purchasing the Policy, I have the right to cancel the Policy and obtain a refund of any premium paid (less any expenses incurred in assessing the risk under the Policy), by giving written notice to Singapore Life Ltd. within 21 days (free-look period) from the date of receipt of the Policy. If the Policy was sent to me by post, I will be considered to have received it seven (7) days from the date of posting. (Applicable to Direct Marketing)

7. I am aware that the product I am applying for is authorised for sale in Singapore and I acknowledge that I am responsible for ensuring that the laws and regulations applicable to my nationality and country of residence allows my purchase of this product. I understand that no liability can be accepted by Singapore Life Ltd. for any legal consequences under the laws of any other country or any tax implications that may arise in connection with my purchase of this product. I am also responsible for my own tax affairs and hereby declare that I have not been convicted of any serious tax crimes.

8. I declare that I have not been the subject of any proceedings of a criminal nature or have been notified of any potential proceedings or of any investigation which might lead to those proceedings, or have been convicted of a criminal offence, or is being subject to any pending proceedings which may lead to such a conviction, under any law in any jurisdiction.

9. I further declare that I am not an undischarged bankrupt and that I have committed no act of bankruptcy within the last twelve months and no receiving order or adjudication order in bankruptcy has been made against me during that period.

10. I am aware and agree that I make/provide these declarations and authorisations on behalf of myself and all dependants who are below 16 years old. (where applicable)

11. I/We hereby acknowledge that the 'Additional Terms and Conditions for Global Treatment Benefit' have been explained to me in detail and that I/we fully read, understood and accept the 'Additional Terms and Conditions for Global Treatment Benefit'. I/We am/are aware that I/we can access and download a copy of the 'Additional Terms and Conditions for Global Treatment Benefit' from singlife.com

AUTHORISATION & DECLARATION BY PROPOSER AND/OR DEPENDANTS

1. I/We, the Life/Lives to be Insured named under this application, hereby consent to the transfer and disclosure, at any time and without notice to me/us, of any medical information on me/us, in the Insurer's possession, between the Insurer and other Insurers administering or operating the PMIS, for the purpose of assessing the insurability of me/us and/or the making of a claim under the PMIS.

2. I/We, the Life/Lives to be Insured named under this application, hereby consent to the transfer and disclosure, at any time and without notice to me/us, of any medical information on me/us, in the Insurer's or the CPFB's possession, between the Insurer and the CPFB for the purpose of assessing the insurability of me/us and/or the making of a claim under the PMIS.

3. I/We understand that the insurance shall not become effective until it is accepted and confirmed in writing by Singapore Life Ltd.

4. I/We declare that all the information on this Application Form is true and complete and to the best of my/our knowledge and understand that:
   (a) any misrepresentation or concealment of facts shall render the policy to be issued and any other policy which I/we have with Singapore Life Ltd. to which the information applies null and void.
   (b) if any information disclosed to Singapore Life Ltd. (whether on this Application Form or otherwise) disagrees with any information disclosed to Singapore Life Ltd. on another application form or otherwise, I/we shall answer all questions and provide all documentation which Singapore Life Ltd. may require; and if a Pre-Existing Condition is found, Singapore Life Ltd. may, in its absolute discretion: impose conditions (including but not limited to permanent exclusion of the Pre-Existing Condition), void or terminate my/our policy or reject my/our application.

5. I/We have fully read and understood and accept the MyShield Interim Terms and Conditions (Accidental Medical Reimbursement) (**"Interim Terms & Conditions"**) and am/are aware that I/we can download a copy of the Interim Terms & Conditions at www.singlife.com/myshield-interim-tnc.

6. I/We agree to inform Singapore Life Ltd. if there is any change in state of my/our and/or any dependant's health/activities between the date of this application and the date full insurance coverage is provided by Singapore Life Ltd. to me/us and/or any dependant. I/We understand the terms of accepting me/us and/or any dependant as a risk for insurance coverage may vary accordingly to such information received.

7. I/We authorise any medical source, insurance office, or organisation to release to Singapore Life Ltd. and Singapore Life Ltd. to release to any medical source, insurance office or organisation, to the extent permitted by law, all relevant information concerning me/us and/or any proposed life assured at any time, regardless of whether the application is accepted by Singapore Life Ltd. A photographic or electronic copy of this authorisation shall be as valid as the original.

8. I/We understand and agree that Singapore Life Ltd. is entitled not to accept or process this application should a person connected with the relevant Policy be found to be a Prohibited Person. A Prohibited Person means a person or entity (including any director or direct/indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, beneficiaries, or my/our beneficial owners or beneficiaries' beneficial owners therein) subject to any laws, regulations and/or sanctions administered by any regulatory authorities in any country, which have the effect of prohibiting Singapore Life Ltd. from providing insurance coverage, transaction business with or otherwise offering any economic benefits to me/us or any other beneficiaries or assignees under the relevant Policy. The decision of Singapore Life Ltd. shall be final.

9. I/We further agree that in the event that Singapore Life Ltd. becomes aware subsequently that a person connected with the relevant Policy has become a Prohibited Person, Singapore Life Ltd. may block and/or terminate the relevant Policy, including but not limited to, making or receiving any payments under the relevant Policy. As an ongoing obligation, I/we will immediately inform Singapore Life Ltd. if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons. If an application is accepted or processed by Singapore Life Ltd. despite a person connected with the relevant Policy being a Prohibited Person, Singapore Life Ltd. shall be entitled to block/or terminate the relevant Policy at any time, whether with effect from inception of the relevant Policy or otherwise.

SAMPLE

SECTION L: DECLARATION *(continued)*

AUTHORISATION & DECLARATION BY PROPOSER AND/OR DEPENDANTS (continued)

10. I/We declare that my/our Financial Adviser Representative has advised me/us that:
All Singapore Citizens and Permanent Residents will be covered by MediShield Life, regardless of my/our decision on an Integrated Shield Plan. An Integrated Shield Plan comprises two parts - a MediShield Life portion provided by the Central Provident Fund Board (CPFB) and an additional private insurance coverage provided by Singapore Life Ltd. I/We am/are aware and have considered the long-term financial commitments to pay the premiums. As Integrated Shield Plan premiums are higher than MediShield Life premiums, there should be sufficient monies in my/our Medisave account(s) or I/we should have enough cash to pay for MediShield Life premiums on an ongoing basis before I/we consider purchasing an Integrated Shield Plan.

11. If I/we opt to receive my/our policy, endorsements and communications electronically (**"e-docs"**), I/we agree that:
    (a) my/our e-docs will be made available in my/our MySinglife account; and
    (b) an e-doc is deemed to have been received by me/us upon my receipt of the SMS and/or email that it is accessible on MySinglife. The SMS or email will be sent to the last known mobile number and/or email address notified to Singapore Life Ltd.

12. If my/our policy, any endorsements or communications is mailed, I/we am/are deemed to have received it 7 days from the date of posting to the last known address notified to Singapore Life Ltd.

13. I/We represent, warrant and undertake that:
    (a) my/our mobile number, address and email address notified to Singapore Life Ltd. is correct and complete;
    (b) I/we will notify Singapore Life Ltd. immediately of any change to my/our mobile number, address or email address; and
    (c) I/we shall indemnify Singapore Life Ltd. for any losses, damages or other consequences arising from or in connection with any incomplete or incorrect mobile number, address and email address.

WARNING:
Anyone who pays for, or is insured under MyShield/MyHealthPlus is not eligible for Additional Premium Support (APS) from the Government.*

If you are currently receiving APS to pay for your MediShield Life and/or CareShield Life premiums, and you choose to be insured under this MyShield/MyHealthPlus policy, you will stop receiving APS. This applies even if you are not the person paying for this MyShield/MyHealthPlus policy.

In addition, if you choose to be insured under this MyShield/MyHealthPlus policy, the person paying for MyShield/MyHealthPlus will stop receiving APS, if he or she is currently receiving APS.

*** APS is for families who need assistance with MediShield Life and/or CareShield Life premiums, even after receiving premium subsidies and making use of MediSave to pay for these premiums.**

Important Notes:

If a material fact is not disclosed in this application, any policy issued and any policy which you have with Singapore Life Ltd. to which the material fact applies may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Financial Adviser Representative but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.

Additionally and without prejudice to the parties' rights and obligations whether under law or otherwise, following the submission of your proposal, you must continue to disclose any and all material facts that may arise or which have changed from the information you had provided.

Signature of Proposer

Name

Date of Signature (DD/MM/YY)

Signature of all Dependants who are 16 years old and above.

Signature of Dependant 1

Signature of Dependant 2

Signature of Dependant 3

Signature of Dependant 4

Signature of Financial Adviser Representative

I confirm that I have sighted the original(s) of my customer's identification document(s) (if applicable).

Name of Financial Adviser Representative

Date of Signature (DD/MM/YY)

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MyShield **A Medisave-approved Integrated Shield Plan underwritten by Singapore Life Ltd.**

PRODUCT SUMMARY

* B I *

Singlife with AVIVA

Date ☐☐/☐☐/☐☐☐☐ **(DD/MM/YYYY)**

Presented to _____ **(Name of Proposer)**

Name of Financial Adviser Representative _____

Signature of Proposer _____

Signature of Financial Adviser Representative _____

'You/ Your' means the owner of the policy who is named as the assured in the policy schedule. 'Life assured' means the person named as the life assured in the policy schedule. 'We/ Us/ Our' means Singapore Life Ltd.

Warning:

Anyone who pays for, or is insured under MyShield is not eligible for Additional Premium Support (APS) from the Government.*

If you are currently receiving APS to pay for your MediShield Life and/or CareShield Life premiums, and you choose to be insured under this MyShield policy, you will stop receiving APS. This applies even if you are not the person paying for this MyShield policy.

In addition, if you choose to be insured under this MyShield policy, the person paying for MyShield will stop receiving APS, if he or she is currently receiving APS.

* APS is for families who need assistance with MediShield Life and/or CareShield Life premiums, even after receiving premium subsidies and making use of MediSave to pay for these premiums.

DESCRIPTION OF PRODUCT

MyShield is a medical insurance plan which covers the life assured for costs associated with hospital stay, surgery and major outpatient treatment. If your policy is integrated with MediShield Life, it adds to the MediShield Life tier operated by the CPF (Central Provident Fund) Board and provides extra benefits for those who would like more coverage and medical insurance protection. For more details on MediShield Life and how it works with MyShield, you can visit https://www.moh.gov.sg/cost-financing/healthcare-schemes-subsidies/medishield-life.

