



HSBC LIFE BENEFITS+ BUSINESS

Policy Wording wef 1 Nov 23



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Benefits+ Business Hospital and Surgical

Caring for Our customers

HSBC Life (Singapore) Pte. Ltd. will make every effort to provide a high level of service expected by all Our Policyholders. If on any occasion Our service falls below the standard of Your expectation, the procedure below explains what You can do:

- Your first point of contact should always be Your financial planner or broker. Alternatively, You may submit Your feedback to: cc.h@mail.life.hsbc.com.sg
- We will acknowledge receipt of Your feedback within 3 working days whilst We look into the matter You raised. We will contact You for further information if required within 7 working days and provide You with a full reply within 14 working days.
- If Our resolution is not to Your satisfaction, We will refer You to a dispute resolution organisation, Singapore Mediation Centre who is an independent organisation. Singapore Mediation Centre's contact details are:

Singapore Mediation Centre
1 Supreme Court Lane,
Level 4,
Singapore 178879

Telephone : (65) 6332 4366
Fax : (65) 6333 5085
Website : <http://www.mediation.com.sg>

Important – Please remember to quote Your Policy number in Your communication with Us.

Benefits+ Business Hospital and Surgical Policy

Welcome to Your Benefits+ Business Hospital and Surgical Policy.

Please read this Policy carefully together with Your Policy Schedule to ensure that You understand the terms and conditions and that the Cover You require is being provided. Do keep these documents in a safe place as they are legal documents.

If You have any questions after reading these documents, please contact Your Financial Planner or HSBC Life (Singapore) Pte. Ltd. at +65 6880 4888.

If there are any changes that may affect the insurance provided, please notify Us immediately.

IMPORTANT NOTICE

1. Before We provide Cover, You must fully and faithfully tell Us everything You know (or could reasonably be expected to know) that is relevant to Our decision to give You the insurance, otherwise You may receive no Benefit from Your Policy.
2. The insurance Cover under this Policy is based on the information submitted to Us, as set out in the accompanying documents. Please read these documents carefully. If they contain any information that is incorrect, please notify Us immediately, otherwise You may receive no Benefit in the event of a valid claim. If the information, which You subsequently provide Us, differs materially from the information set out in the form, We may offer Cover on different terms or decline it altogether. If We do not hear from You within 14 days from the date of issue of this Policy, We will take it that the information is complete and correct.

HOW YOUR INSURANCE OPERATES

This Benefits+ Business Hospital and Surgical policy (the "Policy") forms the contract between HSBC Life (Singapore) Pte. Ltd. and You. It is made up of:

- * this Policy document (the "Basic Policy");
- * the Policy Schedule, which has details relating to You, the type of Cover and Period of Insurance; and/or
- * any supplementary contract(s) if taken with the Basic Policy (the "Supplementary Contract").

The fact find form, application form, declaration and any other information given by You form the basis of this contract. The Policy, Policy Schedule, Conditions, Exclusions and Endorsements shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part shall bear the same meaning wherever it appears.

This Policy shall become effective on the date specified in the Policy Schedule and continue for the Period of Insurance specified, ending at 23:59 Standard Singapore Time on the last day of the Period of Insurance.

Having received and accepted Your first Premium, and any subsequent Premiums required, We will provide the Cover shown in the relevant sections of this Policy, up to the sums insured or limits of indemnity stated in the Policy Schedule.

In this Policy, where consistent with the contents:

- (a) the singular shall include the plural and the plural the singular; and
- (b) words importing the masculine gender shall include the feminine gender.

SECTION 1: DEFINITIONS

These terms, wherever used in this Policy, are defined as follows:

TERM	MEANING
Accident	A sudden, unforeseen and unexpected event during the Period of Insurance that independently of any other cause is the sole and direct cause of bodily Injury and excludes any Illnesses or diseases.
Active Service	<p>An Employee shall be considered in Active Service if:</p> <ul style="list-style-type: none">(a) employed by the Policyholder on a full-time permanent basis or part-time basis, including on a contract, temporary or internship basis, as long as they are only employed by the Policyholder and are not otherwise employed by any other employer; and(b) actively working on a day which is one of the Policyholder's scheduled work days; and(c) performing in a customary manner all the regular duties of his employment with the Policyholder on a full-time basis that day. <p>Employees on no pay leave for medical reasons, shall not be considered in Active Service, unless otherwise endorsed.</p>
Age	The age next birthday.
Activities of Daily Living (ADLs)	<p>Refers to the following:</p> <ul style="list-style-type: none">(a) Transferring: The ability to move from a bed to an upright chair or wheelchair and vice versa;(b) Mobility: The ability to move indoors from room to room on level surfaces;(c) Toileting: The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;(d) Dressing: The ability to put on, take off, secure and unfasten all garments and as appropriate, any braces, artificial limbs or other surgical appliances;(e) Washing: The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; and(f) Feeding: The ability to feed oneself once food has been prepared and made available.
Authorities	Any judicial, administrative or regulatory body, any government, or public or government agency, instrumentality or authority, any Tax Authority, securities or futures exchange, self-regulatory organization, trade repositories, court, central bank or law enforcement body, or any agents thereof, having jurisdiction over any part of the HSBC Group.
Beneficiary	The person or entity entitled to receive the Benefits as they become due.
Benefit (s)	The amount(s) payable by Us in accordance with the terms and conditions of this Policy.
Cancer	<p>A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue and/or a group of abnormal cells that have not invaded the normal tissue but may spread later (like carcinoma in situ).</p> <p>The term malignant tumour includes leukemia, lymphoma and sarcoma.</p>
Charges	<p>This refers to the charges for medical care which shall be considered by Us or by Our medical advisers to be reasonable and customary to the extent that they do not exceed the general level of charges being made by others of similar standing in the locality where the charges are incurred when giving like or comparable Medical Treatment.</p> <p>We will base that calculation on a combination of Our global experience, statistical information provided by local health authoritative body and information collected from medical Specialists and Surgeons practicing in the country or area where the Medical Treatment is received.</p> <p>For the avoidance of doubt when comparing Medical Treatment, We will take into account the complexity of the procedure and the standard of the medical facility where the Medical Treatment is received. If the charges are higher than customary, We will only pay the amount which is, in our experience, customarily charged and You will have to pay the rest. If Your Medical Treatment requires more than one specialist or surgeon present at the same operative (surgical) session, We shall review the medical necessity in the management of such surgical problem or medical condition in terms of the different trained skills and</p>

complexity of the services provided as an identification to cover the total services. No additional benefits or cost is payable for surgical assistants.

For Medical Treatment and services incurred in Singapore, We shall also reference the guidelines and published fee benchmarks provided by MOH. In the event that the particular eligible Medical Treatment or service is not stated on the MOH published fee benchmark, We reserve the right to base the reference charge or proportionately reduce any claim to reflect the average charge of 2 Physicians in the same specialty for the same surgical intervention or Medical Treatment.

In the event of any differences in opinions between Our medical advisers or Physicians and Your Physicians, Our medical advisers' or Physicians' opinion shall prevail.

Commencement Date	The date on which the insurance Cover starts as set forth in Your Policy Schedule.
Compliance Obligations	Obligations of any member of the HSBC Group to comply with: (i) any applicable local or foreign statute, law, regulation, ordinance, rule judgement, decree, voluntary code, directive, guidelines, administrative requirements, sanctions regime, court order, agreement between any member of the HSBC Group and an Authority, or agreement or treaty between Authorities and applicable to HSBC or a member of the HSBC Group ("Laws"), or international guidance and internal policies or procedures, (ii) any demand from Authorities or reporting, regulatory trade reporting, disclosure or other obligations under Laws, and (iii) Laws requiring HSBC to verify the identity of our customers.
Congenital Conditions	A genetic (including hereditary condition), physical or biochemical defect, disease, malformation or anomaly, present at birth and whether or not manifest, diagnosed or known about at birth.
Connected Person	A person or entity other than You whose information (including Personal Data or Tax Information) is provided by, or on behalf of, You to any member of the HSBC Group or otherwise received by any member of the HSBC Group in connection with the provision of the Services. A Connected Person may include, but is not limited to, any person identified as a Beneficiary under this Policy, any person who is, or may be entitled to receive a payment under this Policy, a director or officer of a company, partners or members of a partnership, any Substantial Owner, Controlling Person, or beneficial owner, director, trustee, settlor or protector of a trust holding or controlling (directly or indirectly) this Policy, any of Your representatives, agents or nominees, or any other persons or entities having a relationship to You that is relevant to Your relationship with HSBC Group.
Controlling Person	Individuals who exercise control over an entity (for a trust, these are the settlor, the trustees, the protector, the Beneficiaries or class of Beneficiaries, and any other individual who exercises ultimate effective control over the trust and in the case of a legal entity other than a trust, such term means persons in equivalent or similar positions of control).
Co-payment	The amount or percentage of an eligible claim which has to be borne by the Insured Member before the relevant Benefits are payable under this Policy.
Country of Residence	The country in which the Insured Member is residing and which will be shown as Your address and place of residence in Our records.
Cover	Insurance Cover in accordance with the terms of this Policy, as applicable to each Insured Member.
Critical Illness	The Illnesses listed in the "Appendix-Definitions".
Customer Information	Either Your Personal Data, confidential information, and/or Tax Information or that of Your Connected Person.
Dental Treatment	Clinically necessary Medical Treatment required to establish or maintain oral health carried out by a Dentist.
Dentist	A person qualified as a dental practitioner (other than an Insured Member or a member of his immediate family or his business associates including any business partners, employers or Employees) by a degree in dentistry and duly licensed and registered with the relevant statutory dental board or council to provide Dental Treatment and who, in rendering Dental Treatment, is practicing within the scope of his licensing and training in the geographical area of practice.

Emergency Assistance Services	Arrangement of and payment for emergency medical evacuation, repatriation, transportation of mortal remains.
Emergency Treatment	Hospitalisation of and/or Surgery received by an Insured Member due to an occurrence of a sudden or unexpected Illness or Injury to avoid either one or both of the following: (a) Death; or (b) Serious impairment to the Insured Member's health.
Employee	An Employee who is in Active Service and shall be deemed to include: (a) You, if You are a sole proprietor, (b) the partners in Your firm, if You are a partnership, or (c) the director in Your company, if You are a company.
Endorsement	The supplementary document We issue to the Policyholder to record and confirm changes to this Policy.
Financial Crime	Money laundering, terrorist financing, bribery, corruption, tax evasion, fraud, evasion of economic or trade sanctions, and/or violations, or attempts to circumvent or violate any Laws or regulations relating to these matters.
Financial Crime Risk Management Activity	As defined in Section 5, Clause 32.
Foreign Workers	Foreign Workers are defined as Employees who hold a valid Work Permit or S-Pass and are in Active Service, or issued with an In-Principle Approval by the Singapore Ministry of Manpower, and who are categorized in the Membership Listing provided to Us as Foreign Workers.
General Practitioner	A Physician whose practice is based on a broad understanding of all Illnesses and who does not restrict his practice to any particular field of medicine.
Government Restructured Hospital	Government Restructured Hospital means a Hospital in Singapore that: (a) is run as a private company owned by the Singapore Government; (b) is governed by broad policy guidance from the Singapore Government through the MOH; and (c) receives a yearly government subsidy to provide subsidised medical services to its patients.
Home Country	The country as shown in Our records which the Insured Member regards as home and which issues the Insured Member's passport.
Hospital	An establishment duly constituted and licensed in the geographical area in which it is located as a medical and surgical hospital for the care and Medical Treatment of sick and injured persons as bed paying patients, and which: (a) provides facilities for diagnosis, Medical Treatment and minor or major Surgery; (b) provides twenty-four (24) hours nursing services by registered nurses; (c) is supervised by a full-time staff of Physicians at all times; and (d) is not primarily a clinic, a mental Hospital or institution, a place for custodial care or facility for alcoholics or drug addicts, a spa, or hydroclinic or hospices, nursing or rest or home for the Aged, convalescent home or similar establishment.
Hospitalisation	The period during which an Insured Member is registered as an Inpatient at a Hospital to receive Medical Treatment as recommended by a Physician.
HSBC Group	HSBC Holdings plc, and/or any of its affiliates, subsidiaries, associated entities and any of their branches and offices, and any member of the HSBC Group has the same meaning.
Illness	A physical condition marked by a pathological deviation from the normal healthy state.
Injury	A bodily Injury caused solely and directly by an Accident and does not include any Illness or naturally occurring medical conditions or degenerative process.
Inpatient / Hospitalised	Admission and confinement of an Insured Member in a Hospital for Medical Treatment of an Illness or Injury for which the Hospital levies a daily room and board charge.
Insured Member(s)	The person/persons so described in the Policy Schedule.
Intensive Care Unit	A section within a Hospital which is designated as an Intensive Care Unit (ICU) and operates on a twenty-four (24) hour basis to provide specialised medical services and facilities.

For the avoidance of doubt, a high dependency unit (HDU), coronary care unit (CCU) and such other similar units or sections in a Hospital shall be considered as an Intensive Care Unit.

Medical Treatment	Any consultation, diagnosis, procedure, treatment, care, or other medical services provided by a Physician.
Medically Necessary	A Medical Treatment, service and/or supply which: <ul style="list-style-type: none">(a) is consistent with the diagnosis, duration of Hospitalisation and customary Medical Treatment, service and/or supply for an Illness or Injury;(b) must have been prescribed by a Physician in accordance with standards of good medical practice, consistent with current standard of professional medical care, and proven medical Benefits;(c) is not for the convenience of the Insured Member or the Physician; and(d) is not of an experimental, investigation or research nature, preventive or screening nature.
Membership Listing	The list of Insured Members provided by Us from time to time to the Policyholder listing the relevant details of the members and includes the membership movement listing which indicates changes made to the Membership Listing from time to time.
Ministry of Health (MOH)	Ministry of Health is a ministry of the Government of Singapore responsible for managing the public healthcare system. This is an innovative, people-centred organisation, committed to: <ul style="list-style-type: none">(a) medical excellence;(b) the promotion of good health;(c) the reduction of illness; and(d) access to good and affordable healthcare.
Period of Insurance	The period during which this Policy is effective, including: <ul style="list-style-type: none">(a) the period of Cover shown in the Policy Schedule; and(b) for any following period, for which Cover is extended by mutual agreement.
Personal Data	Any data relating to an individual, whether true or not, from which the individual can be identified, whether with other data or other information We are likely to have access to or otherwise, including, without limitation, sensitive personal data.
Physician	A person qualified as a medical practitioner (other than an Insured Member or a member of his immediate family or his business associates including any business partners, employers or Employees) by a medical degree in western medicine and duly licensed and registered with the relevant statutory medical board or council to provide Medical Treatment and who, in rendering Medical Treatment, is practicing within the scope of his licensing and training in the geographical area of practice. A reference to a "Physician" in this Policy shall be construed to mean, wherever appropriate, a General Practitioner and/or a Specialist.
Physiotherapist	A person (other than an Insured Member or a member of his immediate family or his business associates including any business partners, employers or Employees) who is qualified by a duly accredited degree in physiotherapy and who is fully licensed and registered to practice as a Physiotherapist or is employed in a Hospital and who is practicing within the scope of his licensing and training in the geographical area of practice.
Premium/ Premiums	The amount(s) to be paid to Us to keep this Policy in force.
Policyholder	The owner(s) of this Policy as named in the Policy Schedule.
Policy Schedule	The schedule to this Policy which sets out the details of the Benefits under the Policy. It may be amended by Us from time to time.

Pre-existing Condition	An Injury or an Illness which, prior to the date on which an Insured Member is first Covered under the Policy: (a) has been diagnosed; (b) for which Insured Member has received medication, advice or Medical Treatment; (c) which Insured Member should reasonably, based on Our appointed Physician's opinion, have known about; or (d) for which Insured Member has experienced symptoms even if Insured Member has not consulted a Physician.
Prescription Drugs	Drugs (excluding supplements, vitamins, emollients, traditional Chinese medicine and any medicinal items deemed as not Medically Necessary by Our Physician), and dressings which are deemed Medically Necessary as prescribed by Our Physician for the Medical Treatment of a condition.
Private Hospital	Any licensed approved private hospital by MOH in Singapore, which is not a Government Restructured Hospital.
Reinstate / Reinstatement	The resuming of cover under this Policy after it has terminated.
Renewal Date	The first day of Period of Insurance as shown in the Policy Schedule on which this Policy is renewed.
Resident of Singapore	Singapore Citizens and Permanent Residents (holders of re-entry permits) as well as holders of employment passes, work permits, students' passes or dependants' passes.
Serious Medical Condition	Refers to a condition that in the opinion of the Emergency Assistance Centre (EAC) appointed by Us constitutes a serious medical emergency requiring urgent remedial treatment to avoid death or serious impairment to the Insured Member's immediate or long-term health prospects. The seriousness of the medical condition will be judged within the context of the Insured Member's geographical location, the nature of the medical emergency and the local availability of appropriate medical care or facilities.
Services	(Without limitation) (i) the sale, underwriting, acceptance and maintaining of this Policy, (ii) the provision of services relating to this Policy and its termination or expiry, and (iii) the maintenance of Our overall relationship with You, including reinsurance, insurance, audit and administrative purposes.
Short-Stay Ward	A ward where emergency department patients stay for up to twenty-four (24) hours for observation to allow the Physician to decide whether the patient is fit for discharge or should be admitted to a Standard Room of a Hospital as an Inpatient.
Short Period Rates	As defined in the clause 6(a) of General Conditions- "Cancellation of Cover".
Specialist	A Physician who is classified by the appropriate statutory health authorities in the geographical area of his practice as a Physician with special expertise in a selected medical specialty to treat the type of Injury or Illness for which a claim may be made, for Medical Treatment provided to the Insured Member. This excludes Allied health professionals including, but not limited to Clinical Psychologists, Occupational Therapist, Physiotherapists, Speech-Language Therapists, Diagnostic Radiographers and Radiation Therapists as specified by MOH.
Spouse	Spouse is defined to be two individuals, including common law spouses and domestic partners, who represent themselves publicly as each other's spouse and have: (a) registered their relationship with the authorities of that country where such registration is available or (b) marriage certificate or any documented evidence of shared living arrangements issued by the Employee's or spouse's home country high commission or embassy.
Standard Room	With respect to rooms in a Hospital with an equivalent number of beds in each of such rooms, the standard accommodation Covered under this Policy shall mean the grade or class of room for which the Hospital levies the lowest charges for room and board.
Substantial Owner	Any individual entitled to more than 10% of the profits of or with an interest of more than 10% in an entity either directly or indirectly.
Surgeon	A Specialist who is qualified to perform Surgery.
Surgery	A Medical Treatment of surgical intervention (includes day surgery).
Tax Authorities	Domestic or foreign tax, revenue, fiscal or monetary authorities or agencies.
Tax Certification Forms	Any forms or other documentation as may be issued or required by a Tax Authority or by Us from time to time to confirm Your, or a Connected Person's, tax status.
Tax Information	Any documentation or information (and accompanying statements, waivers and consents) relating, directly or indirectly, to Your, or a Connected Person's tax status (regardless of whether You or such Connected Person is an individual or a business, non-profit or other corporate entity) and any owner,

	Controlling Person, Substantial Owner or beneficial owner of You or a Connected Person, that We consider, acting reasonably, is needed to comply (or demonstrate compliance, or avoid non-compliance) with any HSBC Group member's obligations to any Tax Authority. Tax Information includes, but is not limited to, information about: tax residence and/or place of organisation (as applicable), tax domicile, tax identification number, Tax Certification Forms, certain Personal Data (including name(s), residential address(es), age, date of birth, place of birth, nationality, citizenship).
Traditional Chinese Medical Practitioner	A person qualified as a Traditional Chinese Medicine Practitioner (other than an Insured Member or a member of his immediate family or his business associates including any business partners, employers or Employees) engaged in the practice of traditional Chinese medicine, and who is duly licensed and registered with the relevant statutory Traditional Chinese Medical Practitioners board or council to practice traditional Chinese medicine and who in rendering treatment, is practicing within the scope of his licensing and training in the geographical area of his practice.
We (Our/ Us)	HSBC Life (Singapore) Pte. Ltd.
You (Your)	The party named in the Policy Schedule as the Policyholder.

