

Product Summary Declaration

I acknowledge that the contents of the Prime Care product summary have been explained to me to my satisfaction by my Financial Planner.

Presented by (Name):

Acknowledged by (Name):

Date:

Signature of Financial Planner

Date:

Signature of Proposer

Prime Care Product Summary

Important Note

This product summary contains simplified descriptions of the product features and general exclusions applicable to Prime Care and is not exhaustive. The precise terms and conditions of the product are specified in the Prime Care General Provisions.

1. Product Information

Prime Care is an individual hospital and surgical plan that helps You manage the cost of your medical, surgical and hospitalisation needs by paying or reimbursing You for Your medical expenses, depending on the amount of coverage You have chosen and subject to the limits of compensation as stated in the Benefits Schedule. Prime Care is only available to residents of Singapore.

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

2. Benefits Schedule

All benefits are in Singapore Dollars. Benefits payable are subject to Annual Limits and Lifetime Limits.

Prime Care – Benefits Schedule (S\$)			
Benefits per Life Assured	Plan 1	Plan 2	Plan 3
Lump Sum Benefits			
First Major Cancer Diagnosis Benefit	5,000	10,000	15,000
Death Benefit	1,000	2,000	3,000
In-Patient Benefits			
Daily Room & Board (Maximum 90 days per Medical Condition)	80	150	250
Daily Intensive Care Unit (Maximum 45 days per Medical Condition)	160	300	500
Surgical Benefit: Surgical procedure classified as			
Complex	1,600	3,000	5,000
Major	800	1,500	2,500
Intermediate	400	750	1,250
Minor	160	300	500
Annual Limit for In-Patient Benefits	16,000	30,000	50,000
Lifetime Limit for In-Patient Benefits	80,000	150,000	250,000
Additional Benefits on Reimbursement Basis:			
Outpatient Kidney Dialysis (annual limit)	10,000	15,000	20,000
Outpatient Cancer Treatment (annual limit)	10,000	15,000	20,000
Organ Transplant (annual limit)	10,000	15,000	20,000
Lifetime Limit for Additional Benefits	50,000	75,000	100,000

3. Premium Rates of Prime Care

The table below show the breakdown of Premiums for a standard life under Your plan type. Premiums are not guaranteed and may be changed by Us at any time, however We will inform You in writing 30 days before making any such change. Premium payment can be made annually, semi-annually, quarterly or monthly.

Age Group (Age Nearest Birthday at Effective Date or Policy Anniversary)	Annual Premium S\$*					
	Prime Care Plan 1		Prime Care Plan 2		Prime Care Plan 3	
	Male	Female	Male	Female	Male	Female
Up to 18	\$70.70	\$70.70	\$133.87	\$133.87	\$219.61	\$219.61
19 - 25	\$88.75	\$111.31	\$165.46	\$209.08	\$273.76	\$344.46
26 - 30	\$103.79	\$123.34	\$194.04	\$231.65	\$320.39	\$382.07
31 - 35	\$117.33	\$133.87	\$219.61	\$252.71	\$362.51	\$416.66
36 - 40	\$126.35	\$145.91	\$237.66	\$275.27	\$391.09	\$452.76
41 - 45	\$139.89	\$160.95	\$264.74	\$303.85	\$434.71	\$500.90
46 - 50	\$163.96	\$180.50	\$306.86	\$339.95	\$506.92	\$561.07
51 - 55	\$204.57	\$198.55	\$383.57	\$373.04	\$633.27	\$615.22
56 - 60	\$255.71	\$233.15	\$482.85	\$439.23	\$795.72	\$723.52
61 - 65	\$326.41	\$291.81	\$615.22	\$549.03	\$1,013.83	\$905.53
66 - 70 (renewal only)	\$466.30	\$401.62	\$876.95	\$756.61	\$1,447.04	\$1,248.49
71 - 75 (renewal only)	\$640.79	\$562.57	\$1,206.37	\$1,058.96	\$1,990.06	\$1,747.88
76 - 78 (renewal only)	\$849.87	\$743.07	\$1,598.96	\$1,397.40	\$2,638.37	\$2,307.44
79 - 80 (renewal only)	\$890.49	\$780.68	\$1,675.68	\$1,471.11	\$2,764.72	\$2,427.78
81 (renewal only)	\$1,028.87	\$888.98	\$1,935.91	\$1,674.17	\$3,194.92	\$2,761.71
82 - 83 (renewal only)	\$1,028.87	\$910.04	\$1,935.91	\$1,713.28	\$3,194.92	\$2,826.39
84 - 85 (renewal only)	\$1,146.20	\$998.79	\$2,158.53	\$1,878.75	\$3,560.44	\$3,101.66