All benefits only pay reimbursement for reasonable expenses for necessary medical treatment received by the life assured due to illness or injury and depend on the terms and conditions in your policy, the limits shown in the benefits schedule and the exclusions in your policy. Treatment must be provided by a hospital or licensed medical centre or clinic.

Product At-a-glance

- 'As-charged' medical coverage.
- Guaranteed renewability and unlimited lifetime cover.
- Receive higher policy coverage and benefits under MyShield plan 1 when you seek treatment at our panel specialist.
- Family Discount for Child(ren) under plan 2 coverage for up to 4 children until age 20 at age next birthday if both parents are covered under MyShield plan 1 or 2.

SAMPLE

Singapore Life Ltd. 4 Shenton Way, #01-01, SGX Centre 2 Singapore 068807 • Tel: (65) 6827 9933 singlife.com
Company Reg. No. 196900499K GST Reg. No. MR-8500166-8

PLAN FEATURES AND BENEFITS

1. Comparison of Benefits between MediShield Life and MyShield plan

A MyShield policy is made up of two parts – the MediShield Life portion provided by the CPF Board and additional private insurance coverage provided by us. The full MyShield premium comprises the MediShield Life premium and your MyShield's additional coverage premium.

In the event of hospitalisation/medical treatment, your final payout will comprise the MediShield Life payout and the MyShield additional coverage payout. For example, if the payout computed based on the full MyShield benefits is S$2,000, and the payout based on MediShield Life benefits is S$500, the policyholder will receive S$2,000, which comprises S$500 from the MediShield Life payout, and S$1,500 from the MyShield additional coverage payout. In the case where the payout based on MediShield Life benefits is higher than that from the MyShield benefits, the eventual payout will be based on the MediShield Life benefits.

Benefits Schedule in SG Dollars						
Benefit Parameters	**MyShield (payout includes MediShield Life payout)**			**MediShield Life**		
	Plan 1	**Plan 2**	**Plan 3**			
Hospital ward type	Any standard ward of a private hospital	Any standard ward of a restructured hospital	Any 4-bed (B1) standard ward of a restructured hospital	Any 6-bed (B2) standard ward of a restructured hospital		
Inpatient hospital treatment						
Daily room, board and medical related services[1]	As charged			S$800 per day (S$1,000 per day for first 2 days)		
Intensive care unit (ICU)[1]				S$2,200 per day (S$2,400 per day for first 2 days)		
Surgical benefit[2] (per surgery)				**A**	**B**	**C**
Table 1 A/B/C (less complex procedures)	As charged			S$240	S$340	S$340
Table 2 A/B/C				S$580	S$760	S$760
Table 3 A/B/C				S$1,060	S$1,160	S$1,280
Table 4 A/B/C				S$1,540	S$1,580	S$1,640
Table 5 A/B/C				S$1,800	S$2,180	S$2,180
Table 6 A/B/C				S$2,360	S$2,360	S$2,360
Table 7 A/B/C (more complex procedures)				S$2,600	S$2,600	S$2,600
Surgical implants[3]	As charged			S$7,000 per treatment		
Radiosurgery[4, 5]				S$10,000 per treatment course		
Major organ transplant benefit[6]				Covered under inpatient hospital treatment		
Stem cell transplant benefit[5]				Covered under inpatient hospital treatment (S$6,000 per treatment for continuation of autologous bone marrow transplant treatment for multiple myeloma)		
Accident inpatient dental treatment[7]	As charged			Covered under inpatient hospital treatment		
Pre-hospital treatment[8] (Accident and emergency (A&E) treatment within 24 hours prior to an inpatient treatment for the same injury or illness is covered.)	As charged up to 90 days prior to admission. or As charged up to 180 days prior to admission (panel specialist in a private hospital with certificate of pre-authorisation, restructured hospital or community hospital).			N.A.		
Post-hospital treatment[8]	As charged up to 180 days after discharge. or As charged up to 365 days after discharge (panel specialist[8] in a private hospital with certificate of pre-authorisation, restructured hospital or community hospital).			N.A.		
Stay in a community hospital[9] (Rehab)	As charged			S$350 per day		
Stay in a community hospital[9] (Sub-acute)				S$430 per day		

SAMPLE

Benefits Schedule in SG Dollars				
Benefit Parameters	**MyShield (payout includes MediShield Life payout)**			**MediShield Life**
	Plan 1	**Plan 2**	**Plan 3**	
Hospital ward type	Any standard ward of a private hospital	Any standard ward of a restructured hospital	Any 4-bed (B1) standard ward of a restructured hospital	Any 6-bed (B2) standard ward of a restructured hospital
Inpatient hospital treatment				
Inpatient congenital anomalies (first diagnosed **after** a waiting period of 12 months)	As charged			Covered under inpatient hospital treatment
Inpatient congenital anomalies (first diagnosed **within** a waiting period of 12 months)	N.A.			Covered under inpatient hospital treatment
Inpatient pregnancy complications[10] (after a waiting period of 10 months)	As charged			Covered under inpatient hospital treatment
Living donor organ transplant[11] (after a waiting period of 24 months)	S$50,000 per lifetime	S$30,000 per lifetime	S$20,000 per lifetime	Covered under inpatient hospital treatment
Major outpatient treatment				
Outpatient kidney dialysis	As charged			S$1,100 per month
Outpatient erythropoietin				S$200 per month
Outpatient cancer treatment[5] which includes:				
– Chemotherapy				S$3,000 per month
– External or superficial radiotherapy (hemi-body radiotherapy)				S$900 per treatment
– External or superficial radiotherapy (except hemi-body radiotherapy)				S$300 per treatment
– Brachytherapy, with or without external radiotherapy				S$500 per treatment
– Immunotherapy				N.A.
– Stereotactic radiotherapy				S$1,800 per treatment
Major organ transplant – approved Immunosuppressant drugs				S$550 per month
Special benefits				
Extra inpatient benefit for 5 critical illnesses - heart attack of specified severity, major cancer[5], stroke with permanent neurological deficit, end stage lung disease and end stage liver disease	S$150,000 per policy year	S$100,000 per policy year	S$50,000 per policy year	N.A.
Inpatient psychiatric treatment[12] (**after** 10 months of continuous cover)	As charged up to 60 days per policy year	As charged up to 45 days per policy year	S$500 per day up to 35 days per policy year	S$160 per day up to 60 days per policy year
Inpatient psychiatric treatment[12] (**within** 10 months of continuous cover)	S$500 per day up to 35 days per policy year			
Family discount for child(ren)	Yes	Yes	N.A.	N.A.
Free new-born benefit[13]	S$50,000 per policy year		N.A.	N.A.
Emergency overseas treatment[14]	As charged (pegged to costs of private hospitals in Singapore)	As charged (pegged to costs of restructured hospitals in Singapore)	As charged (pegged to costs of restructured hospitals in Singapore)	N.A.
Planned overseas treatment[14]	As charged (pegged to costs of private hospitals in Singapore)	As charged (pegged to costs of restructured hospitals in Singapore)	As charged (pegged to costs of restructured hospitals in Singapore)	N.A.

SAMPLE

Benefits Schedule in SG Dollars					
Benefit Parameters	**MyShield (payout includes MediShield Life payout)**			**MediShield Life**	
	Plan 1	**Plan 2**	**Plan 3**		
Hospital ward type	Any standard ward of a private hospital	Any standard ward of a restructured hospital	Any 4-bed (B1) standard ward of a restructured hospital	Any 6-bed (B2) standard ward of a restructured hospital	
Special benefits					
Inpatient and outpatient Proton Beam Therapy treatment[15]	S$25,000 per policy year	S$15,000 per policy year	S$10,000 per policy year	N.A.	
Inpatient and outpatient Cell, Tissue and Gene Therapy[15]	S$70,000 per policy year	S$45,000 per policy year	S$30,000 per policy year	N.A.	
Waiver of pro-ration factor benefit for outpatient kidney dialysis	N.A.	As charged (if kidney dialysis is received at a panel private dialysis centre[16])		N.A.	
Preventive treatment for cancer[17]	As charged			N.A.	
Final Expenses Benefit[18]	**S$10,000**			**N.A.**	
Pro-ration factor					
	Singapore Citizen (SC) / Singapore Permanent Resident (SPR) / Foreigner			SC	SPR
Restructured hospital – Class C ward	100%	100%	100%	100%	44%
Restructured hospital – Class B2 ward / Subsidised short stay ward				100%	58%
Restructured hospital – Class B2+ ward				70%	47%
Restructured hospital – Class B1 ward				43%	38%
Restructured hospital – Class A ward / Unsubsidised short stay ward			85%[19]	35%	35%
Restructured hospital – Subsidised day surgery			100%	100%	58%
Restructured hospital – Unsubsidised day surgery				35%	35%
Restructured hospital – Subsidised major outpatient treatment				100%	67%
Restructured hospital – Unsubsidised major outpatient treatment				50%*	50%*
Private hospital – Inpatient (including day surgery)		50%[19]	35%[19]	25%	25%
Private hospital – Major outpatient treatment				50%*	50%*
Community hospital – Subsidised ward		100%	100%	100%	50%
Community hospital – Unsubsidised ward			85%[20]	50%	50%
Hospital outside Singapore		50%[19]	35%[19]	N.A.	
MyShield annual deductible[21] for life assured age 80 years and below next birthday					
Inpatient					
Class C ward	S$1,500			S$1,500	
Class B2 / B2+ ward	S$2,000			S$2,000	
Class B1 ward	S$2,500				
Class A ward / Private hospital	S$3,500				
Hospital outside Singapore				N.A.	
Subsidised short stay ward	S$2,000			S$1,500	
Unsubsidised short stay ward	S$3,500				
Day surgery	S$3,000	S$3,000	S$2,000		
MyShield annual deductible[21] for life assured age 81 years and above next birthday					
Inpatient					
Class C ward	S$2,250			S$2,000	
Class B2 / B2+ ward	S$3,000			S$3,000	
Class B1 ward	S$3,750				
Class A ward / Private hospital	S$5,250				
Hospital outside Singapore	S$5,250			N.A.	
Subsidised short stay ward	S$3,000			S$2,000	
Unsubsidised short stay ward	S$5,250				
Day surgery	S$4,500	S$4,500	S$3,000		

SAMPLE

Benefits Schedule in SG Dollars					
Benefit Parameters		**MyShield (payout includes MediShield Life payout)**			**MediShield Life**
		Plan 1	**Plan 2**	**Plan 3**	
Hospital ward type		Any standard ward of a private hospital	Any standard ward of a restructured hospital	Any 4-bed (B1) standard ward of a restructured hospital	Any 6-bed (B2) standard ward of a restructured hospital
Co-insurance					
All ward classes and day surgery claimable amount[22]					
Inpatient (including day surgery)	S$0 - S$5,000	10% (applicable to claimable amount after MyShield annual deductible) Maximum S$25,500 per policy year.			10%
	S$5,001 - S$10,000				5%
	>S$10,000				3%
Major outpatient treatment[23]					10%
Maximum Claim Limits					
Policy year limit		S$1,000,000 or S$2,000,000[24] (Panel specialist in a private hospital with certificate of pre-authorisation, restructured hospital or community hospital)	S$1,000,000	S$500,000	S$150,000
Lifetime limit		Unlimited			Unlimited
Age Limits (age next birthday)					
Last entry age		75 years old			None
Maximum cover age		Lifetime			Lifetime

Footnotes

1 Includes treatment fees, meals, prescriptions, medical consumables, doctor's attendance fees, medical examinations, laboratory tests and miscellaneous medical charges.