SECTION 2: ELIGIBILITY AND SCOPE

A) Employee Participation

1. Application for Employee Participation

- (a) Employee needs to be:
 - i. between Age 16 and Age 75 and
 - ii. a Resident of Singapore
- (b) Employee already eligible on this Policy Commencement Date shall be entitled to Cover with effect from the Commencement Date.
- (c) If an Employee is not in Active Service on the date when his Cover would otherwise become effective, the Cover for him will not become effective until after he has resumed Active Service.
- (d) If an Employee becomes eligible, the Policyholder must write to Us within ninety (90) days from the date the Employee becomes eligible to apply for the Employee's Cover. If the application is approved, We will update and issue Our Membership Listing accordingly.
- (e) Employees whose membership was previously terminated that subsequently re-apply for membership will be considered a new Insured Member.
- (f) If an Employee that is not on Active Service becomes eligible, the Policyholder must write to Us within ninety (90) days from the date the Employee becomes eligible to apply for the Employee's Cover. If the application is approved, We will update and issue Our Membership Listing accordingly. Such classes of Employees would include part-time Employees, temporary and contract Employees and interns who are drawing a monthly stipend.

To be eligible for Cover, all necessary information on the Insured Members to be Covered should be provided upon request (We may ask for satisfactory evidence of insurability and eligibility, if needed).

2. Renewability

Where an Insured Member commenced Cover between Age 16 and Age 75, the Insured Member will be eligible for renewal of Cover up to Age 85.

3. Termination of Insured Member's Cover

An Insured Member's Cover will be terminated upon the earliest occurrence of any of the following :

- (a) when the Cover is cancelled or terminated by the Policyholder; or
- (b) when the Cover is cancelled due to non-payment of Premium; or
- (c) when this Policy lapses for non-payment of Premium within the grace period; or
- (d) if the category of membership in which the Insured Member is excluded from participating in this Policy; or
- (e) on the Renewal Date falling after the Insured Member's 85th birthday; or
- (f) if the Insured Member dies, regardless of the cause of death; or
- (g) when the Insured Member ceases to be an Employee; or
- (h) when the Insured Member remains outside of his Country of Residence for a period in excess of one hundred eighty-five (185) consecutive days. In such event, the Insured Member's Cover will be terminated automatically at 23:59 Standard Singapore Time on the 185th day after the Insured Member's departure from his Country of Residence.

Cessation of Active Service by an Insured Member shall be deemed to constitute the termination of Cover, except when an Insured Member's employment is on a part-time basis temporarily or if he is absent from work because of Illness or bodily Injury, the Insured Member's Cover can continue until Premium for such Insured Member's insurance is discontinued, but not for a period exceeding twelve (12) months from the date of termination of Active Service, whichever occurs first.

Upon the termination of the Basic Policy, all the Supplementary Contracts to this Policy will also terminate.

4. Policies with Foreign Workers (S Pass and Work Permit holders) under Plan 5 and Plan 6

This Policy will cover a Foreign Worker under Plan 5 and Plan 6 (as stated in the Benefits+ Business brochure provided to You) as an Insured Member, and Cover is extended as follows:

- (a) The Insured Member will be covered until he leaves Singapore, even if he is not in Active Service;
- (b) Pre-existing Conditions are covered from the Commencement Date. For avoidance of doubt, Section 4: Policy Exclusions, Clause 2 is not applicable under this Benefit.

5. Change of Category of Eligibility

Any increase in the Cover provided to an Employee already included in this Policy due to their promotion, shall become effective from the date of the Employee's promotion, unless the Employee is absent from work on that date due to Illness or Injury, in which case the increase in Cover will take effect from the date on which the Employee returns to work full time. Such increase in Cover will not be effective unless We have received written notification from You and have issued an Endorsement to this effect.

B) Dependant Participation

1. Application for Dependant Participation

- (a) Dependant needs to be:
 - i. a Spouse of an Employee between Age 16 and Age 75; or
 - ii. an Employee's natural child, step-child or legally adopted child, who is aged between 15 days and Age 25 and who is unmarried and unemployed, including National Service Full Time Servicemen (NSF).
- (b) A resident in the same Country of Residence as the Employee.
- (c) If a dependant is in hospital confinement because of Illness or Injury on the date on which he would have become eligible for participation in this Policy, his eligibility will be deferred to the date immediately following the date of discharge from the Hospital.
- (d) If a person is a dependant of an eligible Employee and is himself also eligible for participation in this Policy as a member, he will not qualify for participation as a dependant.
- (e) Where two eligible Insured Members are married to each other, their children will only be eligible as dependants of the either member and not both.
- (f) Each person who is a dependant on the first Policy Commencement Date shall be eligible for participation on this Policy Commencement Date.
- (g) If a dependant becomes eligible, the Policyholder must write to Us within ninety (90) days from the date he becomes eligible to apply for his Cover. If the application is approved, We will update and issue Our Membership Listing accordingly.

To be eligible for Cover, all necessary information on the Insured Members to be Covered should be provided upon request (We may ask for satisfactory evidence of insurability and eligibility, if needed).

If a dependant of an Employee is not resident in the same Country of Residence as the Employee, We may, upon the application of the Employee, cover that dependant in his Country of Residence on terms and conditions that We consider appropriate.

For avoidance of doubt, the Dependant Benefit shall not be applicable to Plan 5 and Plan 6 (as stated in the Benefits+ Brochure).

2. Renewability

Where a Spouse of an Employee commenced Cover between Age 16 and Age 75, the Spouse of an Employee will be eligible for renewal of Cover up to Age 85.

3. Termination of Insured Member's Cover

The Cover of an Insured Member who is the dependant, will be terminated upon the earliest occurrence of any of the following:

- (a) when this Policy or the Employee's Cover is cancelled or terminated;
- (b) when the dependant's Cover is cancelled due to non-payment of Premium;
- (c) when this Policy lapses for non-payment of Premium within the grace period; or
- (d) when the dependant ceases to fulfill the conditions that have permitted him to become insured as a dependant;
- (e) on the Renewal Date immediately after the Insured Member's 85th birthday;
- (f) if the Insured Member dies, regardless of the cause of death;
- (g) when the Insured Member remains outside of his Country of Residence for a period in excess of one hundred eighty-five (185) consecutive days. In such an event, the Insured Member's Cover will be terminated at 23:59 Standard Singapore Time on the 185th day after the Insured Member's departure from his Country of Residence.

Upon the termination of the Basic Policy, all the Supplementary Contracts to this Policy will also terminate.

4. Change of Category of Eligibility

Any increase in the Cover provided to a dependant already included in this Policy due to Employee promotion, shall become effective from the date of the Employee's promotion, unless the dependant is in Hospital confinement on that day due to Illness or Injury, in which case the increase in Cover will be deferred to the date following his/her discharge from Hospital. Such increase in Cover will not be effective unless We have received written notification from You and have issued an Endorsement to this effect.

SECTION 3: DESCRIPTION OF BENEFITS

Benefits are payable only if an Insured Member suffers an Illness or Injury while he is Covered under this Policy. If an Illness or Injury occurs or commences during an Insured Member's Cover, but continues after termination of Cover, We will only pay Benefits for the period while the Insured Member was Covered.

We will only pay the Charges for Medically Necessary treatment(s) or service(s) for an Illness or Injury, which is shown on the Policy Schedule, subject to:

- i. a stipulated Co-payment (if any);
- ii. up to the maximum number of payable days (if any); and
- iii. up to the limits stated in the Policy Schedule.

In the event of confinement in a Hospital, We will only pay if the entire confinement and all services provided were recommended and approved by a Physician in accordance with the diagnosis and Medical Treatment of the condition for which the confinement in Hospital was required.

Annual Policy Limit

Our total aggregate liability shall not exceed the annual limit for any Insured Member stated in the Policy Schedule. When the aggregate total Benefits paid under this Policy in any one Period of Insurance reaches the annual limit for any Insured Member, no further Benefits shall be payable in respect of that Insured Member for the remainder of the Period of Insurance.

The Annual Policy Limit is applicable to Benefits 1-14 and Supplementary Benefits 18.

Benefits 16 and 17 will be subject to the maximum limit stated in the Policy Schedule.

Specified Sum Basis

Specified Sum Basis Benefits payable for Benefits 15 and 21 below are the specified sums as stated in this Policy Schedule or Endorsement and are payable as one lump sum. These Benefits does not subject to the Annual Policy Limit.

We will pay subject to the Policy Schedule:

The Charges set out below for Benefits 1 to 14, 22 to 27 are only for Medically Necessary treatment or services for an Insured Member, at a Hospital as an Inpatient or in Surgery for Illness or Injury suffered by the Insured Member: Please note: Any Surgery not listed in the surgical operation fee Tables 1 to 7 in the "Table of Surgical Procedures" published by the Singapore MOH as at the date of the Surgery, is not covered.

1. Room and Board

Charges incurred for Standard Room accommodation (including meals and general nursing services).

2. Short-Stay Ward

Charges incurred for a Short-Stay Ward (including meals and general nursing services)

We will not pay for Pre-Hospitalisation Medical Treatments received before or Post-Hospitalisation Medical Treatment(s) received after admission in a Short-Stay Ward.

3. Intensive Care Unit (ICU)

Charges incurred for ICU (including meals and general nursing services). We will also pay for Charges incurred by an Insured Member if confined as an Inpatient in a high dependency unit (HDU) or coronary care unit (CCU).

4. Hospital Miscellaneous Expenses

Charges incurred on Hospital Miscellaneous Expenses during an Insured Member's confinement for the following services:

- (a) use of the operation theatre and equipment;
- (b) Prescription Drugs;
- (c) anaesthesia and oxygen and the administration of anaesthesia or oxygen;
- (d) dressings, ordinary splints, plaster casts, arm sling, air boots, brace and crutches;
- (e) Inpatient physiotherapy by a qualified and registered Physiotherapist upon the recommendation and approval of the attending Physician who furnishes specific instructions as to the type and duration of treatment;
- (f) X-rays, electrocardiograms, basal metabolism test and other laboratory tests;
- (g) intravenous infusion.

5. Surgeon's Fees

Charges incurred for Surgery performed by Surgeon(s) as a result of an Injury or Illness.

6. In-Hospital Physician's Visit

Charges incurred for daily bedside visits by the attending Physician(s) after Inpatient treatment.

7. Emergency Out-patient Treatment (Due to Accident only)

(a) Charges for Emergency Treatment of an Insured Member for an Injury, which is performed at a Hospital or by a Physician or a Traditional Chinese Medical Practitioner or Physiotherapist within forty-eight (48) hours following the date of an Accident, and follow up treatment up to thirty-one (31) days from the date of the Accident,

Provided that:

Where an Insured Member has been treated by a Traditional Chinese Medical Practitioner, Our total aggregate liability under this section shall not exceed Singapore dollars three hundred (S\$300.00) for each Accident in any Period of Insurance.

(b) Charges for Medically Necessary Dental Emergency Treatment of an Insured Member by a Dentist within forty-eight (48) hours following the date of an Accident in the event that the Insured Member shall suffer injuries or damage to his natural teeth and/or gums as a result of an Accident. Charges for follow-up treatment by the same Dentist up to thirty-one (31) days from the date of the Accident, including any Charges for medication prescribed on a written basis by the attending Dentist.

8. Ambulance Charges

Charges incurred for necessary domestic ambulance service (inclusive of attendance) to and/or from the Hospital provided that the Insured Member is admitted as an Inpatient.

9. Parent Accommodation

Accommodation Charges for each night at a Hospital incurred by one (1) parent of an Insured Member, provided that:

- (a) such Insured Member is under twelve (12) years of Age at the commencement of the confinement in the Hospital as an Inpatient;
- (b) the Insured Member was receiving treatment for Illness or Injury as an Inpatient at a Hospital, and such Inpatient confinement is for a period of six (6) days or more in accordance with his Coverage under this Policy; and
- (c) the treating Physician has advised in writing that a parent should remain with the Insured Member.

10. Miscarriage and Ectopic Pregnancy

Charges incurred when an Insured Member requires Emergency Treatment for miscarriage, including elective abortion due to medical reason and ectopic pregnancy, provided that such Medical Treatment is not due to voluntary or malicious act by such Insured Member.

In addition, We will pay Charges for Medically Necessary treatment(s) incurred as Inpatient or Surgery when the Insured Member undergoes an abortion, provided that the Insured Member had undergone such abortion due to the Insured Member's or foetus' adverse medical health or condition, as certified in writing by a Specialist.

11. Medical Report Fees

Charges incurred by an Insured Member for any medical reports requested by Us in respect to an Illness or Injury suffered or sustained by the Insured Member in relation to a claim submitted to Us under this Policy.

12. Pre-Hospitalisation

Charges incurred within one hundred and twenty (120) days prior to an Insured Member's Hospitalisation or Surgery. The Medical Treatment must result in the Insured Member being Hospitalised or requiring a Surgery procedure for the same Illness or Injury.

We will not pay for any Charges incurred for second opinion, or any Medical Treatment that is not Medically Necessary.

If the limit for this Benefit has been fully utilized, We reserve the right to process the claim under Benefits+ Business General Practitioner or Benefits+ Business Specialist Policy, where applicable.

13. Post-Hospitalisation

Charges incurred within one hundred and twenty (120) days after discharge from Hospital or from the date of Surgery for any follow-up Medical Treatment, including Traditional Chinese Medicine, physiotherapy, occupational therapy and speech therapy, after the Insured Member's Hospitalisation or Surgery procedure. Such Medical Treatment(s) should be received immediately after the date of discharge from the Hospital, or after the date of Surgery and should be provided or recommended by the same attending Physician for the same Injury or Illness.

We will not pay for:

- (a) any Medical Treatment purchased in advance but not used at the time of making a claim,
- (b) any medications/drugs prescribed for use beyond one hundred and twenty (120) days after discharge from Hospital or from the date of Surgery;
- (c) Medical Treatment that is not provided in a Hospital or clinic; and
- (d) other Charges incurred for any Medical Treatment that is not Medically Necessary.

If the limit for this Benefit has been fully utilized, We reserve the right to process the claim under Benefits+ Business General Practitioner or Benefits+ Business Specialist Policy, where applicable.

14. Home Nursing

Charges incurred for the nursing services of a registered nurse attending to an Insured Member, provided that such home attendance:

- (a) is prescribed by a Physician for medical reasons;
- (b) is necessary as without which the Insured Member would require confinement in a Hospital as an Inpatient;
- (c) is carried out in the Insured Member's own home; and
- (d) immediately follows the date of discharge of the Insured Member as an Inpatient from Hospital.

15. Special Grant

The Special Grant shall be doubled if an Insured Member dies due to an Accident.

This benefit will be payable on a specified-sum basis.

If an Insured Member dies from:

- (a) an Injury;
- (b) an Illness during or after Medical Treatment for such Illness, at a Hospital or in Surgery;
- (c) a Critical Illness.

16. Outpatient Kidney Dialysis

Charges for Medically Necessary Kidney Dialysis of an Insured Member as recommended by a Specialist received as an outpatient for an eligible medical condition at a registered medical facility recognised by Us.

We will not pay for the following under this Outpatient Kidney Dialysis Benefit:

- (a) Complications that arise out of or in connection to Kidney Dialysis; and
- (b) Costs for the acquisition or rental of any device, apparatus, appliance, machine and equipment for Kidney Dialysis. Without prejudice to the foregoing, We do not Cover the costs of acquisition of a cyclor device or such similar equipment for peritoneal dialysis.

For such purposes, "Kidney Dialysis" shall mean dialysis treatment by either:

- (a) haemodialysis (where waste products and excess water from the blood is removed by rerouting the blood out of the body through a machine) that is carried out at a legally registered dialysis centre; or
- (b) peritoneal dialysis (where a dialysis solution is passed through the Insured Member's abdomen to drain waste products and excess water from the blood through the peritoneum membrane lining).

17. Outpatient Cancer Treatment

Charges for Medical treatment of an Insured Member for Cancer as recommended by a Physician.

This Benefit extends to Cover the maintenance phase of Cancer treatment by the member's attending oncologist or with the member's attending Specialist (by this We mean the Specialist who has diagnosed and treated the member's Cancer) will be paid under this Benefit subject to Policy being in force. This will include consultation, diagnostic tests

or scans, medication prescribed by the attending oncologist or by the attending Specialist to keep the Cancer in remission or to prevent relapse of the Cancer.

18. Surgical Implants

Charges incurred by an Insured Member for any monofocal/multifocal lens, prostheses, braces (excluding braces for teeth), pacemakers, autograft, allograft, artificial limbs or similar orthopaedic appliances and implants, provided that they are surgically implanted during a Surgery as a result of an Illness or Injury.

We will not pay for this Benefit if it is due to cosmetic reasons.

19. Emergency Assistance

The following emergency assistance service Benefits are provided to an Insured Member:

- (a) while he is outside of his Country of Residence not exceeding one hundred eighty-five (185) consecutive days;
- (b) in the event of a Serious Medical Condition arising out of and in the course of his journey;
- (c) provided that such journey is not undertaken against the advice of a Physician

The Benefits are provided by the EAC appointed by Us. We shall pay directly to the EAC the expenses specified below, up to the limits stated on the Policy Schedule.

The expenses Covered are as follows:

A. Arrangement of and payment for emergency medical evacuation:

The Medically Necessary expense of air and/or surface transportation, medical care during transportation, communications and all usual ancillary Charges incurred by the EAC in moving the Insured Member when in Serious Medical Condition to the nearest Hospital where appropriate medical care is available and not necessarily to the Country of Residence.

The EAC retains the absolute right to decide whether the Insured Member's medical condition is sufficiently serious to warrant emergency medical evacuation. The EAC reserves the right to decide the place to which the Insured Member shall be evacuated and the means or method by which such evacuation will be carried out having regard to all the assessed facts and circumstances of which the EAC is aware at the relevant time.

B. Arrangement of and payment for repatriation:

The expenses Medically Necessary and unavoidably incurred by the EAC in returning the Insured Member to the Country of Residence, following an emergency medical evacuation to a place outside the Country of Residence. The EAC reserves the right to decide the means or method such as by scheduled commercial airline by which such repatriation will be carried out, having regard to all the assessed facts and circumstances of which the EAC is aware at the relevant time.

C. Arrangement of and payment for transportation of mortal remains:

The expenses reasonably and unavoidably incurred by the EAC to organise for the transportation of the Insured Member's mortal remains to Home Country or Country of Residence, or a local burial of the Insured Member's mortal remains in the country of death as approved by EAC.