*The premium shown above is inclusive of 9% Goods & Services Tax (GST).

Annual premiums are based on insured's age at nearest birthday and will increase when the insured reaches the next age band. Premium rates are non-guaranteed and may be reviewed from time to time. The above premium rates are applicable to Class 1 and Class 2 Occupation groups. Class 3 and Class 4 is 1.25 times and 1.5 times of the premium rates (before any applicable discount(s) and GST) set out above respectively.

Brief Description of Occupation Class:

Class 1: Office-based sedentary occupations.

Class 2: Office-based occupations that involve significant travelling to sites or production lines as well as shop-based jobs involving minimal manual work and senior supervisory positions for light manufacturing companies.

Class 3: Occupations involving light-skilled manual work, medical-related occupations.

Class 4: Occupations involving semi-skilled or unskilled manual work of medium to heavy nature.

4. Eligibility

The Life Assured must be a resident of Singapore. This refer to the following four (4) categories of people:

- i. Singapore Citizens and Singapore Permanent Residents (PR);
- ii. Employment Pass holders;

- iii. S-Pass holders;
- iv. Dependent Pass holders, Student Pass holders or Long-Term Visit Pass holders when insured with a Policyholder that is a Singapore Citizen, Singapore Permanent Resident, Employment Pass holder or S-Pass holder.

In general, Work Permit holders and Social Visit Pass holders are not eligible for Prime Care.

5. Key Product Provisions

The following is an extract of some key features found in the Prime Care General Provisions. This is a brief summary of the product and You are advised to refer to the General Provisions for the actual terms, conditions, exclusions and definitions for Your Prime Care coverage. Please contact Your Financial Planner if You need further explanation.

5.1 Residence Requirement

The Life Assured must be a resident of Singapore.

Residents of Singapore include:

- i. Singapore Citizens and Singapore PR;
- ii. Employment Pass holders;
- iii. S-Pass holders;
- iv. Dependent Pass holders, Student Pass holders or Long-Term Visit Pass holders when insured with a Policyholder that is a Singapore Citizen, Singapore Permanent Resident, Employment Pass holder or S-Pass holder.

Work Permit holders and Social Visit Pass holders are not eligible for Prime Care.

So long as the Life Assured's Country of Residence remains as Singapore, this Policy will continue to cover the Life Assured in respect of any Medical Condition or Bodily Injury sustained outside Singapore, for up to the following consecutive number of days after his departure from Singapore:

- i. 180 days if he is in any other country within the Territorial Limits; or
- ii. 90 days if he is in a country outside the Territorial Limits.

5.2 Treatment Outside Singapore

If You and/or the Life Assured decide to travel to another country to obtain treatment for the Life Assured in respect of any Medical Condition or Bodily Injury where such treatment is available in Singapore, the Eligible Expenses to be reimbursed will:

- i. Be in respect of treatment provided which, in accordance with accepted medical standards and practices, is appropriate, consistent and could not have been omitted without adversely affecting the Life Assured's condition;
- ii. Be limited to the general level of charges which a public Hospital in Singapore would have charged for providing the same treatment; and
- iii. Exclude any cost of travel to and from the place of treatment.

5.3 Lump Sum Benefits

The following Benefits are paid as a lump sum and are subject to the Benefit limits as set out in the Benefits Schedule. All Benefits are subject to the terms, conditions, and limits set out in the Benefits Schedule and General Provisions.

a. What do We cover under First Major Cancer Diagnosis Benefit?