2 Classified according to their level of complexity, which increases from Table 1 to Table 7.

3 Includes:
- Intravascular electrodes used for electrophysiological procedures
- Percutaneous Transluminal Coronary Angioplasty (PTCA) Balloons
- Intra-aortic balloons (or Balloon Catheters)
- Intraocular lens for cataracts

4 Radiosurgery includes Novalis radiosurgery and Gamma Knife treatments which can be performed as an inpatient or day surgery procedure. The applicable MyShield annual deductible and pro-ration factor for radiosurgery will depend on its classification as an inpatient or day surgery procedure.

5 Proton Beam Therapy and Cell, Tissue and Gene Therapy are excluded from this benefit.

6 Major organ transplant benefit covers charges for transplant of cornea, kidney, heart, liver, lung, skin or musculoskeletal tissue and includes costs of acquiring the organ from a donor.

7 Treatment must be received within 31 days following the accident.

8 The benefit will be covered based on the type of specialist and hospital on the date of the life assured's admission. The approved list of panel specialists can be found at singlife.com

9 Upon referral from the attending doctor in a restructured hospital/private hospital for immediate admission to a community hospital for continuous stay. The treatment in the community hospital must arise from the same injury or illness that resulted in the life assured's inpatient treatment in the restructured hospital or private hospital.
Rehabilitative care refers to therapy to improve the life assured's post-illness disability and functional impairment. Sub-acute care is for complicated medical conditions that require additional medical and nursing care at a lower intensity compared to that provided at the acute hospitals.

10 Inpatient pregnancy complications benefit covers charges the life assured has to pay for the following complications in pregnancy:
- ectopic pregnancy;
- pre-eclampsia or eclampsia;
- disseminated intravascular coagulation; or
- miscarriage after 13 weeks of pregnancy which must not be due to a voluntary or malicious act.

Pre-hospital treatment received before and post-hospital treatment received after inpatient pregnancy complications treatment are not covered.

11 Living donor organ transplant benefit covers charges for major organ transplants of the kidney or liver where the life assured is a living donor. Pre-hospital treatment received before and post-hospital treatment received after living donor organ transplant are not covered.

12 Pre-hospital treatment received before and post-hospital treatment received after inpatient psychiatric treatment are not covered.

13 Free new-born benefit applies to a new-born child(ren) from 15 days old or the date of discharge from hospital after birth, whichever is later. The benefit ends on the date the new-born is 6 months old or takes up a Medisave-approved Integrated Shield Plan, whichever is earlier. Both parents must be covered under plan 1 or plan 2 continuously for at least 10 months from the cover start date of their respective policies on the new-born's date of birth. Pre-hospital treatment received before and post-hospital treatment received after free new-born benefit are not covered.

SAMPLE

Footnotes

[14] Planned overseas treatment applies to an overseas hospital that has an approved working arrangement with a Medisave-accredited institution/referral centre in Singapore or emergency overseas treatment. Pre-hospital treatment received before and post-hospital treatment received after emergency overseas treatment is not covered. We will pay this benefit only if residency of the life assured is Singapore on the date of the life assured's admission.

[15] Proton Beam Therapy benefit or Cell, Tissue and Gene Therapy benefit apply if Proton Beam Therapy treatment or Cell, Tissue and Gene Therapy treatment are received as an inpatient, outpatient or day surgery procedure.

[16] The approved list of panel private kidney dialysis centres and subsidised centres can be found at singlife.com.

[17] Preventive treatment for cancer covers surgery to prevent further cancer if the life assured already had treatment for cancer and we have paid for the treatment.

[18] Final expenses benefit is a waiver of MyShield annual deductible and co-insurance amounts, up to the limits stated, upon death taking place during hospitalisation or within 30 days of discharge from hospitalisation and provided death takes place as a result of the cause of the hospitalisation.

[19] Pro-ration factor is applied to reduce overseas/higher class wards/private hospital bills to:
(a) a restructured hospital in Singapore equivalent in the claims computation of plan 2; or
(b) 4-bed ward equivalent in a restructured hospital in Singapore in the claims computation of plan 3.
This is not applicable to expenses incurred for major outpatient treatment and day surgery at a restructured hospital in Singapore and for major outpatient treatment at a subsidised dialysis or cancer centre in Singapore.

[20] Pro-ration factor is applied to reduce the unsubsidised hospital charges to equivalent subsidised charges in a community hospital.

[21] MyShield annual deductible is waived for major outpatient treatments.

[22] Claimable amount is the lower of (i) the claim limit in the table or (ii) the amount after adjusting the charges for pro-ration, if needed.

[23] Co-insurance for major outpatient treatments is 10% of a percentage of the charges incurred.

[24] The policy year limit of S$2,000,000 assumes that all treatment(s) in the policy year is made through panel specialist in a private hospital with certificate of pre-authorisation, restructured hospital or community hospital.

* Note: Pro-ration for unsubsidised outpatient cancer treatments will be applicable from 1 Nov 2016 onwards. Dialysis-related treatment and immunosuppressants will not be pro-rated.

2. Premium Rates

We calculate the premium you have to pay based on the life assured's age next birthday.

We may deduct your premium from the designated Medisave account according to the MediShield Life Scheme Act and Regulations.

You must pay the premium or any part of it in cash if:

a. the premium you owe is more than the maximum Additional Withdrawal Limit (for Singapore citizens or Singapore permanent residents) or Medisave Withdrawal Limit (for foreigners) set by the CPF Board;
b. there are not enough funds in your Medisave account to pay the premium due; or
c. the premium, or part of it is not taken from the designated Medisave account for any reason.

Breakdown of Standard Premiums for MyShield

The tables below show the breakdown of premiums for a standard life^ under your plan type:

For Singapore Citizens / Singapore Permanent Residents

(For foreigners, please refer to singlife.com for the premiums and Medisave Withdrawal Limits)

MyShield Plan 1

Annual premium per person in SG Dollars (inclusive of 7% GST). Premium rates are non-guaranteed.

Age Next Birthday	MediShield Life Premiums (Fully payable by Medisave*)	Additional Private Insurance Coverage		
		Premiums	Additional Withdrawal Limits	Cash Outlay
1 to 20	145.00	192.00	300.00	0
21 to 30	250.00	232.00	300.00	0
31 to 40	390.00	409.00	300.00	109.00
41 to 45	525.00	714.00	600.00	114.00
46 to 50	525.00	924.00	600.00	324.00
51 to 55	800.00	1,166.00	600.00	566.00
56 to 60	800.00	1,483.00	600.00	883.00
61 to 65	1,020.00	1,957.00	600.00	1,357.00
66 to 70	1,100.00	2,774.00	600.00	2,174.00
71 to 73	1,195.00	3,750.00	900.00	2,850.00
74 to 75	1,320.00	4,401.00	900.00	3,501.00
76 to 78	1,530.00	4,897.00#	900.00	3,997.00
79 to 80	1,590.00	5,546.00#	900.00	4,646.00
81 to 83	1,675.00	6,530.00#	900.00	5,630.00
84 to 85	1,935.00	7,149.00#	900.00	6,249.00
86 to 88	2,025.00	7,736.00#	900.00	6,836.00
89 to 90	2,025.00	7,995.00#	900.00	7,095.00
91 to 93	2,055.00	8,231.00#	900.00	7,331.00
94 to 95	2,055.00	8,425.00#	900.00	7,525.00
96 to 98	2,055.00	8,721.00#	900.00	7,821.00
99 and above	2,055.00	9,097.00#	900.00	8,197.00

SAMPLE

MyShield Plan 2

Annual premium per person in SG Dollars (inclusive of 7% GST). Premium rates are non-guaranteed.

Age Next Birthday	MediShield Life Premiums (Fully payable by Medisave*)	Additional Private Insurance Coverage		
		Premiums	Additional Withdrawal Limits	Cash Outlay
1 to 20	145.00	86.00	300.00	0
21 to 30	250.00	99.00	300.00	0
31 to 40	390.00	168.00	300.00	0
41 to 45	525.00	312.00	600.00	0
46 to 50	525.00	340.00	600.00	0
51 to 55	800.00	468.00	600.00	0
56 to 60	800.00	494.00	600.00	0
61 to 65	1,020.00	773.00	600.00	173.00
66 to 70	1,100.00	1,219.00	600.00	619.00
71 to 73	1,195.00	1,806.00	900.00	906.00
74 to 75	1,320.00	2,107.00	900.00	1,207.00
76 to 78	1,530.00	2,736.00#	900.00	1,836.00
79 to 80	1,590.00	2,968.00#	900.00	2,068.00
81 to 83	1,675.00	3,724.00#	900.00	2,824.00
84 to 85	1,935.00	3,786.00#	900.00	2,886.00
86 to 88	2,025.00	4,505.00#	900.00	3,605.00
89 to 90	2,025.00	4,614.00#	900.00	3,714.00
91 to 93	2,055.00	4,657.00#	900.00	3,757.00
94 to 95	2,055.00	4,773.00#	900.00	3,873.00
96 to 98	2,055.00	4,894.00#	900.00	3,994.00
99 and above	2,055.00	5,018.00#	900.00	4,118.00

MyShield Plan 3

Annual premium per person in SG Dollars (inclusive of 7% GST). Premium rates are non-guaranteed.