Burial costs shall encompass services and supplies provided by a mortician or undertaker including but not limited to collection and care of Insured Member, a basic coffin, hearse and managing a simple service.

Specific Conditions Applicable to Emergency Assistance:

- (a) Immediate notification of any circumstances that may require emergency medical evacuation or repatriation of mortal remains must be given to the EAC.
- (b) The EAC should be contacted to obtain advanced approval for any evacuation and to make the necessary transportation arrangements. Failure to do so will invalidate a claim for such cost.
- (c) This limitation shall not apply to emergency medical evacuation from remote or primitive areas when the EAC cannot be contacted in advance and delay might reasonably be expected to result in loss of life or extreme prejudice to the Insured Member's prospect.
- (d) EAC reserve the right to require Insured Member next of kin to sign a Letter of Indemnity prior to providing the services. If the Letter of Indemnity is not obtained and it is subsequently determined by Us that the Insured Member was not eligible for the Emergency Assistance Services rendered by EAC, Insured Member's next of kin shall be liable for any expenses incurred and shall not be entitled to claim such expenses from Us.

Unless otherwise endorsed, for the purpose of eligibility conditions specific to this benefit, Foreign Workers (S-Pass, Work Permit holders and Employment Pass Holders) will not be covered under this Benefit.

20. Dread Disease Recuperation Benefit

We will pay the lump sum Benefit specified on the Policy Schedule if an Insured Member is diagnosed as suffering from any one of the four (4) Critical Illnesses after ninety (90) days following the date on which an Insured Member is first Covered under this Policy:

- (a) Major Cancer
- (b) Heart Attack of Specified Severity,
- (c) Stroke with Permanent Neurological Deficit,
- (d) Coronary Artery By-pass Surgery.

This Benefit is only payable once for an Insured Member during his lifetime. Once paid, We will not pay this Benefit for another Critical Illness suffered by the Insured Member. .

21. Get Better Benefit

In the event that an Insured Member shall be confined in a Hospital as an Inpatient for at least three (3) consecutive days as a result of an Illness or Injury, We shall pay this Benefit in cash for each day starting from the fourth (4th) day up to the thirtieth (30th) day following the first day of confinement.

The Benefit is payable on a specified-sum basis and shall not be payable for confinement in a community Hospital.

22. Hospital Daily Cash

When an Insured Member is confined to a Room and Board below the Insured Member's entitlement under this Policy, We will pay this Benefit subject to the following terms and up to the maximum benefit limit set out in the Policy Schedule:

- (a) The benefit is only applicable for Hospital confinement in a B1 ward or below in a Government Restructured Hospital; and
- (b) The maximum period for this Benefit is thirty (30) days per Policy year; and
- (c) The Insured Member must be confined in the same class of ward for the entire period; and
- (d) The Hospital Daily Cash Benefit is only applicable to Singapore Citizens and Singapore Permanent Residents.

23. Rehabilitation Benefit

Charges incurred when an Insured Member is recommended by the attending Physician to recuperate in a community/rehabilitation Hospital, or transitional care facility registered and approved by the Singapore Ministry of Health, up to a maximum of forty-five (45) days after Hospitalisation or Surgery.

24. Inpatient Psychiatric Treatment

Charges for Medical Treatment incurred during the period the Insured Member is hospitalised to receive psychiatric treatment for psychological disorders, personality disorders, mental conditions or behavioral disorders, including post-traumatic stress disorder, stress, anxiety and depression.

These Charges include, but not limited to, Room and Board, ICU, Hospital Miscellaneous Expenses, In-Hospital Physician's Visit, Surgeon's Fee, and other Medical Treatment(s).

Any Pre-Hospitalisation and Post-Hospitalisation Charges relating to the inpatient psychiatric treatment shall fall under this Benefit.

We will not pay for any consultation, diagnosis, procedure, Medical Treatment or care for dependent addictive behavior, such as but not limited to alcohol addiction and gaming addiction.

For the purpose of this Benefit, the definition of Hospital is amended to read as:

An establishment duly constituted and licensed in the geographical area in which it is located as a medical and surgical Hospital for the care and treatment of sick and injured persons as bed paying patients, including a mental Hospital or institution, and which:

- (a) provides facilities for diagnosis, treatment and minor or major Surgery;
- (b) provides twenty-four (24) hours nursing services by registered nurses;
- (c) is supervised by a full-time staff of Physicians at all times; and
- (d) is not primarily a clinic, a place for custodial care or facility for alcoholics or drug addicts, a spa, or hydroclinic or hospices, nursing or rest or home for the Aged, convalescent home or similar establishment

25. Major Organ Transplant

Charges incurred for the transplantation of the major organs of the kidneys, heart, liver, lung or bone marrow by Surgery from a human donor to an Insured Member in the event that an Insured Member shall contract an Illness or sustain an Injury and requires major organ transplantation.

We will not pay for the cost of acquisition of the organ, transportation cost or any expenses incurred by the donor.

26. Home Recovery Benefit

Provided by Our appointed service provider, this benefit covers Charges incurred for any designated service items, which are Medically Necessary and carried out at Insured Member's home, within 12 months after the Medical Treatment is received in a Singapore Government Restructured Hospital, subject to the maximum limit stated in the Policy Schedule.

Designated service items include:

- (a) equipment rental or purchase;
- (b) consumables;
- (c) lab tests;
- (d) medication;
- (e) tube feeding, feeding and necessary catering arrangement;
- (f) discharge transportation and escort to medical appointments;
- (g) 24/7 hotline with triage and routing to physician or nurse;
- (h) home therapy;
- (i) home personal care;
- (j) home nursing, nursing procedures or assistance in Activities of Daily Living (ADLs);
- (k) regular home visits by the nurse or Physician;
- (l) escort to follow-up medical appointments;
- (m) bed sores prevention and deep vein thrombosis prophylaxis;
- (n) speech and language therapy;
- (o) assistance in purchase or rental of hospital beds;
- (p) provision of ventilator equipment and set up expertise for highly debilitated Insured Members; or any other service items may be Covered, subject to Our approval.

To be eligible for this benefit, an Insured Member must:

- (a) be treated in a Singapore Government Restructured Hospital for Cancer treatment or any designated treatment agreed by Us; and
- (b) obtain a written approval from Us.

In the event when inpatient treatment is received in a Singapore Government Restructured Hospital, the Insured Member must obtain an approval from the attending Physician to prove that the Insured Member is fit for discharge and able to continue necessary treatment at home.

The Company has no liability in any manner and shall not be liable for any loss arising out of or howsoever caused by any advice given or services rendered by or any acts or omissions of any service providers.

27. Overseas Hospitalisation due to Accident

If an Insured Member suffers an Injury due to an Accident while travelling outside his/her Country of Residence and as a result of such Injury requires Hospitalisation or Medical Treatment overseas, We will pay Charges set out for the Benefits below up to 1.5 times the applicable limit as stated in the Policy Schedule:

- (a) Room & Board;
- (b) Short-Stay Ward;
- (c) Intensive Care Unit (ICU);
- (d) Hospital Miscellaneous Expenses;
- (e) Surgeon's Fees;
- (f) In-Hospital Physician's Visit;

- (g) Emergency Outpatient Treatment (Due to Accident only);
- (h) Ambulance Charges;
- (i) Medical Report Fees;
- (j) Pre-Hospitalisation; and
- (k) Post-Hospitalisation.

For avoidance of doubt, this Benefit applies only to Insured Members who reside and work in Singapore.

SECTION 4: POLICY EXCLUSIONS

No Benefit or any Medical treatment(s), Charges or expenses resulting directly or indirectly therefrom will be payable for any of the following:

1. Any period of confinement in a Hospital unless the entire confinement and all services provided were recommended and approved by a Physician in accordance with the diagnosis and Medical Treatment of the condition for which the confinement in Hospital was required.
2. All Pre-existing Conditions, unless the Insured Member has been insured continuously for twelve (12) months under this Policy, except for Pre-existing Renal Failure and Cancer which are permanently excluded under this Policy.

For avoidance of doubt, Policy Exclusion (2) is not applicable for Plan(s) 5 and 6 (as per the Benefits+ Brochure provided to You).

3. Routine or preventative physical examinations, investigation, medical check-up, vaccinations, treatments or follow-up consultations.
4. Medical Treatment for conditions relating to physiological or natural cause such as aging, menopause, or puberty and which are not due to any underlying disease, Illness or Injury.
5. Vitamins or supplements whether prescribed or not.
6. Cryopreservation, or harvesting or storage of stem cells as a preventive measure against possible future disease/Illness or Injury.
7. Any Medical Treatment or other services paid using gift cards, credit card points, or any cards or vouchers with stored monetary value.
8. Off the shelf toiletries such as, but not limited to shampoos, soaps, tooth-pastes, contraceptives, proprietary headache and cold cures nor do We pay for mouthwash, lotions, moisturisers, cleansers, shower gels, even if they are prescribed by a Physician.
9. Administrative expenses and non-medical personal service and other ineligible non-medical items.
10. Outpatient Medical Treatment, traditional Chinese medicine and its related treatment, except as specifically Covered under this Policy.
11. Dental care and its related treatment including treatment of Temporo-Mandibular Joint disorder, bruxism, problems relating to the teeth, gums and jaw unless it is necessary to treat or replace sound natural teeth damaged or lost as a result of Accident.
12. Pregnancy, childbirth, abortion, miscarriage, infertility, pre and post-natal care and all complications arising therefrom except as specifically Covered under this Policy; Birth control measures, assisted reproduction, sterilisation (or its reversal) or any events arising out of or in connection thereto.
13. Circumcision unless Medically Necessary, varicocele, impotence, erectile dysfunction or any consequence of it.
14. Sickness or disease directly or indirectly arising from sexually transmitted disease, Acquired Immune Deficiency Syndrome (AIDS), any AIDS related condition, or infection by Human Immune-Deficiency Virus (HIV), except as specifically Covered under this Policy.
15. Medical Treatment which arises from, or is in any way attributable to, sex change.
16. Congenital Conditions or genetic defects or developmental conditions including hereditary conditions existing from the time of birth regardless of the time of discovery of such anomalies or defects, except as specifically Covered under this Policy.
17. Psychological disorders, personality disorders, mental conditions or behavioral disorders, including any addiction or dependence arising from these disorders such as gambling or gaming addiction, post-traumatic stress disorder, stress, anxiety and depression, except as specially Covered under this Policy.
18. Medical Treatment for Illness or Injury caused directly or indirectly by abuse or misuse of drugs, substances or alcohol.

19. Suicide, self-inflicted injuries and any attempt thereat, whether sane or insane, except as specially Covered under this Policy.
20. Eye tests, refractive errors of the eyes and its related conditions, spectacles and contact lenses, except as specifically covered under this Policy.
21. Provision of implants, medical appliances and prosthetic devices such as but not limited to hearing aids, wheelchairs, artificial limbs, lenses, breast and penile implants and dialysis machine, except as specifically covered under this Policy.
22. Participation in a riot or civil commotion, violation or attempted violation of law, or resistance to lawful arrest or imprisonment.
23. Medical Treatment needed as a result of engaging in or taking part in acts of terrorism, nuclear contamination, biological contamination or chemical contamination.
24. Medical Treatment arising from any consequence (whether direct or indirect) of war, act of foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons, or any event similar to one of those listed.
25. Experimental or pioneering medical or surgical techniques and medical devices not approved by the Institutional Review Board and the Centre for Medical Device Regulation and medical trials for medicinal products whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority of Singapore.
26. Genetic tests, nor for any counselling made necessary following genetic tests, even when those tests are undertaken to establish whether or not Insured Member may be genetically disposed to the development of a medical condition in the future.
27. All types of learning disorders, educational problems, behavioral problems, physical development, or psychological development, including assessment or grading of such problems.
28. Cosmetic or plastic Surgery except for reconstruction Surgery necessary to restore function or appearance caused by Accident or following Surgery for a Covered medical condition.
29. Medical Treatment of acne and loss of hair.
30. Medical Treatment of obesity or any medical condition which arises from, or is related to, obesity in any way including but not limited to the use of gastric banding or stapling, weight improvement; supplements or medications for weight loss or weight improvement.
31. Any removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons.
32. All types of sleep disorder including snoring, insomnia, obstructive sleep apnea or sleep study test.
33. Full-time military, naval or air service personnel, except national reservist duty under the Enlistment Act (Cap. 93).
34. Robotic surgery, unless it has been established that the Medical Treatment is recognised as appropriate by an authoritative medical body, and We have agreed on the cost in writing with the Physician or the medical institution prior to the surgery.

SECTION 5: GENERAL CONDITIONS

1. Limitation of Liability

We will not pay any Benefits under this Policy if You or any Insured Member:

- (a) fail to fully and truthfully disclose to Us, all material information known (or which could reasonably be expected to be known), before inception of this Policy and upon each Renewal Date;
- (b) fail to properly observe and fulfill the terms and conditions of this Policy;
- (c) make any untrue statement;
- (d) omit, suppress or incorrectly state any material information affecting the risk;
- (e) make any claim that is fraudulent or exaggerated, or make any false declaration or statement in support of a claim.

2. Changes in Circumstances

If there is any change in circumstances affecting the risk, You must give Us immediate written notice and pay any additional Premium that We may require. In particular, You must notify Us of any changes in occupation/business or health affecting You or any Insured Member.

3. Accuracy of Information

If the Age or date of birth or other relevant facts relating to an Insured Member shall be found to have been misstated and if such misstatement affects the scale of Benefits or has anything to do with the terms and conditions of this Policy, the true Age and facts shall be used in determining whether insurance is in force under the terms of this Policy and the Benefits payable therefrom, and an equitable adjustment of Premiums shall be made.

Where a misstatement of Age or other relevant facts has caused a Member to be insured hereunder where he is otherwise ineligible for any insurance, or where such statement has caused a member to remain insured when he would otherwise be disqualified in accordance with the terms and limitations of this Policy, his entire Cover shall be void and there shall be a return of Premiums paid in respect of the member, provided always that where there is fraud on the part of the Policyholder or Insured Member, no Premiums paid are to be returned.

4. Policy Renewal

This Policy is renewable at Our option, subject to underwriting requirements being fulfilled and at the Premium rates determined at that time by Us. Any request to hold Cover at renewal is subject to Our written approval. If at the end of this period the Policy is cancelled or lapses for any reason whatsoever, We will charge Premiums for that Period of Insurance Cover based on Short Period Rates stated in Section 5, Clause 6.

The Premium upon renewal is non-guaranteed. It will be adjusted according to the Insured Member's Age at Policy renewal and claims experience of the entire portfolio under the Benefits+ Business. We may change the rates by giving You thirty (30) days written notice.

5. Policy Plan Upgrading

Upon Your request, We may agree to a change in Policy Cover, but any such change (except Change of Category of Eligibility) shall be applicable only at the time of next Renewal Date of this Policy.

6. Cancellation of Cover

- (a) You have the right to cancel this Policy at any time by giving Us at least thirty (30) days' written notice but We will charge Premiums for that Period of Insurance Cover based on the following Short Period Rates, or a minimum Premium of S\$54.00 (inclusive of GST), whichever is higher:

Period of Cover	Short Period Rates
1 week or less	1 month
1 month or less	3 months
2 months or less	4 months
3 months or less	6 months
4 months or less	7 months
6 months or less	9 months
8 months or less	10 months
More than 8 months	Full annual Premium

If this Policy or any Supplementary Contracts under this Policy is cancelled, the Policyholder must pay any Premiums which are outstanding at the date of the cancellation. If this Policy is cancelled, any claim arising before the date of cancellation will not be affected.

- (b) We may cancel this Policy and any Supplementary Contracts under this Policy on any Premium due date if not all the eligible Members have become insured under the Policy.
- (c) We have the right to cancel this Policy or any section or part of it by giving You thirty (30) days' written notice, and upon cancellation You will be granted a pro-rated refund of the total Premium paid corresponding to the unexpired Period of Insurance.

7. Policy Administration

- (a) You must furnish full particulars of all Insured Members, which includes name, gender, occupation, NRIC or Passport number, date of birth and Country of Residence at Policy Commencement Date and at each Renewal Date or at such times as We may require.
- (b) For new Insured Member, You must notify Us in writing within ninety (90) days after the new Insured Member is employed and in Active Service.
- (c) For existing Insured Member, You must notify Us in writing within ninety (90) days from the date the Insured Member ceases to be eligible under this Policy. We reserve the right to recover any cost from You (including any wrongful payment of claims) if You fail to inform Us when the Insured Member ceases to be eligible under this Policy.
- (d) Any addition of new Insured Member will be charged a pro-rated Premium corresponding to the unexpired Period of Insurance. Any termination of an Insured Member will be granted a pro-rated refund of the Premium paid in respect of that Insured Member corresponding to the unexpired Period of Insurance.

8. Premium Payment Warranty

- (a) Notwithstanding anything herein contained but subject to clause (b) hereof, it is hereby agreed and declared that if the Period of Insurance is sixty (60) days or more, any Premium due must be paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within sixty (60) days of the:
- Policy Commencement Date, Renewal Date; or
 - effective date of each Endorsement, if any, issued under this Policy.
- (b) In the event that any Premium due is not paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within the 60-day period referred to above, then:
- the Cover under this Policy, or Endorsement is automatically terminated immediately after the expiry of the said sixty (60) day period;
 - the automatic termination of the Cover shall be without prejudice to any liability incurred within the said sixty (60) day period; and
 - We shall be entitled to a pro-rata time on risk Premium subject to a minimum of S\$54.00 (inclusive of GST).
- (c) If the Period of Insurance is less than sixty (60) days, any Premium due must be paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within the Period of Insurance.

- (d) If there are any unpaid Premiums or other amounts owing to Us when a claim is made, the Benefits will not be paid until the total outstanding sum is paid to Us.

9. Condition Precedent

The validity of this Policy is subject to the condition precedent that:

- (a) for the risk insured, the Policyholder has never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any Premium payment condition; or
- (b) if the Policyholder has declared that it has breached any Premium payment condition in respect of a previous Policy taken up with another insurer in the last twelve (12) months:
- i. the Policyholder has fully paid all outstanding Premium for time on risk calculated by the previous insurer based on the customary Short Period Rate in respect of the previous Policy; and
 - ii. a copy of the written confirmation from the previous insurer to this effect is first provided by the Policyholder to Us before Cover incepts.

10. Payment of Benefits

Any Benefits payable under this Policy shall be paid to You or the Insured Member. The Insured Member or Your receipt of any Benefit payable under this Policy shall in all cases be deemed final and complete discharge of all Our liability.

11. Claim Procedures

- (a) Any claim shall be submitted to Us within thirty (30) days from of the date an Insured Member suffers an Illness or Injury or thirty (30) days from the expiry of this Policy for which the claim is made. The claim must be accompanied with the necessary supporting evidence of the Injury or Illness and any Charges or expenses claimed. We reserve the right to request further information or evidence .
- (b) All certificates, receipts, information and evidence required by Us shall be in English and be supplied free of charge to Us, in the form prescribed by Us. If any supporting documents are in a language other than English, We will require a certified translation in English declaring that the translation is true and accurate.
- (c) Failure to comply with the time and procedures stipulated in this clause shall invalidate the claim and no Benefit shall be payable for the claim, unless it can be shown that there is a good reason for the failure and that the notice and proof of claim were given as soon as reasonably possible.
- (d) We shall have the right and the opportunity through Our medical representatives to examine any Insured Member whenever and as often as may be reasonably required or any claim. In addition, We shall have the right to require an autopsy in the case of death, unless prohibited by law or religious beliefs. We will bear the expenses incurred in such examinations, unless the claim is proved to be invalid, in which case We shall be entitled to recover all the expenses so incurred from You.