We will pay the First Major Cancer Diagnosis Benefit if the Life Assured is diagnosed with a Major Cancer while the Policy is in force.

The First Cancer Diagnosis Benefit will not be payable if the diagnosis of Major Cancer occurs within ninety (90) days of the Effective Date or last Reinstatement Date of the Policy, whichever is later.

The amount of First Major Cancer Diagnosis Benefit payable will be the First Major Cancer Diagnosis Benefit as specified in the Certificate of Insurance, less any outstanding indebtedness under the Policy in one (1) lump sum.

For the purpose of this Policy, the definition of Major Cancer is as follows:

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

The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma.

Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
 - i. Pre-malignant;
 - ii. Non-invasive;
 - iii. Carcinoma-in-situ (Tis) or Ta;
 - iv. Having borderline malignancy;
 - v. Having any degree of malignant potential;
 - vi. Having suspicious malignancy;
 - vii. Neoplasm of uncertain or unknown behaviour; or
 - viii. All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;
- Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;
- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- All tumours in the presence of HIV infection.

This Benefit is payable only once in respect of any one person named as the Life Assured, even if that Life Assured is subsequently diagnosed to be suffering from more than one form of Major Cancer.

b. What do We cover under Death Benefit?

We will pay the Death Benefit if the Life Assured dies due to a Medical Condition while the Policy is in force.

The amount of Death Benefit payable will be the Death Benefit as specified in the Certificate of Insurance, less any outstanding indebtedness under the Policy in one (1) lump sum.

This Policy will automatically terminate once the Death Benefit is paid.

5.4 In-patient Benefits

The following Benefits are paid as a lump sum and are subject to the Benefit limits as set out in the Benefits Schedule. All Benefits are subject to the terms, conditions, and limits set out in the Benefits Schedule and General Provisions.

a. What do We cover under Daily Room & Board?

We will pay You a daily benefit if the Life Assured is Hospitalised in a Hospital as a result of a Medical Condition or Bodily Injury for which there is medical indication for the Hospitalisation by the attending Physician while the Policy is in force.

The daily benefit payable is specified in the Certificate of Insurance in accordance with the Plan type of Your Policy. The period of Hospitalisation for which the Daily Room & Board Benefit is payable, inclusive of the period of confinement in the Intensive Care Unit (ICU), shall not exceed ninety (90) days for each Medical Condition.

b. What do We cover under Daily Intensive Care Unit (ICU)?

We will pay You a daily benefit if the Life Assured is Hospitalised in an Intensive Care Unit (ICU) ward of a Hospital as a result of a Medical Condition or Bodily Injury for which there is medical indication for the Hospitalisation by the attending Physician while the Policy is in force.

The daily benefit payable is specified in the Certificate of Insurance in accordance with the Plan type of Your Policy. The period of confinement in the ICU shall not exceed forty-five (45) days per Medical Condition. The period of Hospitalisation for which the Daily Room and Board and Daily ICU Benefits are payable shall not exceed ninety (90) days for each Medical Condition, of which no more than forty-five (45) days of Daily ICU Benefit shall be payable.

5.5 Surgical Benefit

The following Benefits are paid as a lump sum and are subject to the Benefit limits as set out in the Benefits Schedule. All Benefits are subject to the terms, conditions, and limits set out in the Benefits Schedule and General Provisions.

a. What do We cover for Surgical Procedures?

We will pay the Surgical Benefit in a lump sum when a surgical operation is performed by a Physician involving local or general anaesthetic. The amount payable is stated in the Benefits Schedule in accordance with the Plan type of the Policy and the category of the surgical operation performed, as determined by the Schedule of Surgical Benefit (Appendix A) and as follows:

- i. If two (2) or more surgical procedures were performed during the course of one (1) single operation through the same incision, the Benefits payable shall be the amount indicated for the surgical procedure with the higher level of complexity;
- ii. If two (2) or more surgical procedures were performed during the course of one (1) single operation by the same Physician through different incisions, the Benefits payable shall be:
 - a. One hundred percent (100%) of the amount indicated for the surgical procedure with the highest complexity; and
 - b. Fifty percent (50%) of the amounts indicated for each of the other surgical procedures performed.