Age Next Birthday	MediShield Life Premiums (Fully payable by Medisave*)	Additional Private Insurance Coverage		
		Premiums	Additional Withdrawal Limits	Cash Outlay
1 to 20	145.00	70.00	300.00	0
21 to 30	250.00	73.00	300.00	0
31 to 40	390.00	100.00	300.00	0
41 to 45	525.00	180.00	600.00	0
46 to 50	525.00	196.00	600.00	0
51 to 55	800.00	278.00	600.00	0
56 to 60	800.00	286.00	600.00	0
61 to 65	1,020.00	480.00	600.00	0
66 to 70	1,100.00	719.00	600.00	119.00
71 to 73	1,195.00	1,151.00	900.00	251.00
74 to 75	1,320.00	1,341.00	900.00	441.00
76 to 78	1,530.00	1,912.00#	900.00	1,012.00
79 to 80	1,590.00	1,924.00#	900.00	1,024.00
81 to 83	1,675.00	2,550.00#	900.00	1,650.00
84 to 85	1,935.00	2,571.00#	900.00	1,671.00
86 to 88	2,025.00	3,020.00#	900.00	2,120.00
89 to 90	2,025.00	3,147.00#	900.00	2,247.00
91 to 93	2,055.00	3,407.00#	900.00	2,507.00
94 to 95	2,055.00	3,547.00#	900.00	2,647.00
96 to 98	2,055.00	3,689.00#	900.00	2,789.00
99 and above	2,055.00	3,835.00#	900.00	2,935.00

^ A standard life is a life assured who, at point of proposal, does not have any pre-existing conditions.

* Your MediShield Life premiums may differ depending on your premium subsidies, premium rebates and whether you need to pay for the Additional Premiums. The net MediShield Life Premium Payable after accounting for these is fully payable by Medisave.

\# For renewal only.
The total distribution cost of this product is 41% to 54% of additional private insurance premiums for the first year and 5% to 10% of additional private insurance premiums for renewal years.

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3. Family discount for child(ren)

3.1. For Singapore citizens or Singapore permanent residents
If both parents of an eligible child life assured are covered under either plan 1 or plan 2, and the eligible child life assured is covered under plan 2, we will waive the eligible child life assured's premium for the additional private insurance cover until the eligible child life assured reaches 20 years old at age next birthday. The MediShield Life premium will continue to be payable under plan 2 until the eligible child life assured reaches 20 years old at age next birthday.

3.2. For foreign dependants
If both parents of an eligible child life assured are covered under either plan 1 or plan 2, and the eligible child life assured is covered under plan 2, the premium for the eligible child life assured based on the family discount for child(ren) as stated in our premium tables will be payable under plan 2 until the eligible child life assured reaches 20 years old at age next birthday.

This benefit will continue even if one or both parents of the child life assured dies before this benefit ceases. This benefit is limited to a maximum of four child life assureds who must all have the same biological parents.

4. Pro-ration Factor

Except for final expenses benefit, we will apply the pro-ration factor if the life assured is admitted as an inpatient to a room or hospital above what the life assured is entitled to under your policy or at a hospital outside Singapore or receive major outpatient treatment at a private hospital or medical institution. Pro-ration factor means the percentage shown in the benefits schedule.

5. MyShield Annual Deductible

MyShield annual deductible applies to all claims made under your policy except for major outpatient treatment and final expenses benefit. MyShield annual deductible means the cumulative total amount of medical expenses which you have to bear during any one policy year before any benefits are payable under your policy as shown in the benefits schedule.

6. Co-insurance

Co-insurance applies to all claims made under your policy except for final expenses benefit. Co-insurance means the amount that you need to co-pay on the claimable amount after MyShield annual deductibles have been paid. The co-insurance percentages for the benefits are shown in the benefits schedule.

7. Eligibility

To be eligible for MyShield, you must:
- be a Singapore citizen or Singapore permanent resident; and
- have a Medisave account;

and the life assured must be 75 years old or below at age next birthday at the cover start date.

Only life assured who are Singapore citizens and Singapore permanent residents are eligible to be covered under MyShield plan 3.

Your dependants are also eligible for cover under MyShield plan 1 or plan 2 as long as they are Singapore citizens, Singapore permanent residents or foreigners who hold eligible valid passes. A new-born is eligible for cover 15 days after birth or after discharge from hospital, whichever is later.

8. Guaranteed renewal

We will renew your policy automatically every year. We guarantee to do this for life as long as:
a. we receive the premium before the grace period ends;
b. the cover for the life assured has not been ended.

9. When your policy ends

Your policy automatically ends on the date:
a. the life assured dies;
b. we receive your written notice requesting cancellation of your policy;
c. we do not receive your premium after the grace period;
d. you fail to give us any information or document which we require from you, which date will be determined by us;
e. you fail or refuse to refund any amount you owe us, which date will be determined by us;
f. fraud takes place;
g. you do not reveal information or misrepresent to us;
h. you or the life assured does not fulfill the eligibility requirements;
i. the cover of your policy ends; or
j. the life assured is covered under another Medisave-approved Integrated Shield Plan;

whichever is earlier.

10. Waiting period

Waiting period means the period of time that applies to specific benefits under the policy as set out in the benefit provisions and benefits schedule, during which your policy will not provide for those specific benefits regardless of whether treatment was made necessary by any cause. The waiting period starts from:
- the date the benefit first becomes effective under the policy;
- the cover start date;
- the last reinstatement date;
- the date of upgrade;

whichever is the latest.

SAMPLE

ADDITIONAL INFORMATION

1. The Contract

This Product Summary provides you with an overview of the plan. The Policy Terms and Conditions provides the full terms and conditions of this plan.

2. Pre-existing Conditions

'Pre-existing condition' means any illness, injury, condition or symptom:

- for which the life assured asked for or received treatment, medication, advice or diagnosis from a doctor before the cover start date, the last reinstatement date, or the date of upgrade, whichever is later;
- which existed or were evident before the cover start date, the last reinstatement date, or the date of upgrade, whichever is later, and would have led a reasonable and sensible person to seek medical advice or treatment; or
- which was foreseeable or known, by you or the life assured, to exist before the cover start date, the last reinstatement date, or the date of upgrade, whichever is later, whether or not the life assured asked for treatment, medication, advice or diagnosis.

All pre-existing conditions are excluded under your policy unless you have declared the pre-existing condition and it has been accepted by us in writing.

3. Exclusions

The following treatment items, procedures, conditions, activities and their related or consequential expenses are not covered under your policy. However, some of these exclusions may be covered under MediShield Life. For exclusions that are covered under MediShield Life, we will deal with your claim according to the terms and conditions and benefit limits of MediShield Life. If we say that because of an exclusion or any other term or condition of your policy, any loss, damage, cost or expense is not covered by your policy, the burden is on you to prove otherwise.

a. all expenses for treatment as an inpatient, if the life assured was admitted to the hospital before the cover start date;
b. any pre-existing condition (unless we cover it);
c. overseas medical treatment (unless we cover it under emergency overseas treatment or planned overseas treatment);
d. transport for trips made to obtain medical treatment such as ambulance fees, emergency evacuation, or send home a body or ashes;
e. private nursing charges and nursing home services;
f. inpatient room and board charges for surgery which can be done as a day surgery;
g. admission as an inpatient for medical services, examination or treatment which can be done on an outpatient basis including but not limited to X-ray, CT scan or MRI scan (unless we cover it under pre-hospital treatment, inpatient hospital treatment, surgery (including day surgery), post-hospital treatment or major outpatient treatment);
h. health screenings (including endoscopy for health screening purposes) and primary prevention (refers to medical services for generally healthy individuals to prevent a disease from ever occurring, in the absence of medical indications, eg. general medical/health screening packages, general physical checkups, vaccinations, etc.);
i. medical certificates, examinations for employment or travel, routine eye or ear examinations, hearing aids, spectacles, contact lenses and correction for refractive errors of the eye;
j. elective cosmetic treatments and plastic surgery unless the surgery is necessary for:
   - the repair of damage caused by an accident. The surgery must be done within 365 days from the date of accident; or
   - breast reconstruction after mastectomy due to breast cancer. The breast reconstruction must be done within 365 days from the date of mastectomy. Any surgery or reconstruction of the other breast to produce a symmetrical appearance will not be covered;
k. any treatment claimed to prevent illness (unless we cover it under preventive treatment for cancer), promote health or improve bodily function or appearance including but not limited to vitamins, supplements, scar creams, soaps and moisturisers;
l. dental treatment or oral surgery related to teeth (unless this is covered under accident inpatient dental treatment);
m. palliative care, rest cures and services or treatment at any home, spa, hydro or aqua clinic, sanatorium, hospice or long-term care facility that is not a hospital;
n. infertility, contraception, sterilisation, impotence, sexual dysfunction or assisted conception tests or treatments or sex change operations;
o. treatment or surgical procedures done at fertility clinics or centres and reproductive medicine clinics or centres;
p. pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, or any form of related hospitalisation or treatment (unless we cover this under inpatient pregnancy complications benefit);
q. treatment for obesity, weight reduction, weight improvement or procedure for weight management;
r. treatment for birth defects, including hereditary conditions and disorders and congenital anomalies (unless we cover it under inpatient congenital anomalies benefit);
s. prosthesis, corrective devices and medical appliances which are not surgically required including the buying or renting of the following for use at home or as an outpatient:
   - braces;
   - special/medical appliances which are not necessary for the completion of a surgical operation, including location, transport and associated administrative costs of such appliances;
   - durable medical equipment and machines;
   - corrective devices;
   - wheelchairs;
   - walking aids;
   - home aids;
   - kidney dialysis machines;
   - iron lungs;
   - oxygen machines;
   - hospital beds;
   - any other hospital type equipment;
   - replacement organs.
t. alternative or complementary treatments, including traditional Chinese medicine (TCM), naturopathic, homeopathic, podiatric, chiropractic or osteopathic treatment or a stay in any health-care establishment for social or non-medical reasons;
u. costs relating to cornea, muscular, skeletal or human organ or tissue transplant (unless we cover it under living donor organ transplant, major organ transplant, major organ transplant – approved immunosuppressant drugs or stem cell transplant);
v. treatment for self-inflicted injury, suicide, alcohol abuse, drug addiction or abuse;