12. Specific Claims Conditions

- (a) The payment of any claim does not discharge Your obligations regarding the fulfilment of the terms and conditions under this Policy; and
- (b) We are not obliged to pay the ongoing costs of continuing, or similar, treatment, even where We have previously paid for this type of or similar treatment, if it is subsequently noted that this claim is in fact not eligible.

13. Expenses Covered by Other Sources

If You or any Insured Member is entitled to claim Benefits under the Work Injury Compensation Act 2019, other Group or individual insurance policies, any governmental programme or insurance provided by law, the Benefits payable will be limited to the balance of the expenses not Covered by those other Group or individual insurance policies, governmental programme or insurance provided by law.

14. Limitation of Cover

Admission to higher ward or Hospital type that differs from plan entitlement:

If the Insured Member received Medical treatment or is admitted to a ward or Hospital type higher than what he is entitled to under this Policy, either as an Inpatient or for Surgery, We will pay up to 60% of the eligible Charges (excluding Daily Room and Board and Surgeon Fees) subject to the maximum limit stated in the Policy Schedule. For Surgeon Fees, We will reference the guidelines and published fee benchmarks provided by MOH. For upgrade in bed type or hospital type, the Daily Room & Board amount will be capped at the highest amount charged by a Hospital in Singapore for the entitled bed type and Hospital type. For avoidance of doubt, this is only applicable to Hospitalisation in Singapore.

15. Overseas Treatment

This Policy Covers an Insured Member while he is outside his Country of Residence for a period not exceeding one hundred eighty-five (185) consecutive days at a time subject to the following conditions:

- (a) where Emergency Medical Treatment is received, Our liability is capped at the limits specified in the Policy Schedule and
- (b) where non-Emergency Medical Treatment is received or where an Insured Member travels expressly for treatment outside the Country of Residence, Our liability is limited to the Charges with reference from the guidelines and published fee benchmarks provided by MOH up to 75th percentile. In the event that the particular eligible treatment or service is not stated on the MOH published fee benchmark, We reserve the right to reference the Charges against Our internal claims data based on similar surgical intervention or treatment.

The Medical Treatment provided overseas will be considered as a Private Hospital admission.

16. Notices

Any notice sent to Us for the purposes of this Policy will only be considered received if it is delivered to our registered office.

17. Despatch of Documents, Cheques and Notices

Any document, cheque or written notice will be sent by post to the Policyholder's address held in our records at the relevant time. The Policyholder is responsible to notify Us promptly of any change of address.

18. Legal Proceedings

No legal action may be brought against Us:

- (a) until sixty (60) days have passed since the date of notice and proof of claim were submitted and received by Us; and
- (b) if more than two (2) years have passed since notice and proof of claim were submitted or ought to have been submitted.

19. Mediation/Arbitration

All disputes arising out of this Policy may be submitted to the Singapore Mediation Centre for settlement by mediation in accordance with the mediation procedure for the time being in force, if the parties so agree. The parties agree to take part in the mediation in good faith and undertake to honour the terms of any settlement reached. If any dispute is not referred to mediation or if mediation fails, the dispute has to be referred to and finally resolved by arbitration in Singapore with the Arbitration Rules of the Singapore International Arbitration Centre ("SIAC Rules") for the time being in force, which rules are deemed to be incorporated by reference in this clause. The tribunal shall consist of one (1) arbitrator. The language of the arbitration shall be English.

20. Applicable Law/Jurisdiction

This Policy shall be governed by and interpreted in accordance with the laws of Singapore.

21. Rights of Third Parties

A person or any entity who is not a party to this Policy shall have no right under the Contracts (Rights of Third Parties) Act 2001 and any amendments or modifications thereof to enforce any of its terms.

22. Non-Assignment

This Policy is not assignable. We shall not be affected by notice of any trust, charge, lien, assignment or other dealing with this Policy.

23. Alterations

We reserve the right to vary the Benefits, Cover and amend the terms and conditions of this Policy, and such amendment will be applicable from the next renewal of this Policy. No alteration to this Policy shall be valid unless approved in writing by Our authorised representative and reflected in an Endorsement. No intermediary has the authority to amend or to waive any of the terms and conditions of this Policy. If the Policyholder requests for the terms of the Policy to be changed, we may require documents or information to be provided at the Policyholder's expense to support the request.

24. Currency Exchange Rates

Payment of all claims and Benefits will be made in Singapore currency. Charges incurred in any other currency shall be payable in Singapore dollars on the basis of the exchange rate in effect on the date such Charges were incurred as stipulated by Us.

25. Clerical Error

A clerical error by Us shall not invalidate insurance Cover otherwise validly in force, nor continue insurance Cover otherwise not validly in force.

26. Reinstatement

If this Policy or any Cover for an Insured Member has terminated, the Policyholder may write to Us to apply to reinstate the Policy. We shall have the right to impose any conditions on the reinstated Policy or Cover.

27. Incontestability

Unless there has been fraud or there are outstanding Premiums, We will not contest the validity of (i) this Policy after the Policy has been in force for one (1) year, or (ii) an Insured Member's Cover after the Cover has been in force for more than one (1) year, from:

- (a) the Commencement Date of this Policy or Cover; or
- (b) the Reinstatement date of this Policy or Cover; or

whichever is the latest.

28. Sanction Clause

Under no circumstances shall this insurance contract be deemed to provide Cover and no liability be incurred to pay any claim or provide any Benefit hereunder to the extent that the provision of such Cover, payment of such claim or provision of such benefit would expose Us to any sanction, prohibition, or restriction under the sanctions laws and regulations of United Nations Security Council ("UN"), the United Kingdom ("UK"), the Hong Kong Special Administrative Region ("HK"), the European Union ("EU"), the United States of America ("US") or Singapore.

29. Illegality Clause

Under no circumstances shall this Policy be deemed to provide Cover and no liability be incurred to pay or provide any Benefit hereunder to the extent that the provision of such Cover, payment of such claim or provision of such Benefit would cause Us to be in breach of, or expose Us to any prohibition, or restriction under the laws or regulations of Singapore.

30. 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 websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

31. Tax Compliance

You acknowledge You are solely responsible for understanding and complying with Your tax obligations (including but not limited to, payment of any tax deduction or withholding tax or filing of returns or other required documentation relating to the payment of all relevant taxes) and other payment obligations in accordance with the applicable laws in all jurisdictions in which those obligations arise and relating to the opening and use of account(s) and/or Services provided by Us and/or members of the HSBC Group. Certain countries may have tax legislation with extra-territorial effect regardless of Your place of domicile, residence, citizenship or incorporation. We and/or any member of the HSBC Group do not provide tax advice. You are advised to seek independent legal and/or tax advice. We and/or any member of the HSBC Group have no responsibility in respect of Your tax obligations in any jurisdiction which they may arise including, without limitation, any that may relate specifically to the opening and use of account(s) and/or Services provided by Us and/or members of the HSBC Group.

With regard to Your obligation to pay any tax deduction or withholding tax under any applicable law at any time with respect to Your payment of Premium or other amounts made to Us, then You are liable (i) to pay Us the Premium and/or such other amounts as if no such deduction or withholding have been made; (ii) to pay the full amount of such deduction or withholding to the relevant taxation authority or other authority in accordance with applicable law; and (iii) to provide Us with the evidence of such payment. Your payment of Premium and other amounts made to Us hereunder shall be made without any deduction or withholding and free of any set off or counterclaim.

32. Financial Crime Risk Management Activity

We, and members of the HSBC Group, are required, and may take any action considered appropriate, to meet Compliance Obligations in connection with the detection, investigation and prevention of Financial Crime ("**Financial Crime Risk Management Activity**"). Such action may include, but is not limited to:

- (a) screening, intercepting and investigating any instruction or communication by You or a Connected Person, or on Your or a Connected Person's behalf;
- (b) investigating the source of or intended recipient of funds;
- (c) combining Customer Information with other related information in the possession of the HSBC Group; and/or

- (d) making further enquiries as to the status of a person or entity, whether they are subject to a sanctions regime, or confirming Your or Connected Person's identity and status.

To the extent permissible by law, neither We nor any other member of HSBC Group shall be liable to You or any third party in respect of any loss whether incurred by You or a third party in connection with the delaying, blocking or refusing of any payment or the provision of all or part of the Services or otherwise as a result of Financial Crime Risk Management Activity.

33. Free-Look Provision

You have a free-look period of fourteen (14) days to review the Policy from the date You receive it. If You decide that this Policy does not suit Your needs, You may request to cancel it by giving Us clear, written instructions within the free-look period. Provided that no claims have been made during this period, We shall refund the Premiums paid by You without interest after deducting the expenses incurred in issuing this Policy. This option of free-look period shall not apply to renewals of Your Policy with Us.

SPECIAL CONDITIONS

Conversion of Insurance Cover

The Cover under this Policy is based upon the Employee's continued employment with You. Upon termination of an Employee's employment with You, Cover under this Policy for him and his dependants will cease; however, he may, by special arrangement, obtain from Us a comparable individual inpatient coverage under Our Group Leaver plan. If this is desired, the persons seeking Cover must:

- (a) submit an application form within thirty (30) days from the date of termination of the Employee's employment,
- (b) accept Our terms and conditions at that time; and
- (c) pay the appropriate Premium required by Us.

Appendix- Definitions

"Critical Illness" means any of the following Illnesses which commence on or after the Commencement Date of an Insured Member's cover:

Major Cancer

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:
 - Pre-malignant;
 - Non-invasive;
 - Carcinoma-in-situ (Tis) or Ta;
 - Having borderline malignancy;
 - Having any degree of malignant potential;
 - Having suspicious malignancy;
 - Neoplasm of uncertain or unknown behavior; or
 - 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

Heart Attack of Specified Severity

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

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

For the above definition, the following are excluded:

- Angina;
- Heart attack of indeterminate age; and
- A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

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

Stroke with Permanent Neurological Deficit

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

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and
- Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks;
- Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
- Vascular disease affecting the eye or optic nerve;
- Ischaemic disorders of the vestibular system; and
- Secondary haemorrhage within a pre-existing cerebral lesion.

Coronary Artery By-pass Surgery

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

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

End Stage Kidney Failure

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

Irreversible Aplastic Anaemia

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

- Blood product transfusion;
- Bone marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow or haematopoietic stem cell transplantation.

The diagnosis must be confirmed by a haematologist.

End Stage Lung Disease	<p>End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> • FEV₁ test results which are consistently less than 1 litre; • Permanent supplementary oxygen therapy for hypoxemia; • Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO₂ ≤ 55mmHg); and • Dyspnea at rest. <p>The diagnosis must be confirmed by a respiratory physician.</p>
End Stage Liver Disease	<p>End stage liver failure as evidenced by all of the following:</p> <ul style="list-style-type: none"> • Permanent jaundice; • Ascites; and • Hepatic encephalopathy. <p>Liver disease secondary to alcohol or drug abuse is excluded.</p>
Coma	<p>A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> • No response to external stimuli for at least 96 hours; • Life support measures are necessary to sustain life; and • Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. <p>For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.</p>
Deafness (Irreversible Loss of Hearing)	<p>Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.</p> <p>Total means “the loss of at least 80 decibels in all frequencies of hearing”.</p> <p>Irreversible means “cannot be reasonably restored to at least 40 decibels by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention.”</p>
Open Chest Heart Valve Surgery	<p>The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterisation or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.</p>
Irreversible Loss of Speech	<p>Total and irreversible loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.</p> <p>All psychiatric related causes are excluded.</p>
Major Burns	<p>Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Insured Member’s body.</p>
Major Organ / Bone Marrow Transplantation	<p>The receipt of a transplant of:</p> <ul style="list-style-type: none"> • Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or • One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

- Multiple Sclerosis** The definite diagnosis of Multiple Sclerosis, and must be supported by all of the following:
- Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; and
 - Multiple neurological deficits which occurred over a continuous period of at least 6 months.

Other causes of neurological damage such as SLE and HIV are excluded.

- Muscular Dystrophy** The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Insured Member to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

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

- Idiopathic Parkinson's Disease** The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:
- The disease cannot be controlled with medication; and
 - Inability of the Insured Member to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

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

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

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

- Alzheimer's Disease / Severe Dementia** Deterioration or loss of cognitive function as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Insured Member. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor.

The following are excluded:

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

- Fulminant Hepatitis** A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:
- Rapid decreasing of liver size as confirmed by abdominal ultrasound;
 - Necrosis involving entire lobules, leaving only a collapsed reticular framework;
 - Rapid deterioration of liver function tests;
 - Deepening jaundice; and
 - Hepatic encephalopathy.

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

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

The NYHA Classification of Cardiac Impairment:

Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.

Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.

Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

HIV Due to Blood Transfusion and Occupationally Acquired HIV

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

- The blood transfusion was medically necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later; and
- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood.

B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, date of endorsement or date of reinstatement of this Supplementary Contract, whichever is the later whilst the Insured Member was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to the Company's satisfaction:

- Proof that the accident involved a definite source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

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

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

Benign Brain Tumour

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

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

The following are excluded:

- Cysts;
- Abscess;
- Angioma;
- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland, spinal cord and skull base.

Severe Encephalitis Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in permanent neurological deficit which must be documented for at least 6 weeks. This diagnosis must be certified by a consultant neurologist, and supported by any confirmatory diagnostic tests.

Encephalitis caused by HIV infection is excluded.

Severe Bacterial Meningitis Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:

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

Bacterial Meningitis in the presence of HIV infection is excluded.

Angioplasty and Other Invasive Treatment For Coronary Artery The actual undergoing of balloon angioplasty or similar intra-arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.

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

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

Diagnostic angiography is excluded.

Blindness (Irreversible Loss of Sight) Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist. The blindness must not be correctable by surgical procedures, implants or any other means.

Major Head Trauma Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head injury.

The following are excluded:

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

Paralysis (Irreversible Loss of Use of Limbs) Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

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

Terminal illness in the presence of HIV infection is excluded.

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

The following are excluded:

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

Persistent Vegetative State (Apallic Syndrome) Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for at least one month.

Systemic Lupus Erythematosus With Lupus Nephritis The unequivocal diagnosis of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class VI Lupus Nephritis, established by renal biopsy, and in accordance with the RPS/ISN classification system). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

The RPS/ISN classification of lupus nephritis:

- Class I Minimal mesangial lupus nephritis
- Class II Mesangial proliferative lupus nephritis
- Class III Focal lupus nephritis (active and chronic; proliferative and sclerosing)
- Class IV Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global)
- Class V Membranous lupus nephritis
- Class VI Advanced sclerosis lupus nephritis

Other Serious Coronary Artery Disease

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

Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.

Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause,
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

The diagnosis must be confirmed by a consultant neurologist or specialist in the relevant medical field.

Loss of Independent Existence

A condition as a result of a disease, illness or injury whereby the Insured Member is unable to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living", for a continuous period of 6 months.

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

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

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

Others

The following two terms can be found in some of the above definitions, and their meanings are as follows:

1. Permanent Neurological Deficit

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

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

2. Activities of Daily Living (ADLs)

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

The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2019). These Critical Illnesses fall under Version 2019. You may refer to www.lia.org.sg for the standard Definitions (Version 2019).

Benefits+ Business Extended Major Medical Policy

This Supplementary Contract is supplemental to and forms part of the Benefits+ Business Hospital and Surgical Policy (hereinafter called the Basic Policy) and is subject to all the provisions of the Basic Policy except as herein modified provided that they are not inconsistent with the provisions of this Supplementary Contract. In the event of any inconsistency, the terms of this Supplementary Contract will prevail. Capitalised terms not otherwise defined in the Supplementary Contract shall have the meanings ascribed to them in the Basic Policy.

Cover under this Supplementary Contract shall be subject to Your:

- (a) Submission of an application for coverage under this Supplementary Contract and Our acceptance of the application.
- (b) Provision of all necessary information of the Insured Members to be Covered under this Supplementary Contract (including satisfactory evidence of insurability and eligibility to be determined at Our sole discretion).
- (c) Payment of any applicable Premiums.

ADDITIONAL BENEFITS

The additional Benefits are payable only if an Insured Member suffers an Illness or Injury while he is Covered under this Supplementary Contract. If an Illness or Injury commences during an Insured Member's Cover under this Supplementary Contract but continues after termination of such Cover, We will only pay Benefits for the period while the Insured Member was Covered under this Supplementary Contract.

The additional Benefits in this Supplementary Contract are subject to additional requirements below:

- (a) The period of Hospitalisation was more than twenty (20) days; or
- (b) The Insured Member has undergone surgical operation for which the maximum Benefit payable is at least 75% as stated in the Schedule of Surgical Benefits.
- (c) If the Insured Member received treatment or is admitted to a ward or Hospital type higher than what he is entitled to under the policy, either as an Inpatient or for Day Surgery, We will pay up to 60% of the eligible Charges (excluding Daily Room and Board and Surgeon Fees) subject to the maximum limit stated in the Policy Schedule. For Surgeon Fees, We will reference the guidelines and published fee benchmarks provided by MOH. For upgrade in bed type or hospital type, the Daily Room & Board amount will be capped at the highest amount charged by a Hospital in Singapore for the entitled bed type and Hospital type. For avoidance of doubt, this is only applicable to Hospitalisation in Singapore.

We will pay the Charges incurred for Medically Necessary treatment(s) of an Illness or Injury, which is shown on the Policy Schedule subject to:

- i. a stipulated Co-payment (if any);
- ii. up to the maximum number of payable days (if any); and
- iii. up to the limits as set out in the Policy Schedule.

For avoidance of doubt, any Co-payment in the Basic Policy will continue to apply.

Covered Benefits are:

1. Room & Board

Charges incurred for Standard Room accommodation (including meals and general nursing Services), in excess of the limit specified in the Policy Schedule of the Basic Policy.

2. Intensive Care Unit (ICU)

Charges incurred in an Intensive Care Unit (ICU) (including meals and general nursing Services), in excess of this the limit specified in the Policy Schedule of the Basic Policy.

3. Hospital Miscellaneous Expenses

Charges incurred for the eligible Hospital miscellaneous expenses incurred in the Hospital, in excess of the limit specified in the Policy Schedule of the Basic Policy.

4. Surgeon's fees

Charges incurred for the Surgery performed by Surgeon(s) as a result of an Injury or Illness, in excess of the limit specified in the Policy Schedule of the Basic Policy.

5. In-Hospital Physician Visit

Charges incurred for daily bedside visits after Inpatient treatment, in excess of the limit specified in the Policy Schedule of the Basic Policy.

6. Surgical implants

Charges incurred by an Insured Member, in excess of the limit specified in the Policy Schedule of the Basic Policy, for any monofocal/multifocal lens, prostheses, braces (excluding braces for teeth), pacemakers, autograft, allograft, artificial limbs or similar orthopaedic appliances and implants, provided that they are surgically implanted, and certified to be Medically Necessary and not implanted for cosmetic reasons.

7. HIV/AIDS Treatment

Charges incurred by an Insured Member for Hospitalisation or Surgery, for Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) as a result of occupational Accident or blood transfusion as set out below. These treatment Charges include, but not limited to, Room and Board, ICU, Hospital Miscellaneous Expenses, In-Hospital Physician's Visit, Surgeon's Fee and other Medical Treatment(s).