For any other surgical procedure performed on the Life Assured which is not listed in Appendix A, the Company will match to the nearest surgical procedure in Appendix A which We consider appropriate at Our discretion.

5.6 Additional Benefits

The following Benefits are paid as a reimbursement of the Eligible Expenses incurred for medical treatment received by the Life Assured due to a Medical Condition or Bodily Injury and are subject to the Benefit limits as set out in the Benefits Schedule. All Benefits are subject to the terms, conditions, and limits set out in the Benefits Schedule and General Provisions.

a. What do We cover for Outpatient Cancer Treatment?

We will reimburse You for the Eligible Expenses incurred for Outpatient Cancer Treatments received at a cancer or oncology clinic or centre or Hospital if the Life Assured is diagnosed with Major Cancer by a Physician.

The Outpatient Cancer Treatments which are eligible for reimbursement are:

- i. Chemotherapy for Cancer;
- ii. Stereotactic Radiotherapy for Cancer;
- iii. Radiotherapy
 - External or Superficial
 - Brachytherapy with or without external; and
- iv. Immunotherapy for Cancer.

We will also reimburse You for the Eligible Expenses incurred for Physician's consultation fees, prescriptions, drugs and medicines, diagnostic examinations and laboratory tests ordered by the Physician that are for treatment of Major Cancer which results in Outpatient Cancer Treatments.

b. What do We cover for Outpatient Kidney Dialysis?

We will reimburse You for the Eligible Expenses incurred for Outpatient Kidney Dialysis Treatments received at a dialysis clinic or centre or Hospital if the Life Assured is diagnosed with chronic kidney disease or renal failure by a Physician.

The Eligible Expenses which are eligible for reimbursement are:

- i. Physician's consultation fees, prescriptions, drugs and medicines, diagnostic examinations and laboratory tests ordered by the Physician that are for treatment of Outpatient Kidney Dialysis Treatment; and
- ii. Formulated solution prescribed by a Physician and purchased from a dialysis clinic or centre or Hospital for peritoneal dialysis. However, any additional formulated solution not prescribed by a Physician will not be covered. In addition, the costs of purchase or rental of the machine and apparatus for peritoneal dialysis and the costs for prescribed drugs and medicines will not be covered.

c. What do We cover for Organ Transplant?

We will reimburse You for the Eligible Expenses incurred for Organ Transplant performed on the Life Assured in a Hospital in the Republic of Singapore (Singapore). The Organ Transplant has to be performed by a Physician duly qualified to perform such an operation before the relevant organ recovery costs can be submitted for claim.

The Eligible Expenses which are eligible for reimbursement are:

- i. Organ Transplant of the bone marrow, heart, kidneys or liver where the Life Assured is the recipient;
- ii. Approved immunosuppressant prescribed as a result of an organ transplant and as part of outpatient treatments to reduce the rate of rejection episodes;
- iii. Such Organ Transplant must first be paid for by Us in claims, before any claims for approved immunosuppressant prescribed for organ transplant can be paid out; and
- iv. The immunosuppressant(s) must be approved by Ministry of Health Singapore (MOH) for organ transplant, as well as approved under the Health Sciences Authority.

We will not reimburse You for the costs of:

- i. Pre-hospitalisation treatment, post-hospitalisation treatment and in-patient hospitalisation treatment or any other expenses incurred by the living organ donor including but not limited to, Physician's outpatient medical services and consultations, diagnostic examinations and laboratory tests, pre-harvesting laboratory services and investigations post-transplant treatment arising from complications from the surgical procedure;
- ii. Counselling provided to the living organ donor's family before or after an organ has been donated;
- iii. Acquiring the organ from a cadaveric (deceased) donor or a living donor, regardless of whether the transplant is Medically Necessary and rendered at Reasonable and Customary Expenses; and

- iv. Storage and transportation of the organ.

We will not reimburse You for any costs if the Organ Transplant is illegal or arises from any illegal transaction or practice.