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w. treatment for psychological, emotional or mental problems or conditions (unless we cover it under inpatient psychiatric treatment);
x. experimental or pioneering medical or surgical techniques; and medical devices including medical treatments that were of an investigational or research nature, not approved by Health Sciences Authority and the Centre of Medical Device Regulation; as well as clinical trials for medicinal products, whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority;
y. medical devices, drugs, therapeutic products and CTGTP (Cell, Tissue and Gene Therapy Products) not approved by Health Sciences Authority (unless approved by European Medicines Agency (EMA) or United States Food and Drug Administration (FDA) for necessary medical treatment);
z. injury or illness arising from or in connection with any illegal act such as imprisonment;
aa. injury or illness arising directly or indirectly from or in connection with engagement or involvement in any hazardous activities or sports when remuneration or income could or would be earned or in a professional or competitive pursuit full-time, part-time, contractual or ad hoc basis other than for leisure or as a hobby;
bb. costs arising out of any litigation or dispute between the life assured and any medical personnel or establishment from whom treatment has been sought or given, or any other costs not directly and specifically related to the payment of the medical expenses covered by your policy;
cc. any loss or damage, cost or expense of whatever nature that is caused directly or indirectly by, results from or is connected to the following even if some other cause or event may contribute to the loss:
    (i) ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from the burning of nuclear fuel;
    (ii) radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component;
    (iii) any weapon of war using atomic or nuclear fission or fusion or other reaction of radioactive force or matter;
dd. death, disability, loss, damage, destruction, legal liability, cost or expense including consequential loss which is directly or indirectly caused by, results from or is connected to any of the following even if some other cause or event may contribute to the loss:
    (i) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war is declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions or amounting to an uprising, military or usurped power; or
    (ii) any act of terrorism including but not limited to:
        • the use or threat of force or violence;
        • harm or damage to life or property (or the threat of harm or damage) including nuclear radiation or contamination by chemical or biological agents or any person or group of persons, which are carried out for political, religious, ideological or similar purposes, to put the public or a section of the public in fear; or
        • any action taken to control, prevent, suppress or in any way relating to (i) or (ii);
ee. sexually transmitted diseases and any treatment or test connected with human immunodeficiency virus (HIV) infection-related conditions or diseases, except:
    (i) HIV infection acquired through blood transfusion in Singapore; or
    (ii) HIV acquired while performing regular professional duties in a medical profession in Singapore;
ff. charges for non-necessary medical goods or services such as telephone, television or newspapers;
gg. fees or payment made to third party administrators or patient referral services;
hh. claims incurred directly or indirectly as a result of violation or attempted violation of any law, subsidiary legislation, governmental notice, policy or other statutory requirement, or any change thereof.

4. Full Disclosure

Up to the cover start date or the upgrade effective date or the last reinstatement date, whichever is later, you and the life assured must disclose to us fully and truthfully, all material facts and circumstances about the life assured that may influence our decision whether or not to cover him or to impose further terms and conditions on your policy.

If you do not give us this information or misrepresent any information, we may:
(i) declare your policy "void" from the cover start date or the last reinstatement date (whichever is applicable);
(ii) end the cover for the life assured; or
(iii) add extra terms and conditions, amend and/or adjust the benefits as we may deem fit.

If event (i) or (ii) above happens, we will refund you all premiums paid to us only if you have not made any claim under your policy. If you have made a claim under your policy before event (i) or (ii) happens, we will calculate the premium to be refunded from the first policy year immediately following the policy year in which you made the last claim under your policy. If the life assured is a Singapore citizen or a Singapore permanent resident, the life assured will continue to be covered under MediShield Life without any exclusion.

5. Upgrading or Switching of Plan

The life assured can only have one Integrated Shield Plan. Once this policy commences, the life assured's previous Integrated Shield Plan (if any) will be automatically terminated. Where applicable, the life assured's health will be assessed by us. If the life assured is not in good health, we may:
- decline your application; or
- not provide the life assured with certain benefits.

If the life assured is currently holding an Integrated Shield Plan with us and is upgrading his plan, he may not be given the enhanced benefits due to his existing medical conditions.

If the life assured is currently holding an Integrated Shield Plan with another insurer and is switching to this plan with us, and he has existing medical conditions that are currently covered by the existing plan, he may lose coverage for his existing medical conditions.

In the event that you cannot afford, or do not wish to continue paying the premiums for the life assured's Integrated Shield Plan, you can switch to a lower coverage but more affordable plan with us, or cease the life assured's Integrated Shield Plan. If you are a Singaporean citizen or Singapore permanent resident, regardless of your decision, the life assured will continue to be covered by MediShield Life for life without any exclusion.

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Singapore Life Ltd. 4 Shenton Way, #01-01, SGX Centre 2 Singapore 068807 • Tel: (65) 6827 9933 singlife.com
Company Reg. No. 196900499K GST Reg. No. MR-8500166-8

ADDITIONAL INFORMATION (continued)

6. Change of Policy Terms or Conditions

We may change the benefits, cover, premiums or terms and conditions of your policy (as long as the changes apply to all policies of the same class). We will give you at least 30 days' written notice before we do so. However, such notice shall be waived and we may change the benefits, cover, premiums or terms and conditions of the policy with immediate effect without giving you notice if such changes are required by any law, regulation, governmental notices, policies or other statutory requirements.

7. Cancel Your Policy

You may cancel the policy with effect from any renewal date by giving us at least 30 days' written notice of your intention not to renew your policy. The life assured's cover under your policy will end on the renewal date.

You may also cancel your policy during the policy year and after the free look period by giving us at least 30 days' written notice. We will refund you the pro-rated premium for the unexpired period of cover.

8. Claims

Any benefits payable under the policy are made to you, your legal representative, the hospital or such other authorised parties (as the case may be). We will not make any payment in respect of any claim incurred unless full premium has been received by us.

Please contact your Financial Adviser Representative or visit the FAQs section in www.singlife.com/myshield for claim procedures.

9. Other Insurance

If you or the life assured have other medical insurance policies (including medical benefits under any employment contract) which allows you or them to claim a refund for medical expenses, you or the life assured, must first claim from these policies before making any claim under your policy. Our obligations to pay under your policy will only arise after you have fully claimed under these policies.

If we have paid any benefit to you first before you make a claim under the other medical insurance policies, the other medical insurers or your employer must refund us their share. You must file your claim with the other medical insurers or your employer so that we can get back their share of the claim we have paid.

For every claim, the total reimbursement we make will not be more than the expenses actually paid.

10. Free Look

If we are issuing this policy to you for the first time, we give you a free-look period of 21 days from the date you received your policy to decide if you want to continue with your policy. If you do not want to continue with your policy, you may write to us to cancel it. As long as you have not made any claim under your policy, we will cancel your policy from its cover start date and refund all premiums paid, without interest. You are assumed to have received the policy within seven days after we have sent it by post.

11. Point-of-Sale Documents

A copy of the following documents is provided at the point-of-sale:

- Product Summary
- Fact Find Form
- Your Guide to Health Insurance and Infographic "Evaluating My Health Insurance Coverage" (if applicable); and
- Infographic "Moratorium on Genetic Testing and Insurance".

12. Note

The above is merely a summary of the plan offered. The precise terms and conditions of the plan are set out in the policy contract.

You may wish to seek advice from a Financial Adviser Representative before making a commitment to purchase the plan. In the event that you choose not to seek advice from a Financial Adviser Representative, you should consider whether the plan in question is suitable for you. Buying a health insurance policy that is not suitable for you may impact your ability to finance your future healthcare needs.

13. 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 LIA or SDIC websites (www.lia.org.sg or www.sdic.org.sg).

14. Details of Insurer

This plan is underwritten by Singapore Life Ltd. Website: singlife.com.

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Company Reg. No. 196900499K GST Reg. No. MR-8500166-8

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MyHealthPlus

PRODUCT SUMMARY

Singlife with AVIVA

Date ☐☐/☐☐/☐☐☐☐ **(DD/MM/YYYY)**

Presented to _____ Name of Financial Adviser Representative _____

(Name of Proposer)

Signature of Proposer _____ Signature of Financial Adviser Representative _____

'You/ Your' means the owner of the policy who is named as the assured in the policy schedule. 'Life assured' means the person named as the life assured in the policy schedule. 'We/ Us/ Our' means Singapore Life Ltd.

Warning:
Anyone who pays for, or is insured under MyHealthPlus is not eligible for Additional Premium Support (APS) from the Government.*

If you are currently receiving APS to pay for your MediShield Life and/or CareShield Life premiums, and you choose to be insured under this MyHealthPlus policy, you will stop receiving APS. This applies even if you are not the person paying for this MyHealthPlus policy.

In addition, if you choose to be insured under this MyHealthPlus policy, the person paying for MyHealthPlus will stop receiving APS, if he or she is currently receiving APS.

* APS is for families who need assistance with MediShield Life and/or CareShield Life premiums, even after receiving premium subsidies and making use of MediSave to pay for these premiums.

PRODUCT INFORMATION

MyHealthPlus is a rider to MyShield that provides complementary protection on top of what MyShield covers, specifically to meet your needs to reduce the uncertainty of out-of-pocket expenses in your MyShield policy.

All benefits only pay reimbursement for reasonable expenses for necessary medical treatment received by the life assured due to illness or injury and depend on the terms and conditions in your policy, the limits shown in the benefits schedule and the exclusions in your policy. Treatment must be provided by a hospital or licensed medical centre or clinic.