Any Pre-Hospitalisation and Post-Hospitalisation related to HIV/AIDS Treatment will fall under this Benefit.

We shall pay for the actual Charges incurred for the following:

- (a) Where infection of HIV is through a blood transfusion, the following conditions must be proven to Our satisfaction:
 - i) the blood transfusion was Medically Necessary;
 - ii) the blood transfusion was received after commencement of Cover for the Insured Member under this Supplementary Contract;
 - iii) the infection was caused by blood transfusion received at the Hospital and the Hospital is able to trace the origin of the HIV tainted blood; and
 - iv) the Insured Member does not suffer from thalassaemia major or haemophilia.
- (b) Where infection with HIV result from an Accident occurring, while the Insured Member is carrying out the normal duties of his/her occupation, the following conditions must be proven to Our satisfaction:
 - i) the Accident occurred after commencement of Cover for the Insured Member under this Supplementary Contract;
 - ii) the Accident was reported to Us within thirty (30) days after it occurred;
 - iii) the source of HIV infected fluids must be traceable to an identifiable source;
 - iv) sero-conversion from HIV negative to HIV positive occurred during the one hundred eighty (180) days after the Accident. Proof of this must include a negative HIV antibody test conducted within five (5) days of the Accident.

This Benefit is only payable if the Insured Member shows signs or symptoms of HIV / AIDS for the first time since being Covered under this Supplementary Contract.

For the avoidance of doubt, this Benefit is not payable for any sexually transmitted disease, AIDS/HIV or related conditions unless infection is through an occupational Accident or blood transfusion as set out above.

EXCLUSIONS

This Supplementary Contract is subject to the provisions, exclusions and conditions of the Basic Policy .

SCHEDULE OF SURGICAL BENEFITS

The limits for any listed surgical procedure will be determined by the percentages shown herein.

If the operation performed does not fall within the “Table of Surgical Procedures” published by the Singapore Ministry of Health (MOH), We reserve the right to determine the percentage of reimbursement for such operation based on the gravity and severity of the procedure compared to the most comparable listed procedure.

If two (2) or more surgical procedures are performed during the course of a single operation through the same incision, Benefits will be allowed only for the surgical procedure having the largest limit.

MOH Table of Surgical Procedures	% of Surgical Benefit payable
MSP (minor surgical procedure)	5%
Table 1	10%
Table 2	30%
Table 3	50%
Table 4	65%
Table 5	75%
Table 6	85%
Table 7	100%

Benefits+ Business Major Medical

This Supplementary Contract is supplemental to and forms part of the Benefits+ Business Hospital and Surgical Policy (hereinafter called the "Basic Policy") and is subject to all the provisions of the Basic Policy except as herein modified provided that they are not inconsistent with the provisions of this Supplementary Contract. In the event of any inconsistency, the terms of this Supplementary Contract will prevail. Capitalised terms not otherwise defined in the Supplementary Contract shall have the meanings ascribed to them in the Basic Policy.

Cover under this Supplementary Contract shall be subject to Your:

- (a) Submission of an application for coverage under this Supplementary Contract and Our acceptance of the application.
- (b) Provision of all necessary information of the Insured Members to be Covered under this Supplementary Contract (including satisfactory evidence of insurability and eligibility to be determined at Our sole discretion).
- (c) Payment of any applicable Premiums.

ADDITIONAL BENEFITS

The additional Benefits are payable only if an Insured Member suffers an Illness or Injury while he is covered under this Supplementary Contract. If an Illness or Injury commences during an Insured Member's Cover under this Supplementary Contract but continues after termination of such Cover, We will only pay Benefits for the period while the Insured Member was Covered under this Supplementary Contract.

We will pay the Charges incurred for Medically Necessary treatment(s) of an Illness or Injury, only if they are shown on the Policy Schedule subject to:

- i. stipulated Co-payment (if any);
- ii. up to the maximum number of payable days (if any); and
- iii. up to the limits as set out in the Policy Schedule.

For avoidance of doubt, any Co-payment in the Basic Policy will continue to apply.

Covered Benefits are:

- 1. Room & Board**
Charges incurred for Standard Room accommodation (including meals and general nursing services), in excess of the limit specified in the Basic Policy.
- 2. Intensive Care Unit (ICU)**
Charges incurred in an Intensive Care Unit (ICU) (including meals and general nursing services), in excess of the limit specified in the Basic Policy.
- 3. Hospital Miscellaneous Expenses**
Charges incurred for Hospital Miscellaneous Expenses incurred in the Hospital, in excess of the limit specified in the Basic Policy.
- 4. Surgeon's fees**
Charges incurred for Surgery performed by Surgeon(s) as a result of an Injury or Illness, in excess of the limit specified in the Basic Policy.
- 5. In-Hospital Physician Visit**
Charges incurred for daily bedside visits by the attending Physician(s) after Inpatient treatment, in excess of the limit specified in the Basic Policy.

6. Surgical implants

Charges incurred by an Insured Member, in excess of the limit specified in the Basic Policy, for any monofocal / multifocal lens, prostheses, braces (excluding braces for teeth), pacemakers, autograft, allograft, artificial limbs or similar orthopaedic appliances and implants, provided that they are surgically implanted during a Surgery as a result of an Illness or Injury and certified to be Medically Necessary and not implanted for cosmetic reasons.

ADDITIONAL EXCLUSIONS

This Supplementary Contract is subject to the provisions, exclusions and conditions of the Basic Policy.

Benefits+ Business General Practitioner Policy

This Supplementary Contract is supplemental to and forms part of the Benefits+ Business Hospital and Surgical Policy and / or Benefits+ Business Term Life Policy (hereinafter each refer to as the “Basic Policy”). It is subject to all the provisions of the Basic Policy except as herein modified provided that they are not inconsistent with the provisions of this Supplementary Contract. In the event of any inconsistency, the terms of this Supplementary Contract will prevail. Capitalised terms not otherwise defined in the Supplementary Contract shall have the meanings ascribed to them in the Basic Policy.

Cover under this Supplementary Contract shall be subject to Your:

- (a) Submission of an application for coverage under this rider and Our acceptance of the application.
- (b) Provision of all necessary information of the Insured Members to be Covered under this rider (including satisfactory evidence of insurability and eligibility to be determined at Our sole discretion).
- (c) Payment of any applicable Premiums.

ADDITIONAL DEFINITIONS

These terms, wherever used in this Policy, are defined as follows:

TERM	MEANING
Accident	A sudden, unforeseen and unexpected event during the Period of Insurance that independently of any other cause is the sole and direct cause of bodily Injury and excludes any Illnesses or diseases.
Active Service	<p>An Employee shall be considered in Active Service if</p> <ol style="list-style-type: none">(a) employed by the Policyholder on a full-time permanent basis, part-time basis, contract/temporary staffs or interns, as long as they have one employment (which is with the Policyholder) and no other employment; and(b) actively working on a day which is one of the Policyholder’s scheduled work days; and(a) performing in a customary manner all the regular duties of his employment with the Policyholder on that day. <p>Employees on no pay leave for medical reasons, shall not be considered in Active Service, unless otherwise endorsed.</p>
Age	The age next birthday.
Authorities	Any judicial, administrative or regulatory body, any government, or public or government agency, instrumentality or authority, any Tax Authority, securities or futures exchange, self-regulatory organization, trade repositories, court, central bank or law enforcement body, or any agents thereof, having jurisdiction over any part of the HSBC Group.
Beneficiary	The person or entity entitled to receive the Benefits as they become due.
Benefit (s)	The amount(s) payable by Us in accordance with the terms and conditions of this Policy.
Cancer	<p>A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue and/or a group of abnormal cells that have not invaded the normal tissue but may spread later (like carcinoma in situ).</p> <p>The term malignant tumour includes leukemia, lymphoma and sarcoma.</p>
Charges	<p>This refers to Charges for medical care which shall be considered by Us or by Our medical advisers to be reasonable and customary to the extent that they do not exceed the general level of Charges being made by others of similar standing in the locality where the Charges are incurred when giving like or comparable Medical Treatment.</p> <p>We will base that calculation on a combination of Our global experience, statistical information provided by local health authoritative body and information collected from medical Specialists and Surgeons practicing in the country or area where the Medical Treatment is received.</p>

For the avoidance of doubt when comparing Medical Treatment, We will take into account the complexity of the procedure and the standard of the medical facility where the Medical Treatment is received. If the Charges are higher than customary, We will only pay the amount which is, in Our experience, customarily charged and You will have to pay the rest. If Your Medical Treatment requires more than one Specialist or Surgeon present at the same operative (surgical) session, We shall review the medical necessity in the management of such surgical problem or medical condition in terms of the different trained skills and complexity of the Services provided as an identification to cover the total Services. No additional Benefits or cost is payable for surgical assistants.

For Medical Treatment and Services incurred in Singapore, We shall also reference the guidelines and published fee benchmarks provided by MOH. In the event that the particular eligible Medical Treatment or service is not stated on the MOH published fee benchmark, We reserve the right to base the reference charge or proportionately reduce any claim to reflect the average charge of 2 Physicians in the same specialty for the same surgical intervention or Medical Treatment.

In the event of any differences in opinions between Our medical advisers or Physicians and Your Physicians, Our medical advisers' or Physicians' opinion shall prevail.

Clinic	An establishment duly constituted and licensed in the geographical area in which it is located as a centre for Medical Treatment of sick and injured persons, and which: <ul style="list-style-type: none"> (a) provides facilities for diagnosis and treatment of Illnesses and Injuries; (b) is supervised by a full-time staff of Physicians during its business hours; and (c) is not a mental Hospital or institution, a place for custodial care or facility for alcoholics or drug addicts, a spa, or hydroclinic or a nursing or rest or convalescent home or a home for the aged, or such similar establishment.
Commencement Date	The date on which the insurance Cover starts as set forth in Your Policy Schedule.
Compliance Obligations	Obligations of any member of the HSBC Group to comply with: (i) any applicable local or foreign statute, law, regulation, ordinance, rule judgement, decree, voluntary code, directive, guidelines, administrative requirements, sanctions regime, court order, agreement between any member of the HSBC Group and an Authority, or agreement or treaty between Authorities and applicable to HSBC or a member of the HSBC Group ("Laws"), or international guidance and internal policies or procedures, (ii) any demand from Authorities or reporting, regulatory trade reporting, disclosure or other obligations under Laws, and (iii) Laws requiring HSBC to verify the identity of our customers.
Congenital Conditions	A genetic (including hereditary condition), physical or biochemical defect, disease, malformation or anomaly, present at birth and whether or not manifest, diagnosed or known about at birth.
Connected Person	A person or entity other than You whose information (including Personal Data or Tax Information) is provided by, or on behalf of, You to any member of the HSBC Group or otherwise received by any member of the HSBC Group in connection with the provision of the Services. A Connected Person may include, but is not limited to, any person identified as a Beneficiary under the Policy, any person who is, or may be entitled to receive a payment under the Policy, a director or officer of a company, partners or members of a partnership, any Substantial Owner, Controlling Person, or beneficial owner, director, trustee, settlor or protector of a trust holding or controlling (directly or indirectly) the Policy, any of Your representatives, agents or nominees, or any other persons or entities having a relationship to You that is relevant to Your relationship with HSBC Group.
Controlling Person	Individuals who exercise control over an entity (for a trust, these are the settlor, the trustees, the protector, the Beneficiaries or class of Beneficiaries, and any other individual who exercises ultimate effective control over the trust and in the case of a legal entity other than a trust, such term means persons in equivalent or similar positions of control).
Co-payment	The amount or percentage of an eligible claim which has to be borne by the Insured Member before the relevant Benefits are payable under this Policy.
Country of Residence	The country in which the Insured Member is residing and which will be shown as Your address and place of residence in Our records.

Cover	Insurance Cover in accordance with the terms of this Policy, as applicable to each Insured Member.
Customer Information	Either Your Personal Data, confidential information, and/or Tax Information or that of Your Connected Person.
Employee	A full time Employee of Yours, who is in Active Service, and shall be deemed to include: (a) You, if You are a sole proprietor, (b) the partners in Your firm, if You are a partnership, or (c) the director in Your company, if You are a company.
Endorsement	The supplementary document We issue to the Policyholder to record and confirm changes to the Policy.
Financial Crime	Money laundering, terrorist financing, bribery, corruption, tax evasion, fraud, evasion of economic or trade sanctions, and/or violations, or attempts to circumvent or violate any Laws or regulations relating to these matters.
Financial Crime Risk Management Activity	As defined in Section 5, Clause 31.
General Practitioner	A Physician whose practice is based on a broad understanding of all Illnesses and who does not restrict his practice to any particular field of medicine.
Government Restructured Hospital	Government Restructured Hospital means a Hospital in Singapore that: (a) is run as a private company owned by the Singapore Government; (b) is governed by broad policy guidance from the Singapore Government through the Ministry of Health; and (c) receives a yearly government subsidy to provide subsidised medical Services to its patients.
Home Country	The country as shown in Our records which the Insured Member regards as home and which issues the Insured Member's passport.
Hospital	An establishment duly constituted and licensed in the geographical area in which it is located as a medical and surgical Hospital for the care and treatment of sick and injured persons as bed paying patients, and which: (a) provides facilities for diagnosis, treatment and minor or major Surgery; (b) provides twenty-four (24) hours nursing Services by registered nurses; (c) is supervised by a full-time staff of Physicians at all times; and (d) is not primarily a clinic, a mental Hospital or institution, a place for custodial care or facility for alcoholics or drug addicts, a spa, or hydroclinic or hospices, nursing or rest or home for the Aged, convalescent home or similar establishment.
HSBC Group	HSBC Holdings plc, and/or any of its affiliates, subsidiaries, associated entities and any of their branches and offices, and any member of the HSBC Group has the same meaning.
HSBC Life Membership Card	It means an individual membership card (e-card, physical only upon request subject to approval) issued by Us, certifying that the Insured Member has become insured under this Supplementary Contract. (a) Upon termination of membership during a Policy year, the physical membership card must be returned to Us on or before the date of termination. (b) A penalty of \$10.00 (inclusive of GST) shall be payable to Us by the Policyholder for the replacement of each individual physical membership card that is lost or misplaced.
Illness	A physical condition marked by a pathological deviation from the normal healthy state.
Injury	A bodily Injury caused solely and directly by an Accident and does not include any Illness or naturally occurring medical conditions or degenerative process.
Insured Member(s)	The person/persons so described in the Policy Schedule.

Medical Treatment	Any consultation, diagnosis, procedure, treatment, care, or other medical Services provided by a Physician.
Medically Necessary	A Medical Treatment, service and/or supply which: <ul style="list-style-type: none"> (a) is consistent with the diagnosis, duration of Hospitalisation and customary Medical Treatment, service and/or supply for an Illness or Injury; (b) must have been prescribed by a Physician in accordance with standards of good medical practice, consistent with current standard of professional medical care, and proven medical Benefits; (c) is not for the convenience of the Insured Member or the Physician; and (d) is not of an experimental, investigation or research nature, preventive or screening nature.
Membership Listing	The list of Insured Members provided by Us from time to time to the Policyholder listing the relevant details of the members and includes the membership movement listing which indicates changes made to the Membership Listing from time to time.
Panel	The Clinics appointed by Us, which may from time to time be updated, amended or revised.
Period of Insurance	The period during which the Policy is effective, including: <ul style="list-style-type: none"> (a) the period of Cover shown in the Policy Schedule; and (b) for any following period, for which Cover is extended by mutual agreement.
Personal Data	Any data relating to an individual, whether true or not, from which the individual can be identified, whether with other data or other information We are likely to have access to or otherwise, including, without limitation, sensitive Personal Data.
Physician	A person qualified as a medical practitioner (other than an Insured Member or a member of his immediate family or his business associates including any business partners, employers or Employees) by a medical degree in western medicine and duly licensed and registered with the relevant statutory medical board or council to provide Medical Treatment and who, in rendering Medical Treatment, is practicing within the scope of his licensing and training in the geographical area of practice. A reference to a "Physician" in this Policy shall be construed to mean, wherever appropriate, a General Practitioner and/or a Specialist.
Physiotherapist	A person (other than an Insured Member or a member of his immediate family or his business associates including any business partners, employers or Employees) who is qualified by a duly accredited degree in physiotherapy and who is fully licensed and registered to practice as a Physiotherapist or is employed in a Hospital and who is practicing within the scope of his licensing and training in the geographical area of practice.
Policyholder	The owner(s) of this Policy as named in the Policy Schedule.
Policy Schedule	The schedule to this Policy which sets out the details of the Benefits under the Policy. It may be amended by Us from time to time.
Polyclinic	Polyclinics located within Singapore, as listed on the Singapore Ministry of Health website, as the same is or may be updated, amended or revised from time to time.
Prescription Drugs	Drugs (excluding supplements, vitamins, emollients, traditional Chinese medicine and any medicinal items deemed as not Medically Necessary by Our Physician) and dressings which are Medically Necessary as prescribed by Our Physician for the Medical Treatment of a medical condition.
Private Hospital	Any licensed approved Private Hospitals by MOH in Singapore, which is not a Government Restructured Hospital.
Renewal Date	The first day of Period of Insurance as shown in the Policy Schedule on which this Policy is renewed.
Resident of Singapore	Singapore Citizens and Permanent Residents (holders of re-entry permits) as well as holders of employment passes, work permits, students' passes or dependants' passes.
Services	(Without limitation) (i) the sale, underwriting, acceptance and maintaining of this Policy, (ii) the provision of Services relating to this Policy and its termination or expiry, and (iii) the maintenance of Our overall relationship with You, including reinsurance, insurance, audit and administrative purposes.
Specialist	A Physician who is classified by the appropriate statutory health Authorities in the geographical area of his practice as a Physician with special expertise in a selected medical specialty to treat the type of

	Injury or Illness for which a claim may be made, for treatment provided to the Insured Member. This excludes Allied health professionals including, but not limited to Clinical Psychologists, Occupational Therapist, Physiotherapists, Speech-Language Therapists, Diagnostic Radiographers and Radiation Therapists as specified by MOH.
Substantial Owner	Any individual entitled to more than 10% of the profits of or with an interest of more than 10% in an entity either directly or indirectly.
Surgeon	A Specialist who is qualified to perform Surgery.
Surgery	A Medical Treatment of surgical intervention.
Tax Authorities	Domestic or foreign tax, revenue, fiscal or monetary Authorities or agencies.
Tax Certification Forms	Any forms or other documentation as may be issued or required by a Tax Authority or by Us from time to time to confirm Your, or a Connected Person's, tax status.
Tax Information	Any documentation or information (and accompanying statements, waivers and consents) relating, directly or indirectly, to Your, or a Connected Person's tax status (regardless of whether You or such Connected Person is an individual or a business, non-profit or other corporate entity) and any owner, Controlling Person, Substantial Owner or beneficial owner of You or a Connected Person, that We consider, acting reasonably, is needed to comply (or demonstrate compliance, or avoid non-compliance) with any HSBC Group member's obligations to any Tax Authority. Tax Information includes, but is not limited to, information about: tax residence and/or place of organisation (as applicable), tax domicile, tax identification number, Tax Certification Forms, certain Personal Data (including name(s), residential address(es), age, date of birth, place of birth, nationality, citizenship).
Telemedicine Provider	General Practitioners who provide medical consultation via Video Consultation.
Traditional Chinese Medical Practitioner	A person qualified as a Traditional Chinese Medicine Practitioner (other than an Insured Member or a member of his immediate family or his business associates including any business partners, employers or Employees) engaged in the practice of traditional Chinese medicine, and who is duly licensed and registered with the relevant statutory Traditional Chinese Medical Practitioners board or council to practice traditional Chinese medicine and who in rendering treatment, is practicing within the scope of his licensing and training in the geographical area of his practice.
Video Consultation	A form of medical consultation using electronic communications, information technology or other means for a General Practitioner to provide real-time visual and audio assessment at a distance.
We (Our/ Us)	HSBC Life (Singapore) Pte. Ltd.
You (Your)	The party named in the Policy Schedule as the Policyholder.