5.7 What Is Not Covered By Your Policy?

There are certain conditions whereby the Benefits under this plan will not be payable. These are stated as exclusions in the Prime Care General Provisions. The following is a simplified list of some of the key exclusions applicable. **The exclusions for this plan include, but are not limited to, the following conditions. You are advised to read the Prime Care General Provisions for the full list of exclusions.**

- a. Any Pre-Existing Condition(s) from which the Life Assured is suffering from, unless declared in the Proposal Form or Reinstatement Form and accepted by Us without any exclusions;
- b. Treatment for congenital illness or abnormalities such as, but not limited to hereditary conditions and birth defects;
- c. Treatment arising from pregnancy, miscarriages, childbirth, contraception, birth control, or abortion and any complications therefrom, prenatal or postnatal care, fertility treatment and tests;
- d. Suicide, attempted suicide or any intentional self-inflicted injury or Illness, whether the Life Assured is sane or insane;
- e. Treatment for abuse or misuse of drugs or alcohol or any Medical Condition or Bodily Injury caused by such consumption;
- f. Treatments attributable to any Sexually Transmitted Diseases (STD), Acquired Immunodeficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) and all Illnesses or diseases directly or indirectly caused by or related to or a consequence of STD, AIDS or HIV. For the purpose of this Policy:
 - i. The definition of AIDS shall be that used by the World Health Organization (WHO) in 1987, or any subsequent revision by the WHO of that definition; and
 - ii. Infection shall be deemed to have occurred where blood or other relevant tests indicate, in Our opinion, either the presence of any HIV or antibodies to such a virus;
- g. Treatment for mental or nervous breakdowns;
- h. Treatment for a Medical Condition or Illness arising out of or in connection with:
 - i. Commando or bomb disposal duties or training, active military and police duties such as maintenance of civil order, engagement in hostilities, whether war be declared or not, and travel by military aircraft or waterborne vessel; and/or
 - ii. Military duties of a peace-time nature, namely, normal training range work and military exercises, other than peace-time reservist duty under Section 14 of the Enlistment Act (Cap. 93);
- i. Treatment of a Medical Condition or Illness resulting from the Life Assured engaging in any hazardous activities or sports in a professional capacity, such as racing of any kind other than on foot, scuba diving, bungee jumping, sky-diving, mountaineering, or rock climbing, potholing, parachuting, ballooning, hang-gliding and deep-sea diving;
- j. All dental care and treatment;
- k. Routine physical examinations or health check-ups not related to the diagnosis, care or treatment of a Medical Condition.

5.8 Other Insurance

If the Life Assured has other medical insurance policies including medical benefits under any employment contract (collectively known as "Other Policies") which allow You to claim for the reimbursement of the Eligible Expenses, and You first seek reimbursement from these Other Policies before You make a claim from this Policy, We will only reimburse the portion of the Eligible Expenses which have not been paid to You.

If You have already received payment from Your integrated shield plan prior to seeking reimbursement under this Policy, You must file a claim or inform Us and We will reimburse Your integrated shield plan insurer the share of the claim it had paid.

For every claim, the total reimbursement made to you must not exceed the actual expenses incurred.

We do not pay for any claims where the Eligible Expenses have already been fully paid under these Other Policies or where You have received reimbursement from any other sources.

5.9 Declaration of Age, Gender or Any Other Details

Full and correct declaration of the Life Assured's personal and health details is important.

If there has been any misstatement or non-disclosure in the declaration of age, gender or any other health or personal details:

- i. We can change the Premiums to reflect the correct details and collect any previously unpaid Premiums or refund any excess Premiums paid;
- ii. We can change the term and conditions relating to Your Policy; or
- iii. We have the right to void the Policy or to not pay out the claims.

5.10 What changes can You make to Your Policy?

You may request to change the Plan type of Your Policy by writing to Us. Such application must be made at least thirty (30) days prior to any Policy Anniversary. The change of plan is subject to our consideration and approval and if approved, shall take effect on the next Policy Anniversary.