MyHealthPlus Benefits Schedule in SG Dollars			
	Attached to MyShield Plan 1	**Attached to MyShield Plan 2**	**Attached to MyShield Plan 3**
Hospital ward type	Any standard ward of a private hospital	Any standard ward of a restructured hospital	Any 4-bed (B1) standard ward of a restructured hospital
MyHealthPlus Option A-II	**MyHealthPlus Option A-II Benefits**		
	(a) Co-insurance benefit	Covers 50% of MyShield co-insurance	
	(b) Maximum co-insurance (payable by policyholder)	S$3,000 per policy year[1] (Panel specialist in a private hospital with certificate of pre-authorisation, restructured hospital, community hospital, subsidised centre for kidney dialysis, panel private dialysis centres or panel overseas hospital)	
	(c) Critical illness-related benefits		
	(i) Critical illness benefit[2]	S$10,000 per lifetime (only applies if the life assured has crossed his first birthday and is not older than 65 years old age next birthday)	
	(ii) Additional critical illness benefit for kidney failure[3] if kidney dialysis is received at:		
	Panel private dialysis centre[4]	S$1,000 per lifetime	N.A.
	Restructured hospital	S$3,000 per lifetime	S$2,000 per lifetime
	Subsidised centre[4]		

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MyHealthPlus Benefits Schedule in SG Dollars				
		Attached to MyShield Plan 1	**Attached to MyShield Plan 2**	**Attached to MyShield Plan 3**
Hospital ward type		Any standard ward of a private hospital	Any standard ward of a restructured hospital	Any 4-bed (B1) standard ward of a restructured hospital
MyHealthPlus Option A-II	**MyHealthPlus Option A-II Benefits**			
	(d) Hospital-related benefits			
	(i) Ward downgrade benefit	Covers 50% of MyShield annual deductible		
	(ii) Ambulance fees or transport to hospital[5]	S$80 per injury or illness		
	(iii) Accommodation charges for parent / guardian of child life assured[6]	S$80 per day up to 10 days	S$65 per day up to 10 days	S$50 per day up to 5 days
	(iv) Post-hospital follow-up TCM treatment[7]	S$50 per visit up to 180 days after discharge (for inpatient admission due to an accident)		
	(e) Free cover for child(ren)[8]	Yes		N.A.
	(f) Accidental cover for child benefit[9]	S$1,000 per lifetime		
	(g) Global treatment for six covered illnesses and medical procedures[10]: – cancer treatment – coronary artery by-pass surgery – heart valve replacement or repair – inter-cranial and specific spinal cord surgery – live-donor organ transplant – bone marrow transplant	S$1,250,000 per policy year and S$2,500,000 per lifetime (Panel overseas hospital with certificate of pre-authorisation) MyShield annual deductible and MyShield co-insurance applies	N.A.	
MyHealthPlus Option C-II	**MyHealthPlus Option C-II Benefits**			
	(a) All benefits under MyHealthPlus Option A-II according to the life assured's plan excluding free cover for child(ren) and ward downgrade benefit	Covered		
	(b) Preferred rate for child(ren)[11]	Yes		N.A.
	(c) Deductible benefit	Covers MyShield annual deductible after policyholder pays MyHealthPlus annual deductible		
MyHealthPlus annual deductible				
Inpatient				
Class C ward		S$120		
Class B2 / B2+ ward		S$150		
Class B1 ward		S$200		
Class A ward		S$300		
Subsidised short stay ward		S$150		
Unsubsidised short stay ward		S$300		
Hospital outside Singapore		S$1,000	S$500	
Non-panel specialist in a private hospital				
Panel specialist in a private hospital / panel overseas hospital	**with** certificate of pre-authorisation	S$500	S$300	
	without certificate of pre-authorisation	S$1,000	S$500	
Day Surgery	Restructured hospital / Community hospital	S$250		
	Hospital outside Singapore	S$500		
	Non-panel specialist in a private hospital			
	Panel specialist in a private hospital / panel overseas hospital **with** certificate of pre-authorisation	S$250		
	Panel specialist in a private hospital / panel overseas hospital **without** certificate of pre-authorisation	S$500		

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PRODUCT INFORMATION (continued)

Footnotes

1 The maximum co-insurance is accumulated across panel specialist in a private hospital with certificate of pre-authorisation, panel private dialysis centre, subsidised centre for kidney dialysis, panel overseas hospital, restructured hospital and community hospital and does not include the co-insurance accumulated under panel specialist in a private hospital without certificate of pre-authorisation.

2 If the critical illness diagnosed is Major Cancer, Coronary Artery By-pass Surgery, Angioplasty & Other Invasive Treatment for Coronary Artery, Other Serious Coronary Artery Disease and/or Heart Attack of Specified Severity, the critical illness benefit is payable only if diagnosis is made after a waiting period of 90 days from the cover start date or last reinstatement date, whichever is later.

3 Additional critical illness benefit for kidney failure will be covered based on the type of centre or hospital at which the life assured receives the dialysis.

4 The approved list of panel private kidney dialysis centres and subsidised centres can be found at singlife.com.

5 We pay this benefit as long as the life assured is admitted as an inpatient within 24 hours of arrival at the hospital, for treatment of an illness or injury covered under MyShield.

6 Child life assured refers to the life assured who is below 19 years old at age next birthday.

7 TCM treatment includes the cost of consultation, acupuncture, scrapping, cupping and tui na, but not the cost of medication. The inpatient admission before the post-hospital follow-up TCM treatment must be the result of an accident. We will not pay for any post-hospital follow-up TCM treatment following an inpatient treatment in community hospital.

8 Based on benefits under Option A-II Plan 2, up to 20 years old at age next birthday, provided both parents are covered under either MyShield Plan 1 or Plan 2 and covered under either MyHealthPlus Option A or Option C or Option A-II or Option C-II, whichever is applicable.

9 We will pay this benefit in cash if the life assured (below 19 years old at the time of the accident) sustains a fracture to the skull, spine, pelvis, femur or hip as a result of an accident. We will only pay this benefit once during the lifetime of the life assured no matter how many fractures are sustained.

10 The 'Additional Terms and Conditions for Global Treatment Benefit' can be found at singlife.com.

11 Child(ren) covered under Option C-II benefits will pay a preferred rate under Option C-II plan 2, up to 20 years old at age next birthday, provided both parents are covered under either MyShield plan 1 or plan 2 and covered under either MyHealthPlus Option A or Option C or Option A-II or Option C-II, whichever is applicable.

PREMIUM RATES

This policy is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy.

The premium payable is based on the life assured's age next birthday at the cover start date and will increase when he/she enters into the next age band. The plan chosen **must be the same** as MyShield and premium must be paid by cash. In the event that the life assured's plan is wrongly selected and found to be different from his MyShield plan, and the premium paid is insufficient, we will collect any shortfall in premium in cash or deduct the shortfall from any claim amount payable under your policy. Premium rates are not guaranteed and may increase at policy renewal at our full discretion.

MyHealthPlus Option A-II – ANNUAL PREMIUM

Annual Premium per person in Singapore Dollars (inclusive of 7% GST)							
Age Next Birthday	**Plan 1**	**Plan 2**	**Plan 3**	**Age Next Birthday**	**Plan 1**	**Plan 2**	**Plan 3**
1 to 20	84.00	46.00	31.00	76 to 78*	1,021.00	770.00	598.00
21 to 30	136.00	48.00	37.00	79 to 80*	1,055.00	786.00	610.00
31 to 40	155.00	61.00	43.00	81 to 83*	1,073.00	802.00	628.00
41 to 45	164.00	108.00	86.00	84 to 85*	1,090.00	810.00	641.00
46 to 50	179.00	123.00	106.00	86 to 88*	1,108.00	825.00	653.00
51 to 55	254.00	165.00	139.00	89 to 90*	1,177.00	848.00	659.00
56 to 60	410.00	275.00	236.00	91 to 93*	1,274.00	959.00	688.00
61 to 65	661.00	491.00	428.00	94 to 95*	1,511.00	1,186.00	786.00
66 to 70	891.00	670.00	521.00	96 to 98*	1,685.00	1,329.00	859.00
71 to 73	972.00	739.00	586.00	99 and up*	1,946.00	1,422.00	919.00
74 to 75	1,004.00	747.00	598.00				

* for renewal only

SAMPLE

MyHealthPlus Option C-II – ANNUAL PREMIUM

Annual Premium per person in Singapore Dollars (inclusive of 7% GST)							
Age Next Birthday	**Plan 1**	**Plan 2**	**Plan 3**	**Age Next Birthday**	**Plan 1**	**Plan 2**	**Plan 3**
Preferred Rates for Child(ren) 1 to 20		168.00		76 to 78*	3,481.00	1,751.00	1,338.00
1 to 20	584.00	214.00	176.00	79 to 80*	3,534.00	1,768.00	1,366.00
21 to 30	669.00	248.00	196.00	81 to 83*	3,725.00	1,785.00	1,393.00
31 to 40	765.00	264.00	211.00	84 to 85*	3,852.00	1,819.00	1,406.00
41 to 45	919.00	350.00	271.00	86 to 88*	3,980.00	1,846.00	1,433.00
46 to 50	980.00	382.00	313.00	89 to 90*	4,195.00	1,872.00	1,447.00
51 to 55	1,233.00	434.00	348.00	91 to 93*	4,476.00	2,038.00	1,623.00
56 to 60	1,796.00	581.00	450.00	94 to 95*	4,928.00	2,365.00	1,884.00
61 to 65	2,445.00	925.00	728.00	96 to 98*	5,299.00	2,689.00	2,143.00
66 to 70	3,005.00	1,376.00	1,105.00	99 and up*	5,808.00	2,885.00	2,299.00
71 to 73	3,344.00	1,585.00	1,297.00				
74 to 75	3,440.00	1,725.00	1,325.00				

* for renewal only

MyHealthPlus Option A-II – MONTHLY PREMIUM

Monthly Premium per person in Singapore Dollars (inclusive of 7% GST)							
Age Next Birthday	**Plan 1**	**Plan 2**	**Plan 3**	**Age Next Birthday**	**Plan 1**	**Plan 2**	**Plan 3**
1 to 20	7.17	3.93	2.64	76 to 78*	87.09	65.68	51.01
21 to 30	11.60	4.10	3.16	79 to 80*	89.99	67.05	52.03
31 to 40	13.23	5.20	3.67	81 to 83*	91.53	68.41	53.56
41 to 45	13.98	9.21	7.34	84 to 85*	92.97	69.09	54.68
46 to 50	15.27	10.50	9.04	86 to 88*	94.51	70.37	55.70
51 to 55	21.67	14.07	11.86	89 to 90*	100.40	72.33	56.22
56 to 60	34.98	23.45	20.13	91 to 93*	108.67	81.80	58.69
61 to 65	56.38	41.88	36.51	94 to 95*	128.89	101.17	67.05
66 to 70	76.00	57.15	44.44	96 to 98*	143.73	113.37	73.27
71 to 73	82.91	63.03	49.99	99 and up*	165.99	121.30	78.39
74 to 75	85.64	63.72	51.01				