ADDITIONAL BENEFITS

Benefits are payable only if an Insured Member suffers an Illness or Injury while he is Covered under this Policy. If an Illness or Injury occurs or commences during an Insured Member's Cover, but continues after termination of Cover, We will only pay Benefits for the period while the Insured Member was Covered.

We will pay the Charges incurred for treatment as stated in the Policy Schedule including Charges for Prescription Drugs recommended by a General Practitioner in writing for diagnostic purposes of an Insured Member for Illness or Injury subject to:

- i. a stipulated Co-payment (if any);
- ii. up to the maximum number of payable visits (if any); and
- iii. up to the limits as set out in the Policy Schedule.

1. General Practitioner Treatment (Panel)

Charges incurred for outpatient treatment by a General Practitioner located at a Clinic on Our Panel or at a Polyclinic.

An Insured Member is required to present the HSBC Life Membership Card(s) at the time of registration at the Clinic on Our Panel or the Polyclinic. If an Insured Member fails to do so, the reimbursement amount for the Charges incurred will be considered under General Practitioner Treatment (Non-Panel).

2. General Practitioner Video Treatment (Panel)

Charges incurred for outpatient treatment (Video Consultation) by a General Practitioner on Our appointed Telemedicine Provider list only.

3. General Practitioner Treatment (Non-Panel)

Charges incurred for outpatient treatment by a General Practitioner, who is not on Our Panel.

4. Accident and Emergency (A&E) (Government Restructured Hospital)

Charges incurred for outpatient treatments, including but not limited to, Medically Necessary Services, treatments, laboratory examinations, basic radiologic procedure, medical expenses or medical supplies provided, which are consistent with the diagnosis for a Covered Illness or Injury in an Accident and Emergency Department of a Government Restructured Hospital or a 24 hours walk-in Clinic in an Accident and Emergency Department of a Government Restructured Hospital.

Charges incurred for outpatient specialised radiologic procedure or specialised diagnostic test which are recommended by a Physician will be considered under Group Specialist (SP) Supplementary Contract- "Specialised Diagnostic Scans", if applicable.

5. Accident and Emergency (A&E) (Private Hospital)

Charges incurred for outpatient treatments, including but not limited to, Medically Necessary Services, treatments, laboratory examinations, basic radiologic procedure, medical expenses or medical supplies provided, which are consistent with the diagnosis for a Covered Illness or Injury in an Accident and Emergency Department of a Private Hospital or a 24 hours walk-in Clinic in an Accident and Emergency Department of a Private Hospital.

Charges incurred for outpatient specialised radiologic procedure or specialised diagnostic test which are recommended by a Physician will be considered under Group Specialist (SP) Supplementary Contract- "Specialised Diagnostic Scans", if applicable.

We reserve the right to consider any Charges incurred under Group Specialist (SP) Supplementary Contract, where applicable.

6. GP Overseas Treatment

Charges incurred for outpatient Medical Treatment (s) by a General Practitioner outside Singapore.

7. Traditional Chinese Medicine

Charges incurred for Traditional Chinese Medicine treatment(s), including but not limited to consultation and medication by a Traditional Chinese Medical Practitioner.

ADDITIONAL EXCLUSIONS

No Benefit will be payable for any of the following or any treatments, Charges or expenses resulting directly or indirectly thereof:

1. Charges in respect of the following:
 - (a) Physical examination by a Physician at home or office.
 - (b) Medicines obtained without Physician's consultation, except for the medicines which have been classified as Prescription Only Medicines (POM) by Health Sciences Authority (HSA).
 - (c) Surgery including but not limited to toilet and suture, incision and drainage and excision biopsy.
2. Any Medical Treatment(s) for kidney dialysis or Cancer.
3. Chiropractic treatment and any type of therapy including physiotherapy unless specifically endorsed.
4. Routine or preventative physical examinations, investigation, medical check-up, vaccinations, treatments or follow-up consultations.
5. Treatment for conditions relating to physiological or natural cause such as aging, menopause, or puberty and which are not due to any underlying disease, Illness or Injury.
6. Vitamins or supplements whether prescribed or not.
7. Items paid using gift cards, credit card points, or any cards or vouchers with stored monetary value.
8. Cryopreservation, or harvesting or storage of stem cells as a preventive measure against possible future disease/Illness or Injury.
9. Off the shelf toiletries such as, but not limited to shampoos, soaps, tooth-pastes, contraceptives, proprietary headache and cold cures nor do We pay for mouthwash, lotions, moisturizers, cleansers, shower gels, even if they are prescribed by a Physician.
10. Administrative expenses and non-medical personal service and other ineligible non-medical items.
11. Dental care or Surgery and its related treatment including treatment of Temporomandibular Joint disorder, bruxism, problems relating to the teeth, gums and jaw unless it is necessary to treat or replace sound natural teeth damaged or lost as a result of Accident.
12. Pregnancy, childbirth, abortion, miscarriage, infertility, pre and post-natal care and all complications arising therefrom except as specifically Covered under this Policy; Birth control measures, assisted reproduction, sterilization (or its reversal) or any events arising out of or in connection thereto.
13. Circumcision unless Medically Necessary, varicocele, impotence, erectile dysfunction or any consequence of it.
14. Sickness or disease directly or indirectly arising from sexually transmitted disease, Acquired Immune Deficiency Syndrome (AIDS), any AIDS related condition, or infection by Human Immune-Deficiency Virus (HIV).
15. Treatment which arises from, or is in any way attributable to, sex change.

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16. Congenital Conditions or genetic defects or developmental conditions including hereditary conditions existing from the time of birth regardless of the time of discovery of such anomalies or defects.
 17. Psychological disorders, personality disorders, mental conditions or behavioral disorders, including any addiction or dependence arising from these disorders such as gambling or gaming addiction, post-traumatic stress disorder, stress, anxiety and depression, except as specifically Covered under this Policy.
 18. Treatment for Illness or Injury caused directly or indirectly by abuse or misuse of drugs, substances or alcohol.
 19. Suicide, self-inflicted injuries and any attempt thereat, whether sane or insane.
 20. Eye tests, refractive errors of the eyes and its related conditions, spectacles and contact lenses, except as specifically Covered under this Policy.
 21. Provision of implants, medical appliances and prosthetic devices such as but not limited to hearing aids, wheelchairs, artificial limbs, lenses, breast and penile implants and dialysis machine, except as specifically Covered under this policy.
 22. Participation in a riot or civil commotion, violation or attempted violation of law or resistance to lawful arrest or imprisonment.
 23. Treatment needed as a result of engaging in or taking part in acts of terrorism, nuclear contamination, biological contamination or chemical contamination.
 24. Treatment arising from any consequence (whether direct or indirect) of war, act of foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons, or any event similar to one of those listed.
 25. Experimental or pioneering medical or surgical techniques and medical devices not approved by the Institutional Review Board and the Centre for Medical Device Regulation and medical trials for medicinal products whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority of Singapore.
 26. Genetic tests, nor for any counselling made necessary following genetic tests, even when those tests are undertaken to establish whether or not Insured Member may be genetically disposed to the development of a medical condition in the future.
 27. All types of learning disorders, educational problems, behavioral problems, physical development, or psychological development, including assessment or grading of such problems.
 28. Cosmetic or plastic Surgery except for reconstruction Surgery necessary to restore function or appearance caused by Accident or following Surgery for a Covered medical condition.
 29. Treatment of acne and loss of hair.
 30. Treatment of obesity or any medical condition which arises from, or is related to, obesity in any way including but not limited to the use of gastric banding or stapling, weight improvement, supplements or medications for weight loss or weight improvement.
 31. Any removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons.
 32. All types of sleep disorder including snoring, insomnia, obstructive sleep apnea or sleep study test.
 33. Full-time military, naval or air service personnel, except national reservist duty under the Enlistment Act (Cap. 93).

Benefits+ Business Specialist Policy

This Supplementary Contract is supplemental to and forms part of the Benefits+ Business Hospital and Surgical Policy and/or Benefits+ Business Term Life Policy (hereinafter each referred to as the “Basic Policy”) provided there is a Benefits+ Business General Practitioner Supplementary Contract attached to the relevant Basic Policy. It is subject to all the provisions of the Basic Policy except as herein modified provided that they are not inconsistent with the provisions of this Supplementary Contract. In the event of any inconsistency, the terms of this Supplementary Contract will prevail. Capitalised terms not otherwise defined in the Supplementary Contract shall have the meanings ascribed to them in the Basic Policy.

Cover under this Supplementary Contract shall be subject to Your:

- (a) Submission of an application for coverage under this Supplementary Contract and Our acceptance of the application.
- (b) Provision of all necessary information of the Insured Members to be Covered under this Supplementary Contract (including satisfactory evidence of insurability and eligibility to be determined at Our sole discretion).
- (c) Payment of any applicable premiums.

ADDITIONAL DEFINITIONS

These terms, wherever used in this policy, are defined as follows:

TERM	MEANING
HSBC Life Membership Card	<p>It means an individual membership card (e-card, physical only upon request subject to approval) issued by Us, certifying that the Insured Member has become insured under this Supplementary Contract.</p> <p>(a) Upon termination of membership during a policy year, the physical membership card must be returned to Us on or before the date of termination.</p> <p>(b) A penalty of \$10.00 (inclusive of GST) shall be payable to Us by the Policyholder for the replacement of each individual physical membership card that is lost or misplaced.</p>
Panel	<p>The Clinics appointed by Us, which may from time to time be updated, amended, or revised.</p>
Referral Letter	<p>A letter from a Physician referring or recommending the Insured Member to receive Medical Treatment from a Specialist. The first consultation must be within six (6) months from the date of the Referral Letter, and subsequent consultations must be within twelve (12) months from the date of the last consultation.</p> <p>This applies to all the benefits where a Referral Letter is required.</p>

ADDITIONAL BENEFITS

The additional Benefits are payable only if an Insured Member suffers an Illness or Injury while he is covered under this Supplementary Contract. If an Illness or Injury commences during an Insured Member's Cover under this Supplementary Contract but continues after termination of such Cover, We will only pay Benefits for the period while the Insured Member was Covered under this Supplementary Contract.

We will pay the Charges incurred for Medically Necessary treatment(s) of an Illness or Injury, which is shown on the Policy Schedule subject to:

- i. a stipulated Co-payment (if any);
- ii. up to the maximum number of payable days (if any); and
- iii. up to the limits as set out in the Policy Schedule.

1. **Specialist Consultation (Panel)**

Charges incurred for outpatient Medical Treatment(s) by a Specialist located at a Clinic on our Panel, but only if the Referral Letter is from a General Practitioner on our Panel in writing.

An Insured Member is required to present the HSBC Life Membership Card(s) at the Clinic on Our Panel at the time of registration. If an Insured Member fails to do so, the reimbursement amount for the Charges incurred will be considered under Specialist Consultation (Non-Panel).

We do not cover Charges incurred for outpatient X-ray and laboratory examinations under this Benefit.

2. **Specialist Consultation (Government Restructured Hospital)**

Charges incurred for outpatient Medical Treatment(s) by a Specialist practicing at a Government Restructured Hospital, where such treatment is stated in the Referral Letter by a General Practitioner in writing.

3. **Specialist Consultation (Non-Panel)**

Charges incurred for outpatient Medical Treatment(s) by a Specialist in Singapore, and not on Our Panel.

Please refer to the Policy Schedule to determine if a Referral Letter by General Practitioner in writing is required.

We do not cover the Charges incurred for outpatient X-ray and laboratory examinations under this Benefit.

4. **X-ray & Laboratory Test (Panel)**

Charges incurred for outpatient X-ray & laboratory examinations carried out in Singapore, with a Referral Letter by a Physician on Our Panel, in writing for diagnostic purposes.

5. **X-ray & Laboratory Test (Government Restructured Hospital)**

Charges incurred for outpatient X-ray & laboratory examinations carried out in Singapore, with a Referral Letter by a Physician from a Government Restructured Hospital, in writing for diagnostic purposes.

6. **X-ray & Laboratory Test (Non-Panel)**

Charges incurred for outpatient X-ray & laboratory examinations carried out in Singapore, with a Referral Letter by a Physician not on Our Panel, in writing for diagnostic purposes.

7. **Specialised Diagnostic Scans**

Charges incurred for Magnetic Resonance Imaging (MRI), Computer Tomography Scan (CT Scan), Positron Emission Tomography (PET), gait scans and other diagnostic scans carried out in Singapore recommended by a Physician in writing. Please refer to the Policy Schedule to determine if a Referral Letter by a Physician in writing is required.

8. Physiotherapy Treatment

Charges incurred for outpatient Medical treatment by a qualified and registered physiotherapist, with a Referral Letter by a Physician in writing.

9. Chiropractor Treatment

Charges incurred for outpatient Medical treatment by a qualified and registered chiropractor.

10. Direct Pediatrician Treatment

Charges incurred for outpatient Medical Treatment by a pediatrician in Singapore (including X-ray & laboratory test and specialized diagnostic scan) for dependants who are Insured Members up to the age seven (7) years without the need for a Referral Letter, subject to a maximum of six (6) visits per Year.

In the event a Referral Letter is given, We reserve the right to consider any Charges under Specialist Consultation (Non-Panel), if applicable.

11. Second Opinion

Charges incurred for seeking a second medical opinion from a Specialist but only if there is a Referral Letter and the second opinion relates to the same Injury or Illness stated in the Referral Letter. We will only pay up to two visits for each policy year.

POLICY EXCLUSIONS

No Benefit will be payable for any of the following or any treatments, Charges or expenses resulting directly or indirectly thereof:

1. Charges for any of the following:
 - (a) More than one (1) outpatient visit per day.
 - (b) Visits by Physician at home or office.
 - (c) Medicines obtained without Physician's consultation, except for the medicines which have been classified as Prescription Only Medicines (POM) by Health Sciences Authority (HSA).
 - (d) Surgery including but not limited to toilet and suture, incision and drainage and excision biopsy.
2. Any Medical Treatment(s) for kidney dialysis or Cancer.

The exclusions of the Basic policy applies to this Supplementary Contract.

Benefits+ Business Dental Policy

This Supplementary Contract is supplemental to and forms part of the Benefits+ Business Hospital and Surgical Policy (hereinafter called the "Basic Policy") and is subject to all the provisions of the Basic Policy except as herein modified provided that they are not inconsistent with the provisions of this Supplementary Contract. In the event of any inconsistency, the terms of this Supplementary Contract will prevail. Capitalised terms not otherwise defined in the Supplementary Contract shall have the meanings ascribed to them in the Basic Policy.

Cover under this Supplementary Contract shall be subject to Your:

- (a) Submission of an application for coverage under this Supplementary Contract and Our acceptance of the application.
- (b) Provision of all necessary information of the Insured Members to be Covered under this Supplementary Contract (including satisfactory evidence of insurability and eligibility to be determined at Our sole discretion).
- (c) Payment of any applicable Premiums.

ADDITIONAL DEFINITIONS

These terms, wherever used in this Policy, are defined as follows:

TERM	MEANING
HSBC Life Membership Card	<p>It means an individual Membership Card (e-card, physical only upon request subject to approval) issued by Us, certifying that the Insured Member has become insured under this Supplementary Contract.</p> <ul style="list-style-type: none"> (a) Upon termination of membership during a Policy year, the physical Membership Card must be returned to Us on or before the date of termination. (b) A penalty of \$10.00 (inclusive of GST) shall be payable to Us by the Policyholder for the replacement of each individual physical Membership Card that is lost or misplaced.
Dental Clinic	<p>An establishment duly constituted and licensed in the geographical area in which it is located as a centre for Dental Treatment, and which:</p> <ul style="list-style-type: none"> (a) provides Services relating to the outpatient treatment of the teeth, oral cavity, and associated structures and (b) is supervised by a full-time staff of Dentist during its business hours.
Dental Hygienist, Dental Therapist or Oral Health Therapist	<p>A person qualified as a dental practitioner (other than an Insured Member or a member of his immediate family or his business associates including any business partners, employers or Employees) and duly licensed and registered with the relevant statutory dental board or council to provide Dental Treatment and who, in rendering Dental Treatment is practicing within the scope of his licensing and training in the geographical area of practice.</p>
Dental Treatment(s)	<p>Treatment and/or dental Services which is necessary and required for dental health or care and must be recommended and carried out by a Dentist, Dental Hygienist, Dental Therapist or Oral Health Therapist. This does not include any treatment and/or Services for cosmetic purposes.</p>
Panel	<p>The Dental Clinics appointed by Us, which may from time to time be updated, amended, or revised.</p>

ADDITIONAL BENEFITS

The additional Benefits are payable only if an Insured Member suffers an Illness or Injury while he is Covered under this Supplementary Contract. If an Illness or Injury commences during an Insured Member's Cover under this Supplementary Contract but continues after termination of such Cover, We will only pay Benefits for the period while the Insured Member was Covered under this Supplementary Contract.

We will pay the Charges incurred for Dental Treatment(s) which is shown on the Policy Schedule subject to:

- i. a stipulated Co-payment (if any);
- ii. up to the maximum number of payable visits (if any); and
- iii. up to the limits as set out in the Policy Schedule.

1. Dental Treatment (Panel)

Charges incurred for outpatient Dental Treatment at a Dental Clinic, on Our Panel.

An Insured Member must present the HSBC Life Membership Card at the Dental Clinic on Our Panel at the time of registration for Us to consider paying the Charges incurred. If an Insured Member fails to do so, the Charges incurred will be considered as non-Panel, and We do not pay for non-Panel Charges under this Benefit.

This Benefit covers the following items and procedures:

(a) General Consultation, Scaling/ Polishing, Fillings

- i) Consultation & Examination
- ii) Scaling & Polishing
- iii) Tooth Colour/ Composite/ Amalgam Fillings
- iv) Reinforced Pin

(b) Dental X-rays

- i) Intraoral- Occlusal/ Periapical/Bitewing
- ii) Extraoral - Panoramic/OPG/Cephalogram/Tomograms

(c) Extractions & Consumables

- i) Non-surgical/simple/routine extraction
- ii) Surgical/complex extraction
- iii) Surgical, Impacted Wisdom tooth extraction
- iv) Fluoride treatment
- v) Dental treatment consumables, hygiene products, infection control, etc

(d) Drugs

- i) Analgesic (Oral) - In relation to a dental procedure/Surgery
- ii) Antibiotics (Oral) - In relation to a dental procedure/Surgery

(e) Root Canal Treatment

- i) Pulpotomy
- ii) Pulp Cap
- iii) First Root Canal- Anterior Tooth
- iv) First Root Canal- Premolar Tooth
- v) First Root Canal- Molar Tooth
- vi) Subsequent Canals

(f) Alveoloplasty

- i) Per Quadrant, in connections with extractions
- ii) Per Quadrant, not in connections with extractions
- iii) For complete Alveoplasty, involving more than one quadrant

(g) Periodontal Treatment – Root Planing

(h) Miscellaneous Treatment

- i) Biopsy & examination of tissue
- ii) Excision of tumour
- iii) Sedative dressings
- iv) Retention Pins- restoration of tooth

(i) Crowning

(j) Bridges

2. Dental Treatment (Non-Panel)

Charges incurred for outpatient Dental Treatment at the Dental Clinic.