If the new plan type has higher Benefits, You must declare to Us any Pre-Existing Condition(s) that the Life Assured has developed since the Effective Date. These Pre-Existing Condition(s) must be accepted by Us before they are covered under the terms, conditions, Benefit limits and Lifetime Limit of the upgraded plan.

For any claims incurred:

- Before the Effective Date of upgrading/downgrading of Benefits for any Medical Condition or Illness; or
- On or after that upgrading/downgrading date which were follow-up medical treatment(s) including medical consultation(s), prescription(s), drug(s) and medicine(s) or further diagnostic investigation(s) and laboratory test(s) of the Life Assured for the same Medical Condition or Illness for which he received medical treatment(s) including medical, consultation(s), prescription(s), drug(s) and medicine(s) or further diagnostic investigation(s) and laboratory test(s) or investigation(s) before the upgrading/downgrading date,

Benefits will be payable in accordance with the terms, conditions and Benefit limits of the previous plan prior to that upgrading/downgrading date.

If the new Plan type has lower Benefits, We will not refund any part of the previously paid Premiums in respect of the higher Benefits under the former Plan type.

5.11 What changes can We make to Your Policy?

We may change the Premiums, Benefits or the terms and conditions of Your Policy at any time. We will inform You in writing thirty (30) days before making any such change(s).

5.12 Guaranteed Renewability

This Policy is guaranteed renewable every year until the Life Assured attained the Age of eighty-five (85) based on Age Nearest Birthday. This is provided the Premiums are paid and the Policy has not been terminated.

The following may have implications on our guarantee to renew Your Policy:

- i. Misstatement or non-disclosure relating to age, gender, health or personal details;
- ii. Change of citizenship/residence status; or
- iii. We are not renewing policies for a particular Plan type.

All terms and conditions, Endorsements and variations of the Policy will continue to apply to the Policy upon renewal unless otherwise agreed in writing by Us.

5.13 Non-Payment of Premiums

Premiums must be paid in full within the Grace Period (15 days) for You to be able to enjoy the Benefits under Your Policy. Your Policy will lapse at the end of the Premium Due Date if the Premiums are not paid in full during the Grace Period.

We will send You a notice when Your Policy lapses.

5.14 Reinstatement of Your Policy

If Your Policy terminates because You have not paid the Premium by the end of the Grace Period, You may apply to Us in writing within fifteen (15) days from the date of notice of termination to reinstate Your Policy. Reinstatement is allowed after You pay back all unpaid Premiums of Your Policy.

If You apply to Us in writing after fifteen (15) days from the date of notice of termination to reinstate Your Policy, Reinstatement is allowed on all of the following conditions being satisfied if Your Policy has lapsed:

- i. The Policy has been lapsed for less than two (2) years;
- ii. The Life Assured must be sixty-five (65) years old or younger (based on Age Nearest Birthday) at the time of reinstatement;
- iii. You give Us, at Your expense, satisfactory evidence (including a health declaration) of the Life Assured's health; and
- iv. You pay back all unpaid Premiums of Your Policy together with interest at a rate determined by Us.

Expenses incurred for treatment provided to the Life Assured for any Medical Condition or Bodily Injury between the Date of Termination & Reinstatement Date and within thirty (30) days of the Reinstatement Date will not be covered, unless such treatment is provided for a Bodily Injury resulting from an Accident which took place after the Reinstatement Date.

If We accept Your application for reinstatement, Your Policy will be reinstated from the date We receive payment of all unpaid Premiums with interest. Reinstatement is subject to Our approval and may be on terms different from those applicable before Your Policy lapsed.

If Your Policy is not reinstated after termination, the termination will take effect on the Premium Due Date. We reserve the right to refuse any application for reinstatement at Our discretion.

5.15 Termination of Your Policy

You may apply to Us to terminate the insurance cover in respect of any person named as the Life Assured in the Policy Schedule by sending Us a written request on Our prescribed form. When We accept Your application for termination of insurance cover for any Life Assured, You will be entitled to a pro-rated refund of fifty percent (50%) of the unearned premiums paid for that Life Assured, provided that:

- i. As at the date on which the request for termination is received by Us, that Life Assured has been insured for less than six (6) months in that Policy Year; and
- ii. No claim is made in respect of that Life Assured in that Policy Year.