* for renewal only

MyHealthPlus Option C-II – MONTHLY PREMIUM

Monthly Premium per person in Singapore Dollars (inclusive of 7% GST)							
Age Next Birthday	**Plan 1**	**Plan 2**	**Plan 3**	**Age Next Birthday**	**Plan 1**	**Plan 2**	**Plan 3**
Preferred Rates for Child(ren) 1 to 20		14.33		76 to 78*	296.93	149.36	114.14
1 to 20	49.82	18.25	15.01	79 to 80*	301.45	150.81	116.52
21 to 30	57.06	21.15	16.72	81 to 83*	317.75	152.26	118.82
31 to 40	65.26	22.52	18.00	84 to 85*	328.58	155.16	119.94
41 to 45	78.39	29.85	23.11	86 to 88*	339.49	157.46	122.24
46 to 50	83.60	32.58	26.70	89 to 90*	357.83	159.68	123.42
51 to 55	105.17	37.02	29.68	91 to 93*	381.81	173.84	138.44
56 to 60	153.20	49.56	38.38	94 to 95*	420.36	201.74	160.70
61 to 65	208.55	78.90	62.10	96 to 98*	452.00	229.38	182.80
66 to 70	256.33	117.37	94.26	99 and up*	495.42	246.09	196.11
71 to 73	285.24	135.21	110.64				
74 to 75	293.44	147.15	113.02				

* for renewal only

The total distribution cost of this product is 20% to 41% of premiums for the first year and 2.5% to 5% of premiums for renewal years.

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ELIGIBILITY

To be eligible for MyHealthPlus, the life assured must be:

- 75 years old or below at age next birthday at the cover start date; and
- the life assured of a MyShield policy.

A new-born is eligible for cover 15 days after birth or after discharge from hospital, whichever is later.

COVERAGE OPTIONS

Besides choosing the appropriate MyHealthPlus Plan based on the desired hospital/ ward type (the plan chosen **must be the same** as MyShield), you may also choose one of the following benefits for the life assured:

(a) Option A-II only; or
(b) Option C-II only

KEY PRODUCT PROVISIONS

The following are some key provisions found in the policy contract of this plan. This is only a brief summary and you are advised to refer to the actual terms and conditions in the policy contract. Please consult your Financial Adviser Representative should you require further explanation.

1. Covered Benefits

Our liability is limited to the coverage as provided for in the policy contract.

Option A-II Benefits

(i) Co-insurance Benefit

We cover the co-insurance benefit which you have to pay in respect of a claim under your MyShield policy as long as:

- the claim is first payable under MyShield. We will not pay the co-insurance benefit if your claim is not payable under MyShield even if it is payable under Medishield Life; and
- the claim is less than or up to the maximum claim limits shown in the benefits schedule of your MyShield policy.

We will not pay the co-insurance amount on any excess above the maximum claim limits shown in the benefits schedule of your MyShield policy.

(ii) Maximum Co-insurance

The maximum co-insurance you have to pay is up to the maximum aggregate sum per policy year as shown in the benefits schedule.

(iii) Critical Illness-Related Benefits

(a) Critical Illness Benefit

To be eligible for the Critical Illness Benefit under this policy, the life assured must be aged between one year old and 65 years old at age next birthday. Any life assured below one year old will only be eligible for Critical Illness Benefit when he attains the age of one.

A lump sum benefit will be paid upon your first diagnosis of any one of the following 37 Critical Illnesses. The list of 37 Critical Illnesses includes:

- Major Cancer
- Heart Attack of Specified Severity
- Stroke with Permanent Neurological Deficit
- Coronary Artery By-pass Surgery
- End Stage Kidney Failure
- Irreversible Aplastic Anaemia
- End Stage Lung Disease
- End Stage Liver Failure
- Coma
- Deafness (Irreversible Loss of Hearing)
- Open Chest Heart Valve Surgery
- Irreversible Loss of Speech
- Major Burns
- Major Organ/Bone Marrow Transplantation
- Multiple Sclerosis
- Muscular Dystrophy
- Idiopathic Parkinson's Disease
- Open Chest Surgery to Aorta
- Alzheimer's Disease/Severe Dementia
- Fulminant Hepatitis
- Motor Neurone Disease
- Primary Pulmonary Hypertension
- HIV Due to Blood Transfusion and Occupationally Acquired HIV
- Benign Brain Tumour
- Severe Encephalitis
- Severe Bacterial Meningitis
- Angioplasty & Other Invasive Treatment For Coronary Artery*
- Blindness (Irreversible Loss of Sight)
- Major Head Trauma
- Paralysis (Irreversible Loss of Use of Limbs)
- Terminal Illness
- Progressive Scleroderma
- Persistent Vegetative State (Apallic Syndrome)
- Systemic Lupus Erythematosus With Lupus Nephritis
- Other Serious Coronary Artery Disease
- Poliomyelitis
- Loss of Independent Existence

* Benefit for Angioplasty & Other Invasive Treatment for Coronary Artery is limited to 10% of the amount for Critical Illness Benefit shown in the benefits schedule. This benefit is payable once only and shall be deducted from the Critical Illness Benefit, thereby reducing the remaining amount of the Critical Illness Benefit which may be payable herein.

SAMPLE

(iii) Critical Illness-Related Benefits (continued)

(a) Critical Illness Benefit

If the critical illness diagnosed is:

- Major Cancer;
- Coronary Artery By-pass Surgery;
- Angioplasty & Other Invasive Treatment for Coronary Artery;
- Other Serious Coronary Artery Disease; and/or
- Heart Attack of Specified Severity;

the Critical Illness Benefit is payable only if diagnosis is made after a waiting period of 90 days from the cover start date or last reinstatement date, whichever is later.

The Critical Illness Benefit will be payable after the end of the period of 30 days from the date on which the life assured is diagnosed as suffering from a critical illness.

(b) Additional Critical Illness Benefit for Kidney Failure

If the life assured is diagnosed with kidney failure and requires kidney dialysis, we pay this benefit as shown in the benefits schedule as long as:

- the dialysis is ordered by the attending doctor;
- the life assured receives dialysis at a panel private dialysis centre, subsidised centre or restructured hospital; and
- we admit the outpatient kidney dialysis claim under MyHealthPlus.

This benefit will not be paid again if you have made a claim on this benefit and we have paid according to your plan as shown in the benefits schedule before your change of plan.

To avoid doubt, if you upgrade your plan, we will pay this benefit according to your plan before the upgrade.

(iv) Hospital-Related Benefits

We will pay the following hospital-related benefits up to the limits shown in the benefits schedule:

(a) Ward Downgrade Benefit

If the life assured is an inpatient at a Singapore restructured hospital, we pay this benefit as shown in the benefits schedule as long as:

- the admission as an inpatient is recommended by a doctor as necessary medical treatment; and
- the life assured stays in the following wards lower than his/her chosen plan:
  - For plan 1, any standard ward of a restructured hospital;
  - For plan 2, a 4 bed (B1) standard ward or below of a restructured hospital; or
  - For plan 3, a 6-bed (B2) standard ward or below of a restructured hospital.

We do not pay the ward downgrade benefit for day surgery, admission as an inpatient in a community hospital, admission as an inpatient in a private hospital, or if there is no hospital stay involved.

(b) Ambulance Fees or Transport to Hospital

One-way land transport for the life assured by either ambulance, taxi or private hire car to a hospital within Singapore. We pay this benefit as long as the life assured is admitted as an inpatient within 24 hours of arrival at the hospital, for treatment of an illness or injury covered under MyShield.

(c) Accommodation Charges for Parent/Guardian of Child Life Assured

If one parent or guardian is sharing the hospital room of a life assured who is below 19 years old at age next birthday, we will pay for the accommodation charges incurred by the parent or guardian provided the life assured is hospitalised for treatment of an illness or injury covered under the MyShield policy.

(d) Post-Hospital Follow-up TCM Treatment

As result of an accident, if the life assured is referred by the attending doctor from the hospital where the life assured received inpatient treatment, we will pay for the post-hospital follow-up TCM treatment by a registered TCM practitioner up to 180 days after hospital discharge. The TCM treatment must be for the same injury or illness for which the life assured was hospitalised and the injury or illness must be covered by your policy.

We will not pay for any post-hospital follow-up TCM treatment following an inpatient treatment in community hospital.

TCM treatment includes the cost of consultation, acupuncture, scrapping, cupping and tui na, but not the cost of medication.

TCM Practitioner means a person who is legally qualified to provide the prescribed practice of traditional Chinese medicine by the TCM Practitioners Board of Singapore.

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(v) Free Cover for Child(ren)

Your dependant child who is eligible for family discount for child(ren) or free cover for child(ren) under MyShield, is also eligible for free cover under Option A-II plan 2 of MyHealthPlus until he reaches 20 years old at age next birthday if both parents are covered under either MyShield plan 1 or plan 2 and also covered under either MyHealthPlus:

- Option A or Option C; or
- Option A-II or Option C-II;

whichever is applicable.

The child enjoys the same benefits as provided for under Option A-II plan 2 of the benefits schedule.

If the child life assured ceases to enjoy family discount for child(ren) or free cover for child(ren) under MyShield, this benefit will also cease for the child life assured under your policy.

This benefit will continue even if one or both parents of the child life assured dies before this benefit ceases.

(vi) Accidental Cover for Child Benefit

If the life assured sustains a fracture to the skull, spine, pelvis, femur or hip as a result of an accident, we will pay this benefit in cash as long as:

- the life assured is below 19 years old at the time of the accident;
- the life assured is hospitalised due to the accident; and
- no prior claim under this benefit has been made.

We will only pay this benefit once during the lifetime of the life assured no matter how many fractures are sustained by the life assured.