The Non-Panel Dental Treatment will Cover the following items and procedures:

(a) General Consultation, Scaling/ Polishing, Fillings

- i) Consultation & Examination
- ii) Scaling & Polishing
- iii) Tooth Colour/ Composite/ Amalgam Fillings
- iv) Reinforced Pin

(b) Dental X-rays

- i) Intraoral- Occlusal/ Periapical/Bitewing
- ii) Extraoral - Panoramic/OPG/Cephalogram/Tomograms

(c) Extractions & Consumables

- i) Non-surgical/simple/routine extraction
- ii) Surgical/complex extraction
- iii) Surgical, Impacted Wisdom tooth extraction
- iv) Fluoride treatment
- v) Dental Treatment consumables, hygiene products, infection control, etc

(d) Drugs

- i) Analgesic (Oral) - In relation to a dental procedure/Surgery
- ii) Antibiotics (Oral) - In relation to a dental procedure/Surgery

(e) Root Canal Treatment

- i) Pulpotomy
- ii) Pulp Cap
- iii) First Root Canal- Anterior Tooth
- iv) First Root Canal- Premolar Tooth
- v) First Root Canal- Molar Tooth
- vi) Subsequent Canals

(f) Alveoloplasty

- i) Per Quadrant, in connections with extractions
- ii) Per Quadrant, not in connections with extractions
- iii) For complete Alveoloplasty, involving more than one quadrant

(g) Periodontal Treatment – Root Planing

(h) Miscellaneous Treatment

- i) Biopsy & examination of tissue
- ii) Excision of tumour
- iii) Sedative dressings
- iv) Retention Pins- restoration of tooth

(i) Crowning

(j) Bridges

ADDITIONAL EXCLUSIONS

No Benefit will be payable for any of the following or any treatments, Charges or expenses resulting directly or indirectly thereof:

1. Orthodontic treatment and temporary dentures.
2. Treatment relating to cosmetic or plastic Surgery or for beautification not necessitated by Injury or Illness.

The exclusions of the Basic Policy applies to this Supplementary Contract.

Benefits+ Business Personal Accident

Caring for Our customers

HSBC Life (Singapore) Pte. Ltd. will make every effort to provide a high level of service expected by all Our Policyholders. If on any occasion Our service falls below the standard of Your expectation, the procedure below explains what You can do:

- Your first point of contact should always be Your financial planner or broker. Alternatively, You may submit Your feedback to: cc.h@mail.life.hsbc.com.sg
- We will acknowledge receipt of Your feedback within 3 working days whilst We look into the matter You raised. We will contact You for further information if required within 7 working days and provide You with a full reply within 14 working days.
- If Our resolution is not to your satisfaction, We will refer You to a dispute resolution organisation, Singapore Mediation Centre who is an independent organisation. Singapore Mediation Centre's contact details are:

Singapore Mediation Centre
1 Supreme Court Lane,
Level 4,
Singapore 178879

Telephone : (65) 6332 4366
Fax : (65) 6333 5085
Website : <http://www.mediation.com.sg>

Important – Please remember to quote Your Policy number in Your communication with Us.

Benefits+ Business Personal Accident Policy

Welcome to Your Benefits+ Business Personal Accident Policy.

Please read this Policy carefully together with Your Policy Schedule to ensure that You understand the terms and conditions and that the Cover You require is being provided. Do keep these documents in a safe place as they are legal documents.

If You have any questions after reading these documents, please contact Your Financial Planner or HSBC Life (Singapore) Pte. Ltd. at +65 6880 4888.

If there are any changes that may affect the insurance provided, please notify Us immediately.

IMPORTANT NOTICE

1. Before We provide Cover, You must fully and faithfully tell Us everything You know (or could reasonably be expected to know) that is relevant to Our decision to give You the insurance, otherwise You may receive no Benefit from Your Policy.
2. The insurance Cover under this Policy is based on the information submitted to Us, as set out in the accompanying documents. Please read these documents carefully. If they contain any information that is incorrect, please notify Us immediately, otherwise You may receive no Benefit in the event of a valid claim. If the information, which You subsequently provide Us, differs materially from the information set out in the form, We may offer Cover on different terms or decline it altogether. If We do not hear from You within 14 days from the date of issue of this Policy, We will take it that the information is complete and correct.

HOW YOUR INSURANCE OPERATES

Your Benefits+ Business Personal Accident policy (the "Policy") is a contract between You and HSBC Life (Singapore) Pte. Ltd., and consists of:

- * this Policy document (the "Basic Policy")
- * the Policy Schedule, which has details relating to You, the type of Cover and Period of Insurance.

The fact find form, application form, declaration and any other information given form the basis of this contract. The Policy, Policy Schedule, Conditions, Exclusions and Endorsements shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part shall bear the same meaning wherever it appears.

This Policy shall become effective on the date specified in the Policy Schedule and continue for the Period of Insurance specified, ending at 23:59 Standard Singapore Time on the last day of the Period of Insurance.

Having received and accepted Your first Premium, and any subsequent Premiums required, We will provide the Cover shown in the relevant sections of the Policy, up to the Sum Insured or limits of indemnity stated in the Policy Schedule.

In this Policy, where consistent with the contents:

- (a) the singular shall include the plural and the plural the singular; and
- (b) words importing the masculine gender shall include the feminine gender.

SECTION 1: DEFINITIONS

These terms, wherever used in this Policy, are defined as follows:

TERM	MEANING
Accident	A sudden, unforeseen and unexpected event during the Period of Insurance that independently of any other cause is the sole and direct cause of bodily Injury and excludes any Illnesses or diseases.
Accidental Death	Death resulting solely and directly from an Injury.
Active Service	<p>An Employee shall be considered in Active Service if:</p> <ul style="list-style-type: none">(a) employed by the Policyholder on a full-time permanent basis or part-time basis, including on a contract, temporary or internship basis, as long as they are only employed by the Policyholder and are not otherwise employed by any other employer; and(b) actively working on a day which is one of the Policyholder's scheduled work days, and(c) performing in a customary manner all the regular duties of his employment with the Policyholder on a full-time basis that day. <p>Employees on no pay leave for medical reasons, shall not be considered in Active Service, unless otherwise endorsed.</p>
Age	The age next birthday.
Activities of Daily Living (ADLs)	<p>Refers to the following:</p> <ul style="list-style-type: none">(a) Transferring: The ability to move from a bed to an upright chair or wheelchair and vice versa;(b) Mobility: The ability to move indoors from room to room on level surfaces;(c) Toileting: The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;(d) Dressing: The ability to put on, take off, secure and unfasten all garments and as appropriate, any braces, artificial limbs or other surgical appliances;(e) Washing: The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; and(f) Feeding: The ability to feed oneself once food has been prepared and made available.
Authorities	Any judicial, administrative or regulatory body, any government, or public or government agency, instrumentality or authority, any Tax Authority, securities or futures exchange, self-regulatory organization, trade repositories, court, central bank or law enforcement body, or any agents thereof, having jurisdiction over any part of the HSBC Group.
Beneficiary	The person or entity entitled to receive the Benefits as they become due.
Benefit (s)	The amount(s) payable by Us in accordance with the terms and conditions of this Policy.
Clinic	<p>An establishment duly constituted and licensed in the geographical area in which it is located as a centre for Medical Treatment of sick and injured persons, and which:</p> <ul style="list-style-type: none">(a) provides facilities for diagnosis and treatment of Illnesses and Injuries;(b) is supervised by a full-time staff of Physicians during its business hours; and(c) is not a mental Hospital or institution, a place for custodial care or facility for alcoholics or drug addicts, a spa, or hydroclinic or a nursing or rest or convalescent home or a home for the aged, or such similar establishment.
Charges	<p>This refers to the charges for medical care which shall be considered by Us or by Our medical advisers to be reasonable and customary to the extent that they do not exceed the general level of charges being made by others of similar standing in the locality where the charges are incurred when giving like or comparable Medical Treatment.</p> <p>We will base that calculation on a combination of Our global experience, statistical information provided by local health authoritative body and information collected from medical Specialists and Surgeons practicing in the country or area where the Medical Treatment is received.</p> <p>For the avoidance of doubt when comparing Medical Treatment, We will take into account the complexity of the procedure and the standard of the medical facility where the Medical Treatment is received. If the charges are higher than customary, We will only pay the</p>

amount which is, in our experience, customarily charged and you will have to pay the rest. If your Medical Treatment requires more than one specialist or surgeon present at the same operative (surgical) session, We shall review the medical necessity in the management of such surgical problem or medical condition in terms of the different trained skills and complexity of the services provided as an identification to cover the total services. No additional benefits or cost is payable for surgical assistants.

For Medical Treatment and services incurred in Singapore, We shall also reference the guidelines and published fee benchmarks provided by Singapore Ministry of Health (MOH). In the event that the particular eligible Medical Treatment or service is not stated on the MOH published fee benchmark, We reserve the right to base the reference charge or proportionately reduce any claim to reflect the average charge of 2 physicians in the same specialty for the same surgical intervention or Medical Treatment.

In the event of any differences in opinions between our medical advisers or physicians and your physicians, our medical advisers or physicians' opinion shall prevail.

Commencement Date	The date on which the insurance Cover starts as set forth in Your Policy Schedule.
Compliance Obligations	Obligations of any member of the HSBC Group to comply with: (i) any applicable local or foreign statute, law, regulation, ordinance, rule judgement, decree, voluntary code, directive, guidelines, administrative requirements, sanctions regime, court order, agreement between any member of the HSBC Group and an Authority, or agreement or treaty between Authorities and applicable to HSBC or a member of the HSBC Group ("Laws"), or international guidance and internal policies or procedures, (ii) any demand from Authorities or reporting, regulatory trade reporting, disclosure or other obligations under Laws, and (iii) Laws requiring HSBC to verify the identity of our customers.
Congenital Conditions	A genetic (including hereditary condition), physical or biochemical defect, disease, malformation or anomaly, present at birth and whether or not manifest, diagnosed or known about at birth.
Connected Person	A person or entity other than You whose information (including Personal Data or Tax Information) is provided by, or on behalf of, You to any member of the HSBC Group or otherwise received by any member of the HSBC Group in connection with the provision of the Services. A Connected Person may include, but is not limited to, any person identified as a Beneficiary under this Policy, any person who is, or may be entitled to receive a payment under this Policy, a director or officer of a company, partners or members of a partnership, any Substantial Owner, Controlling Person, or beneficial owner, director, trustee, settlor or protector of a trust holding or controlling (directly or indirectly) this Policy, any of Your representatives, agents or nominees, or any other persons or entities having a relationship to You that is relevant to Your relationship with HSBC Group.
Controlling Person	Individuals who exercise control over an entity (for a trust, these are the settlor, the trustees, the protector, the Beneficiaries or class of Beneficiaries, and any other individual who exercises ultimate effective control over the trust and in the case of a legal entity other than a trust, such term means persons in equivalent or similar positions of control).
Country of Residence	The country in which the Insured Member is residing and which will be shown as Your address and place of residence in Our records.
Cover	Insurance Cover in accordance with the terms of this Policy, as applicable to each Insured Member.
Customer Information	Either your Personal Data, confidential information, and/or Tax Information or that of Your Connected Person.
Employee	A full time Employee of Yours, who is in Active Service, and shall be deemed to include: (a) You, if You are a sole proprietor, (b) the partners in Your firm, if You are a partnership, or (c) the director in Your company, if You are a company.
Endorsement	The supplementary document We issue to the Policyholder to record and confirm changes to this Policy.
Financial Crime	Money laundering, terrorist financing, bribery, corruption, tax evasion, fraud, evasion of economic or trade sanctions, and/or violations, or attempts to circumvent or violate any Laws or regulations relating to these matters.

Financial Crime Risk Management Activity	As defined in Clause 32 of General Conditions.
Government Restructured Hospital	Government Restructured Hospital means a Hospital in Singapore that: <ul style="list-style-type: none"> (a) is run as a private company owned by the Singapore Government; (b) is governed by broad policy guidance from the Singapore Government through the Ministry of Health (MOH); and (c) receives a yearly government subsidy to provide subsidised medical services to its patients.
GPA Benefit	The Group Personal Accident Benefit set out in this Policy.
Home Country	The country as shown in Our records which the Insured Member regards as home and which issues the Insured Member's passport.
Hospital	An establishment duly constituted and licensed in the geographical area in which it is located as a medical and surgical Hospital for the care and treatment of sick and injured persons as bed paying patients, and which: <ul style="list-style-type: none"> (a) provides facilities for diagnosis, treatment and minor or major Surgery; (b) provides twenty-four (24) hours nursing services by registered nurses; (c) is supervised by a full-time staff of Physicians at all times; and (d) is not primarily a clinic, a mental Hospital or institution, a place for custodial care or facility for alcoholics or drug addicts, a spa, or hydroclinic or hospices, nursing or rest or home for the Aged, convalescent home or similar establishment.
Hospitalisation	The period during which an Insured Member is registered as an Inpatient at a Hospital to receive Medical Treatment as recommended by a Physician.
HSBC Group	HSBC Holdings plc, and/or any of its affiliates, subsidiaries, associated entities and any of their branches and offices, and any member of the HSBC Group has the same meaning.
Illness	A physical condition marked by a pathological deviation from the normal healthy state.
Injury	Any bodily injury caused solely and directly by an Accident. Except for internal Injury which can only be revealed by an autopsy, the Injury can be seen as a visible contusion or wound on the exterior of the body and does not include any illness or naturally occurring medical conditions or degenerative process.
Insured Member(s)	The person/persons so described in the Policy Schedule.
Intensive Care Unit	A section within a Hospital which is designated as an Intensive Care Unit and operates on a twenty-four (24) hour basis to provide specialised medical services and facilities. For the avoidance of doubt, a high dependency unit (HDU), coronary care unit (CCU) and such other similar units or sections in a Hospital shall be considered as an Intensive Care Unit.
Loss	Physical severance or permanent and irrecoverable functional disablement of the body member, which is beyond remedy by surgical or other treatment.
Medical Treatment	Any consultation, diagnosis, procedure, treatment, care, or other medical services provided by a Physician.

Medically Necessary	<p>A Medical Treatment, service and/or supply which:</p> <ul style="list-style-type: none"> (a) is consistent with the diagnosis, duration of Hospitalisation and customary Medical Treatment, service and/or supply for an Illness or Injury; (b) must have been prescribed by a Physician in accordance with standards of good medical practice, consistent with current standard of professional medical care, and proven medical Benefits; (c) is not for the convenience of the Insured Member or the Physician; and (d) is not of an experimental, investigation or research nature, preventive or screening nature.
Membership Listing	The list of Insured Members provided by Us from time to time to the Policyholder listing the relevant details of the members and includes the membership movement listing which indicates changes made to the Membership Listing from time to time.
Ministry of Health (MOH)	<p>Ministry of Health is a ministry of the Government of Singapore responsible for managing the public healthcare system. This is an innovative, people-centred organisation, committed to:</p> <ul style="list-style-type: none"> (a) medical excellence; (b) the promotion of good health; (c) the reduction of illness; and (d) access to good and affordable healthcare.
Occupational Class	<p>An Occupational Class is defined as:</p> <p>Class 1- Professional, administrative, managerial, clerical and non-manual work solely in office or similar non-hazardous places. E.g. Accountant, Bank teller, Programmers, Doctor / Dentist (non-veterinary), Lawyer, Receptionist.</p> <p>Class 2- Office or supervisory work which involves outdoor, travelling or light manual work, and does not involve the use of tools or machinery or exposure to any special hazard. E.g. Beautician, Homemaker, Insurance Intermediary, Retail Assistant, Tour Guide.</p> <p>Class 3- Occupation which involves manual work which is not of hazardous nature but involves the use of tools or machinery. E.g. Baker, Chauffeur, Hawker (Food), Mechanic, Painter (not involving work at heights), Plumber.</p>
Period of Insurance	<p>The period during which the Policy is effective, including:</p> <ul style="list-style-type: none"> (a) the period of Cover shown in the Policy Schedule; and (b) for any following period, for which Cover is extended by mutual agreement.
Permanent Total Disability	Any disability caused by an Accident that is total and permanent such that there is neither then nor at any time thereafter any work, occupation or profession that the Insured Member can ever sufficiently do or follow to earn or obtain any wages, compensation or profit.
Personal Data	Any data relating to an individual, whether true or not, from which the individual can be identified, whether with other data or other information We are likely to have access to or otherwise, including, without limitation, sensitive personal data.
Physician	<p>A person qualified as a medical practitioner (other than an Insured Member or a member of his immediate family or his business associates including any business partners, employers or Employees) by a medical degree in western medicine and duly licensed and registered with the relevant statutory medical board or council to provide Medical Treatment and who, in rendering treatment, is practicing within the scope of his licensing and training in the geographical area of practice.</p> <p>A reference to a "Physician" in this Policy shall be construed to mean, wherever appropriate, a General Practitioner and/or a Specialist.</p>
Policyholder	The owner(s) of this Policy as named in the Policy Schedule.
Policy Schedule	The schedule to this Policy which sets out the details of the Benefits under the Policy. It may be amended by Us from time to time.
Premium/ Premiums	The amount(s) to be paid to Us to keep this Policy in force.
Private Hospital	Any licensed approved private hospital by MOH in Singapore, which is not a Government Restructured Hospital.

Reinstate/ Reinstatement	The resuming of cover under this Policy after it has terminated.
Renewal Date	The first day of Period of Insurance as shown in the Policy Schedule on which this Policy is renewed.
Resident of Singapore	Singapore Citizens and Permanent Residents (holders of re-entry permits) as well as holders of employment passes, work permits, students' passes or dependants' passes.
Services	(Without limitation) (i) the sale, underwriting, acceptance and maintaining of this Policy, (ii) the provision of services relating to this Policy and its termination or expiry, and (iii) the maintenance of Our overall relationship with You, including reinsurance, insurance, audit and administrative purposes.
Short Period Rates	As defined in the clause 6(a) of General Conditions- "Cancellation of Cover".
Spouse	Spouse is defined to be two individuals, who represent themselves publicly as each other's spouse and have: <ul style="list-style-type: none"> (a) registered their relationship with the authorities of that country where such registration is available or (b) marriage certificate or any documented evidence of shared living arrangements issued by the Employee's or spouse's home country high commission or embassy.
Substantial Owner	Any individual entitled to more than 10% of the profits of or with an interest of more than 10% in an entity either directly or indirectly.
Sum Insured	The amount of insurance coverage effected under this Policy in respect to Insured Member as provided in our Membership Listing. The Sum Insured for an Insured Member will be determined according to the Benefit plan stated in the Policy Schedule.
Tax Authorities	Domestic or foreign tax, revenue, fiscal or monetary authorities or agencies.
Tax Certification Forms	Any forms or other documentation as may be issued or required by a Tax Authority or by Us from time to time to confirm Your, or a Connected Person's, tax status.
Tax Information	Any documentation or information (and accompanying statements, waivers and consents) relating, directly or indirectly, to Your, or a Connected Person's tax status (regardless of whether You or such Connected Person is an individual or a business, non-profit or other corporate entity) and any owner, Controlling Person, Substantial Owner or beneficial owner of You or a Connected Person, that We consider, acting reasonably, is needed to comply (or demonstrate compliance, or avoid non-compliance) with any HSBC Group member's obligations to any Tax Authority. Tax Information includes, but is not limited to, information about: tax residence and/or place of organisation (as applicable), tax domicile, tax identification number, Tax Certification Forms, certain Personal Data (including name(s), residential address(es), age, date of birth, place of birth, nationality, citizenship).
We (Our/ Us)	HSBC Life (Singapore) Pte. Ltd.
You (Your)	The party named in the Policy Schedule as the Policyholder.