This entire Policy will automatically terminate on the date that any of the following events takes place:

- i. No Premium is received from You after the Grace Period;
- ii. This Policy being declared void or revoked in accordance with the terms and condition of the Policy;
- iii. Our acceptance of Your application to terminate the insurance cover;
- iv. When the Life Assured dies or has attained the Age of eighty-six (86) on the Policy Anniversary date; or
- v. The Lifetime Limit for the Benefits payable has been reached.

whichever occurs first.

The termination of the Policy will be without prejudice to any claims arising prior to the termination.

5.16 Change of Citizenship, Residence Status, Occupation and Pursuits

We must receive in writing, immediately or as soon as possible, information on any change in the Life Assured's citizenship, residence status, occupation or pursuits.

When We are notified or are otherwise aware of a change as described above, We have the right to vary the terms and conditions of the Policy and/or adjust the premiums payable. We will inform You in writing thirty (30) days before making any such change(s).

If there has been a failure to notify Us as required in this Clause, We may, in the event of a claim being made under this Policy, repudiate the claim or adjust the Benefits payable at Our discretion.

5.17 Continuation Option

In the event that the Life Assured's cover under this Policy:

- i. Terminates for any of the reasons set out in Clause 5.15 other than due to the Policy being declared void or revoked or any other failure to observe the terms and conditions of the Policy; or
- ii. In the case of a third party cover (which continues despite the Policyholder's death), the Life Assured no longer wishes to be insured under the Policy and instead wishes to purchase a new policy for himself;

the Life Assured will be allowed to continue his existing level of insurance under a new policy providing substantially the same hospitalisation, surgical and emergency benefits and services as the Policy, without fresh evidence of insurability having to be furnished to Us, provided that all of the following are satisfied:

- i. The Application for the new Policy is submitted to Us within thirty (30) days from the Date of Termination of this Policy;
- ii. Where the Life Assured is a Child at the time of the Application, the Application is made by an eligible parent; and
- iii. We offer such a product at the time the Application is made.

5.18 Free Look Period

You can decide within fourteen (14) days from the date of receipt of the Policy whether You want to continue with Your Policy. If You do not want to continue with Your Policy, You may cancel this Policy by giving us written notice and We shall refund the Premium paid for this Policy less any expenses incurred in processing Your Application. If We have posted the Policy to You, the 14-day free look period shall start seven (7) days after We have posted the Policy to You. If any claim(s) was made during the free look period, the free look period will no longer be applicable.

5.19 Territorial Limits

Territorial Limits means Malaysia, Republic of Indonesia, Republic of the Philippines, Brunei Darussalam, Kingdom of Cambodia, Lao People's Democratic Republic, Republic of the Union of Myanmar, Kingdom of Thailand, People's Republic of China, Republic of Korea, Republic of India and Socialist Republic of Vietnam.

5.20 Waiting Period

Expenses incurred for treatment provided to the Life Assured for any Medical Condition between the Date of Termination & Reinstatement Date and within thirty (30) days of the Reinstatement Date will not be covered, unless such treatment is provided for a Bodily Injury resulting from an Accident which took place after the Reinstatement Date.

The First Cancer Diagnosis Benefit will not be payable if the diagnosis of cancer occurs within ninety (90) days of the Effective Date or last Reinstatement Date.

5.21 No Claim Discount

Starting from the first Policy Anniversary, You will be entitled to a ten percent (10%) discount on the total renewal Premium for any claim-free Policy Year. This discount is calculated as a percentage of the renewal premium on each Policy Anniversary. For each consecutive claim-free Policy Year, an additional ten percent (10%) discount will be given to You, subject to a maximum discount of thirty percent (30%). If a claim is made during any Policy Year, the entire discount will be withdrawn in the following Policy Year. The no claim discount cannot be transferred to a new Policy.

5.22 Distribution Cost

The total distribution cost of this product is 28% to 62% of the Premiums for the first year and 29% to 32.5% of the Premiums for renewal years.

5.23 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 GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).