(vii) Global treatment for six covered illnesses and medical procedures

We pay medical expenses for treatment at a panel overseas hospital up to limits shown in the benefits schedule if the life assured has obtained a certificate of pre-authorisation issued by us and requires treatment, that has been pre-approved by us, for any of the following six covered illnesses and medical procedures:

- Cancer treatment
- Coronary artery by-pass surgery
- Heart valve replacement or repair
- Inter-cranial and specific spinal cord surgery
- Live-donor organ Transplant
- Bone Marrow Transplant

Subject to your eligibility, we will arrange and pay for the following non-medical expenses during treatment abroad in accordance with our prevailing terms and conditions, and the details shown in the benefits schedule:

- expenses for travel and accommodation arranged and made by us for the life assured, the living donor (in the case of transplant) and the travelling companion (up to two companions when the child life assured is receiving treatment), if such expenses have been pre-approved by us and the life assured has obtained a certificate of pre-authorisation issued by us; and
- expenses for repatriation approved, arranged and made by us for the life assured and the living donor (in the case of transplant).

A daily payment of S$125 to cover daily expenses incurred abroad will be payable for each day of hospitalisation up to 60 days per claim for treatment arranged by us.

The life assured will be entitled to request once, for a second medical opinion service to confirm the diagnosis of a covered illness and medical procedure and the assessment of the optimal treatment plan under this benefit.

We pay for pre-hospital treatment and post-hospital treatment in Singapore under your MyShield policy before and after inpatient global treatment respectively, and any associated consultation fees, examinations and laboratory tests under your MyShield policy before outpatient global treatment, if we pay your claim for global treatment.

We will apply MyShield annual deductible and MyShield co-insurance to the global treatment benefit. The deductible benefit and co-insurance benefit payable will be aggregated to the global treatment benefit limits shown in the benefits schedule.

We will pay this benefit only if residency of the life assured is Singapore on the date of the life assured's admission.

Details on this benefit and treatment arrangements can be found at singlife.com. You are advised to download and keep a copy for your reference. We may update the details on the website from time to time, you should check the website regularly for the prevailing details.

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Option C-II Benefits

Option C-II benefits include the following:

(i) Option A-II Benefits (excluding free cover for child(ren) and ward downgrade benefit)

All benefits under Option A-II according to the life assured's plan excluding free cover for child(ren) and ward downgrade benefit.

(ii) Preferred Rate for Child(ren)

Your dependant child who is eligible for family discount for child(ren) or free cover for child(ren) under MyShield, is also eligible for Preferred Rate for Child(ren) under Option C-II plan 2 of MyHealthPlus until he reaches 20 years old at age next birthday if both parents are covered under either MyShield plan 1 or plan 2 and also covered under either MyHealthPlus:

- Option A or Option C; or
- Option A-II or Option C-II;

whichever is applicable.

If the child life assured ceases to enjoy family discount for child(ren) or free cover for child(ren) under MyShield, this benefit will also cease for the child life assured under your policy.

This benefit will continue even if one or both parents of the child life assured dies before this benefit ceases.

(iii) Deductible Benefit

We will cover your MyShield annual deductible which you have to pay in respect of a covered claim under your MyShield policy, after you pay MyHealthPlus annual deductible.

2. Renewal

MyHealthPlus is guaranteed renewable for a further period of 12 months by payment of the renewal premium before the renewal date.

3. Change of Policy Terms or Conditions

We may change the benefits, cover, premiums or terms and conditions of your policy (as long as the changes apply to all policies of the same class). We will give you at least 30 days' written notice before we do so. However, such notice shall be waived and we may change the benefits, cover, premiums or terms and conditions of the policy with immediate effect without giving you notice if such changes are required by any law, regulation, governmental notices, policies or other statutory requirements.

4. When Your Policy Ends

Your policy automatically ends on the date:

- the life assured dies;
- we receive your written notice requesting cancellation of your policy;
- we do not receive your premium after the grace period;
- you fail or refuse to refund any amount you owe us, of which the date will be determined by us;
- fraud takes place;
- you do not reveal information or misrepresent to us;
- you or the life assured does not fulfil the eligibility requirements; or
- when your MyShield plan ends;

whichever is earlier.

The Critical Illness Benefit for a life assured will automatically end on the date:

- you make a valid critical illness benefit claim for the life assured and we have paid 100% of the limits shown in the benefits schedule; or
- the policy year in which the life assured reaches 65 years old;

whichever is earlier.

5. Cancel Your Policy

You may cancel MyHealthPlus by giving us 30 days' notice in writing. If you cancel MyHealthPlus only, your cancellation of this policy will not affect the validity of MyShield.

Where premium is charged on an annual basis, we will refund you the pro-rated premium based on the number of unused days in the policy year. However, if a claim has been made in that policy year, no premium will be refunded.

Where premium is charged on a non-annual basis, we are entitled to the balance of premium payable for the entire policy year if you make a claim. We will deduct the balance of premium from any claim payable under your policy.

6. Underwriting Method

The same method of underwriting MyShield will apply to your MyHealthPlus unless there is new medical declaration which will be subjected to full medical underwriting.

7. Claims

Any benefits payable under the policy are made to you, your legal representative, the hospital or such other authorised parties (as the case may be). We will not make any payment in respect of any claim incurred unless full premium has been received by us.

Please contact your Financial Adviser Representative or visit the FAQs section in www.singlife.com/myshield for claim procedures.

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8. Other Insurance

If you or the life assured have other medical insurance policies (including medical benefits under any employment contract) which allows you or them to claim a refund for medical expenses, you or the life assured, must advise us of the details of such other policies.

9. What Your Policy Does Not Cover

There are certain conditions under which no benefit will be payable. In addition to the exclusions defined under MyShield policy, the following are not covered under MyHealthPlus. The list is not exhaustive. You are advised to read the MyShield and MyHealthPlus policy contracts for the precise terms and conditions of the exclusions.

(a) all pre-existing conditions unless:

(i) you have declared the pre-existing condition and it has been accepted by us in writing; or

(ii) your policy is under the moratorium underwriting option, during the moratorium of 5 years from the cover start date; the date of upgrade; or the last reinstatement date; whichever is later, the life assured is continuously covered under your policy and has not, in relation to a pre-existing condition:

- experienced any symptom;
- sought advice, tests or check-ups from a doctor, specialist or alternative medicine provider;
- required any treatment or medication; or
- received any treatment or medication.

We will then cover such pre-existing condition after the moratorium. We will exclude the pre-existing condition permanently from your policy if the life assured does not meet any of the above requirements during the moratorium; and

(b) all costs arising from admission to a hospital before the cover start date.

Note

The above is merely a summary of the plan offered. The precise terms and conditions of the plan are set out in the policy contract.

You may wish to seek advice from a Financial Adviser Representative before making a commitment to purchase the plan. In the event that you choose not to seek advice from a Financial Adviser Representative, you should consider whether the plan in question is suitable for you. Buying a health insurance policy that is not suitable for you may impact your ability to finance your future healthcare needs.

Policy Owners' Protection Scheme

Your policy is protected under the Policy Owners' Protection Scheme, which is administered by the Singapore Deposit Insurance Corporation (SDIC). Cover 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 cover, where applicable, please contact us or visit the LIA or SDIC websites (www.lia.org.sg or www.sdic.org.sg).

Note: This is only product information provided by us. Full details of the terms, conditions and exceptions of this insurance are provided in the MyHealthPlus policy contract and will be sent to you upon acceptance by Singapore Life Ltd. You have a "Free Look" period of 21 days from the date you received your policy to decide if you want to continue with your policy. If you do not want to continue with your policy, you may write to us to cancel it. As long as you have not made any claim under your policy, we will cancel your policy from its cover start date and refund all premiums paid, without interest. You are assumed to have received the policy within seven days after we have sent it by post.

MyHealthPlus is governed by and interpreted according to the law of Singapore. The Singapore courts have non-exclusive jurisdiction.

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Singapore Life Ltd. 4 Shenton Way, #01-01, SGX Centre 2 Singapore 068807 • Tel: (65) 6827 9933 singlife.com
Company Reg. No. 196900499K GST Reg. No. MR-8500166-8

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Interbank Giro

APPLICATION FORM

* D D A *

Singlife with AVIVA

Please remember

- to countersign any amendments
- that the use of correction fluid/tape is not allowed
- to return the original form to Singapore Life Ltd.
- to provide a copy of the Accountholder's identification document if Account Holder is not the Policy Owner
- For POSB/DBS Account Holders, you can apply for GIRO via IBanking. For more details, please visit www.singlife.com/premium-payments

✓ Authorisation and Declaration

1. I/We hereby instruct and authorise Singapore Life Ltd. ("Singlife") to debit my/our bank account to pay for my policy/policies.
2. I/We authorise the Bank to reject Singlife's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
3. I/We consent to this authorisation being in force until terminated by me/us or upon receipt of my/our written revocation to Singlife.
4. I/We consent to Singlife (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the below transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.
5. I/We also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the below purposes.
6. I/We have read and understood Singlife's Data Protection Notice which may be found at www.singlife.com/pdpa. Singlife's Data Protection Notice may be updated from time to time without notice. I am/We are aware that I/we should visit your website regularly to ensure that I am/we are well informed of the updates.

1. For Applicant's Completion

Date *(dd/mm/yyyy)*	**Billing Organisation: Singapore Life Ltd.**
Bank Name *(please tick one bank below)* ☐ POSB/DBS ☐ OCBC ☐ UOB ☐ Citibank ☐ Others _____	**Signature(s) / Thumbprint(s)^** *(as in Bank's Record)* *^For thumbprint, please visit bank's branch with your identification documents for verification.*
Bank Account Holder's Name(s): Mr/ Mdm/ Ms/ Dr	
Bank Account Number	**Account Holder's NRIC(s)**

Policy Number(s)*	Policy Owner's NRIC No.	Relationship to Account Holder	Reason if Account Holder is not Policy Owner

**Please write the Policy Number(s) which you wish to apply for GIRO.*

2. For Our Completion

SWIFT BIC	Bank Account Number	Singapore Life Ltd.'s Customer's Reference Number		
DBSSSGSGXXX	☐ 0270007597			
	☐ 0039001886			
	☐ 0039167920			

3. For Bank's Completion

To: Singapore Life Ltd.

This Application(s) is hereby **REJECTED** (please tick) for the following reason(s):

☐ Signature/Thumbprint# differs/irregular# from bank's records

☐ Signature/Thumbprint# is incomplete/unclear#

☐ Account operated by Signature/Thumbprint#

☐ Wrong account number

☐ Amendments not countersigned by Account Holder

☐ Others _____

#please delete where applicable

Name of Approving Officer | Authorised Signature | Date

GIROFORM.06 (Jan 2022)

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