SECTION 2: ELIGIBILITY AND SCOPE

A) Employee Participation

1. Application for Employee Participation

- (a) Employee needs to be:
 - i. between Age 16 and Age 70; and
 - ii. Resident of Singapore
- (b) Employee already eligible on this Policy Commencement Date shall be entitled to Cover with effect from the Commencement Date.
- (c) If an Employee is not in Active Service on the date when his Cover would otherwise become effective, the Cover for him will not become effective until after he has resumed Active Service.
- (d) If an Employee becomes eligible, the Policyholder must write to Us within ninety (90) days from the date the Employee becomes eligible to apply for the Employee's Cover. If the application is approved, We will update and issue Our Membership Listing accordingly.
- (e) Employees whose membership was previously terminated that subsequently re-apply for membership will be considered a new Insured Member.
- (f) If an Employee that is not on Active Service becomes eligible, the Policyholder must write to Us within ninety (90) days from the date the Employee becomes eligible to apply for the Employee's Cover. If the application is approved, We will update and issue Our Membership Listing accordingly. Such classes of Employees would include part-time Employees, temporary and contract Employees and interns who are drawing a monthly stipend.

To be eligible for Cover, all necessary information on the Insured Members to be Covered should be provided upon request (We may ask for satisfactory evidence of insurability and eligibility, if needed).

2. Renewability

Where an Insured Member commenced Cover between Age 16 and Age 70, the Insured Member will be eligible for renewal of Cover up to Age 75.

3. Termination of Insured Member's Cover

An Insured Member's Cover will be terminated upon the earliest occurrence of any of the following.

- (a) when the Cover is cancelled or terminated; or
- (b) when the Cover is cancelled due to non-payment of Premium; or
- (c) when this Policy lapses for non-payment of Premium within the grace period; or
- (d) if the category of membership in which he is an Insured Member is excluded from participating in this Policy; or
- (e) on the Renewal Date falling after the Insured Member's 75th birthday; or
- (f) if the Insured Member dies, regardless of the cause of death; or
- (g) when the Insured Member ceases to be an Employee; or
- (h) when a claim made in respect of his Cover is accepted by Us; or
- (i) when a total of 100% or more of the amount payable under the GPA Benefit has been paid;
- (j) When the Insured Member remains outside of his Country of Residence for a period in excess of one hundred eighty-five (185) consecutive days. In such event, the Insured Member's Cover will be terminated at 23:59 Standard Singapore Time on the 185th day after the Insured Member's departure from his Country of Residence.

Cessation of Active Service by an Insured Member shall be deemed to constitute the termination of Cover, except when an Insured Member's employment is on a part-time basis temporarily or if he is absent from work because of Illness or bodily Injury, the Insured Member's Cover can continue until Premium for such Insured Member's insurance is discontinued, but not for a period exceeding twelve (12) months from the date of termination of Active Service, whichever occurs first.

4. Change of Category of Eligibility

Any increase in the Cover provided to an Employee already included in the group plan due to their promotion, shall become effective from the date of the Employee's promotion, unless the Employee is absent from work on that date due to Illness or Injury, in which case the increase in Cover will take effect from the date on which the Employee returns to work full time. Such increase in Cover will not be effective unless We have received written notification from You and have issued an Endorsement to this effect.

B) Dependant Participation

1. Application for Dependant Participation

- (a) Dependant needs to be:
 - i. a Spouse of an Employee between Age 16 and Age 70; or
 - ii. an Employee's natural child, step-child or legally adopted child, who is aged between 15 days and Age 25 and who is unmarried and unemployed, including National Service Full Time Servicemen (NSF).
- (b) A resident in the same Country of Residence as the Employee.
- (c) If a dependant is in hospital confinement because of Illness or Injury on the date on which he would have become eligible for participation in this Policy, his eligibility will be deferred to the date immediately following the date of discharge from the Hospital.
- (d) If a person is a dependant of an eligible Employee and is himself also eligible for participation in this Policy as a member, he will not qualify for participation as a dependant.
- (e) Where two eligible Insured Members are married to each other, their children will only be eligible as dependants of the either member and not both.
- (f) Each person who is a dependant on the first Policy Commencement Date shall be eligible for participation on this Policy Commencement Date.
- (g) If a dependant becomes eligible, the Policyholder must write to Us within ninety (90) days from the date he becomes eligible to apply for his Cover. If the application is approved, We will update and issue Our Membership Listing accordingly.

Dependant can choose same or lower Sum Insured as the Employee, subject to maximum Sum Insured of S\$100,000.

To be eligible for Cover, all necessary information on the Insured Members to be Covered should be provided upon request (We may ask for satisfactory evidence of insurability and eligibility, if needed).

If a dependant of an Employee is not resident in the same Country of Residence as the Employee, We may, upon the application of the Employee, cover that dependant in his Country of Residence on terms and conditions that We consider appropriate.

2. Renewability

Where a Spouse of an Employee commenced Cover between Age 16 and Age 70, the Spouse of an Employee will be eligible for renewal of Cover up to Age 75 for death Benefit only.

3. Termination of Insured Member's Cover

An Insured Member's Cover who is a dependant, will be terminated upon the earliest occurrence of any of the following:

- (a) when this Policy or the Employee's Cover is cancelled or terminated;
- (b) when the dependant's Cover is cancelled due to non-payment of Premium;
- (c) when this Policy lapses for non-payment of Premium within the grace period; or
- (d) when the dependant ceases to fulfill the conditions that have permitted him to become insured as a dependant;
- (e) on the Renewal Date falling after the Insured Member's 75th birthday;
- (f) if the Insured Member dies, regardless of the cause of death;
- (g) when the Insured Member remains outside of his Country of Residence for a period in excess of one hundred eighty-five (185) consecutive days. In such an event, the Insured Member's Cover will be terminated at 23:59 Standard Singapore Time on the 185th day after the Insured Member's departure from his Country of Residence.

4. Change of Category of Eligibility

Any increase in the Cover provided to a dependant already included in this Policy due to Employee promotion, shall become effective from the date of the Employee's promotion, unless the dependant is in Hospital confinement on that day due to Illness or Injury, in which case the increase in Cover will be deferred to the date following his/her discharge from Hospital. Such increase in Cover will not be effective unless We have received written notification from You and have issued an Endorsement to this effect.

SECTION 3: DESCRIPTION OF BENEFITS

We will pay the GPA Benefit if the Insured Member suffers an Accidental Death or Loss solely and directly resulting from an Injury sustained by the Insured Member :

- (a) while this Policy is in force;
- (b) before the expiry of the GPA Benefit;
- (c) before the Renewal Date after the Insured Member's 75th birthday; and
- (d) within twelve (12) months from the date of the Accident.

The amount of GPA Benefit to be paid depends on the effects of Injury. If the Injury leads to an Accidental Death as well as a Loss, the GPA Benefit will be paid only for Accidental Death but not for the Loss.

The amount payable for the GPA Benefit is a percentage of the Sum Insured as further set out below.

1. Accidental Death or Loss

We will pay the GPA Benefit as a percentage of the Sum Insured for Accidental Death or a Loss as set out below. If the Insured Member suffers more than one Loss as a result of one or more Accident(s) during any one Policy year, the total amount payable by Us under this GPA Benefit shall be no more than any one of the Losses set out in items 1 to 9 or 19 below.

If the Insured Member suffers Permanent Total Disability, and death occurs within six (6) months from the commencement of the Permanent Total Disability, then We will not pay the GPA Benefit for the Permanent Total Disability but will pay the GPA Benefit for Accidental Death instead.

Accidental Death and Loss	Percentage of Sum Insured
1. Accidental Death	100%
2. Permanent Total Disability	150%
3. Loss of or the permanent total loss of use of two limbs	150%
4. Loss of or the permanent total loss of one limb	125%
5. Permanent total loss of both eyes	150%
6. Permanent total loss of one eye	100%
7. Loss of or the permanent total loss of use of one limb and loss of sight of one eye	150%
8. Loss of speech and hearing	150%
9. Permanent and incurable insanity	100%
10. Permanent total loss of hearing in	
- both ears	75%
- one ear	25%
11. Loss of speech	50%
12. Permanent total loss of the lens of one eye	50%
13. Loss of or the permanent total loss of four fingers and thumb of	
- right hand	70%
- left hand	50%
14. Loss of or the permanent total loss of four fingers of	
- right hand	40%
- left hand	30%
15. Loss of or the permanent total loss of use of one thumb	
- both right phalanges	30%
- one right phalanx	15%
- both left phalanges	20%
- one left phalanx	10%
16. Loss of or the permanent total loss of use of fingers of	
- three right phalanges	10%
- two right phalanges	7.5%
- one right phalanx	5%
- three left phalanges	7.5%
- two left phalanges	5%
- one left phalanx	2%
17. Fractured leg or patella with established non-union	10%
18. Shortening of leg by at least 5cm	7.5%
19. Third Degree Burns Covering at least 25% of the body surface	100%

20. Loss of or the permanent total loss of use of toes

- all-one-foot	15%
- great toe-two phalanges	5%
- great toe-one phalanx	3%
- other than great toe, each toe	1%

Special ConditionsLeft-handed Insured Member

If the Insured Member is left-handed, then the percentage of Sum Insured payable for the Losses relating to the right hand will apply instead of Losses relating to left hand, and vice versa.

Unavoidable exposure to natural elements

Where an Accident occurs and the Insured Member suffers a Loss due to unavoidable exposure to the natural elements, the Loss shall be covered under this GPA Benefit. .

Disappearance of body

Where an Accident occurs and the body of the Insured Member cannot be found within one (1) year after the date of the disappearance, We will presume that the Insured Member has suffered an Injury resulting in Accidental Death.

SECTION 4: POLICY EXCLUSIONS

We will not pay the GPA Benefit if the Injury was in any way caused or contributed by:

1. Suicide, attempted suicide or self-inflicted injuries, regardless of the Insured Member's mental condition.
2. Engaging or taking part in war, act of foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons, or any event similar to one of those listed.
3. Engaging in or taking part in acts of terrorism, nuclear contamination, biological contamination, or chemical contamination.
4. Participation in racing on wheels.
5. Participation in a riot or civil commotion, violation or attempted violation of law, or resistance to lawful arrest or imprisonment.
6. Air travel, other than as a fare-paying passenger on a licensed commercial aircraft.

SECTION 5: GENERAL CONDITIONS

1. Limitation of Liability

We will have no liability to pay any Benefits under this Policy if You or any Insured Member:

- (a) fail to fully and truthfully disclose to Us, all material information known (or which could reasonably be expected to be known), before inception of this Policy and upon each Renewal Date;
- (b) fail to properly observe and fulfill the terms and conditions of this Policy;
- (c) make any untrue statement;
- (d) omit, suppress or incorrectly state any material information affecting the risk;
- (e) make any claim that is fraudulent or exaggerated, or make any false declaration or statement in support of a claim.

2. Changes in Circumstances

If there is any change in circumstances affecting the risk, You must give Us immediate written notice and pay any additional Premium that We may require. In particular, You must notify Us of any changes in occupation/business or health affecting You or any Insured Member.

3. Accuracy of Information

If the Age or date of birth or other relevant facts relating to an Insured Member shall be found to have been misstated and if such misstatement affects the scale of Benefits or has anything to do with the terms and conditions of this Policy, the true Age and facts shall be used in determining whether insurance is in force under the terms of this Policy and the Benefits payable therefrom, and an equitable adjustment of Premiums shall be made.

Where a misstatement of Age or other relevant facts has caused a Member to be insured hereunder where he is otherwise ineligible for any insurance, or where such statement has caused a member to remain insured when he would otherwise be disqualified in accordance with the terms and limitations of this Policy, his entire Cover shall be void and there shall be a return of Premiums paid in respect of the member, provided always that where there is fraud on the part of the Policyholder or Insured Member, no Premiums paid are to be returned.

4. Policy Renewal

This Policy is renewable at Our option, subject to underwriting requirements being fulfilled and at the Premium rates determined at that time by Us. Any request to hold Cover at renewal is subject to Our written approval. If at the end of this period the Policy is cancelled or lapses for any reason whatsoever, We will charge Premiums for that Period of Insurance Cover based on Short Period Rates stated in General Conditions – 'Cancellation of Cover'.

The Premium upon renewal is non-guaranteed. It will be adjusted according to the Insured Member's Age or Occupational Class (whichever is applicable) at Policy renewal and claims experience of the entire portfolio under the Benefits+ Business. We may change the rates by giving You thirty (30) days written notice.

5. Policy Plan Upgrading

Upon Your request, We may agree to a change in Policy Cover, but any such change (except Change of Category of Eligibility) shall be applicable only at the time of next renewal of this Policy.

6. Cancellation of Cover

- (a) You have the right to cancel this Policy at any time by giving Us at least thirty (30) days' written notice but We will charge Premiums for that Period of Insurance Cover based on the following Short Period Rates, or a minimum Premium of S\$54.00 (inclusive of GST), whichever is higher:

Period of Cover	Short Period Rates
1 week or less	1 month
1 month or less	3 months
2 months or less	4 months
3 months or less	6 months
4 months or less	7 months
6 months or less	9 months
8 months or less	10 months
More than 8 months	Full annual Premium

If this Policy or any Supplementary Contracts under the Policy is cancelled, the Policyholder must pay any Premiums which are outstanding at the date of the cancellation. If the Policy is cancelled, any claim arising before the date of cancellation will not be affected.

- (b) We may cancel this Policy and any Supplementary Contracts under this Policy on any Premium due date if not all the eligible Members have become insured under the Policy.
- (c) We have the right to cancel this Policy or any section or part of it by giving You thirty (30) days' written notice, and upon cancellation You will be granted a pro-rated refund of the total Premium paid corresponding to the unexpired Period of Insurance.

7. Policy Administration

- (a) You must furnish full particulars of all Insured Members, which includes name, gender, occupation, NRIC or Passport number, date of birth, Country of Residence at Policy Commencement Date and at each Renewal Date or at such times as We may require.
- (b) For new Insured Member, You must notify Us in writing within ninety (90) days after the new Insured Member is employed and in Active Service.
- (c) For existing Insured Member, You must notify Us in writing within ninety (90) days from the date the Insured Member ceases to be eligible under this Policy. We reserve the right to recover any cost from You (including any wrongful payment of claims) if You fail to inform Us when the Insured Member ceases to be eligible under this Policy.
- (d) Any addition of new Insured Member will be charged a pro-rated Premium corresponding to the unexpired Period of Insurance. Any termination of an Insured Member will be granted a pro-rated refund of the Premium paid in respect of that Insured Member corresponding to the unexpired Period of Insurance.

8. Premium Payment Warranty

- (a) Notwithstanding anything herein contained but subject to clause (b) hereof, it is hereby agreed and declared that if the Period of Insurance is sixty (60) days or more, any Premium due must be paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within sixty (60) days of the:
- Policy Commencement Date, Renewal Date; or
 - effective date of each Endorsement, if any, issued under this Policy.
- (b) In the event that any Premium due is not paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within the 60-day period referred to above, then:
- the Cover under this Policy, or Endorsement is automatically terminated immediately after the expiry of the said sixty (60) day period;
 - the automatic termination of the Cover shall be without prejudice to any liability incurred within the said sixty (60) day period; and
 - We shall be entitled to a pro-rata time on risk Premium subject to a minimum of S\$54.00 (inclusive of GST).
- (c) If the Period of Insurance is less than sixty (60) days, any Premium due must be paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within the Period of Insurance.

- (d) If there are any unpaid Premiums or other amounts owing to Us when a claim is made, the Benefits will not be paid until the total outstanding sum is paid to Us.

9. Condition Precedent

The validity of this Policy is subject to the condition precedent that:

- (a) for the risk insured, the Policyholder has never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any Premium payment condition; or
- (b) if the Policyholder has declared that it has breached any Premium payment condition in respect of a previous Policy taken up with another insurer in the last twelve (12) months:
- i. the Policyholder has fully paid all outstanding Premium for time on risk calculated by the previous insurer based on the customary Short Period Rate in respect of the previous Policy; and
 - ii. a copy of the written confirmation from the previous insurer to this effect is first provided by the Policyholder to Us before Cover incepts.

10. Payment of Benefits

Any Benefits payable under this Policy shall be paid to You or the Insured Member. The Insured Member or Your receipt of any Benefit payable under this Policy shall in all cases be deemed final and complete discharge of all Our liability.

11. Claim Procedures

If an Insured Member dies an Accidental Death or has sustained an Accidental Permanent Total Disability or an Accidental permanent disablement, a written notice and proof of the claim must be given to Us within thirty (30) days from the date the Accidental Permanent Total Disability is certified and confirmed by a Physician.

Failure to give notice as specified in Section 5 Clause 11 will not invalidate the claim if it can be shown that there is a good reason for the failure and that the notice and proof of claim were given as soon as reasonably possible.

We will only consider a claim if:

- (a) all required documents, evidence and information are provided at the claimant's own expense; and
- (b) all documents, evidence and information provided satisfy Our requirements on notice and proof of claim.

To assess a claim for Accidental Permanent Total Disability We may require the Insured Member to be examined by Our appointed Physician at any time and in any manner which is reasonable.

An Insured Member's Cover and the Cover provided to him under all other Supplementary Contracts issued under this Policy will automatically terminate when We accept a claim made.

12. Specific Claims Conditions

- (a) The payment of any claim does not discharge Your obligations regarding the fulfilment of the terms and conditions under this Policy; and
- (b) We are not obliged to pay the ongoing costs of continuing, or similar, treatment, even where We have previously paid for this type of or similar treatment, if it is subsequently noted that this claim is in fact not eligible.

13. Notices

Any notice sent to Us for the purposes of this Policy will only be considered received if it is delivered to Our registered office.

14. Despatch of Documents, Cheques and Notices

Any document, cheque or written notice will be sent by post to the Policyholder's address held in Our records at the relevant time. The Policyholder is responsible to notify Us promptly of any change of address.

15. Legal Proceedings

No legal action may be brought against Us:

- (a) until sixty (60) days have passed since the date of notice and proof of claim were filed; and
- (b) if more than two (2) years have passed since notice and proof of claim were required to be submitted.

16. Mediation/Arbitration

All disputes arising out of this Policy may be submitted to the Singapore Mediation Centre for settlement by mediation in accordance with the mediation procedure for the time being in force, if the parties so agree. The parties agree to take part in the mediation in good faith and undertake to honour the terms of any settlement reached. If any dispute is not referred to mediation or if mediation fails, the dispute has to be referred to and finally resolved by arbitration in

Singapore with the Arbitration Rules of the Singapore International Arbitration Centre ("SIAC Rules") for the time being in force, which rules are deemed to be incorporated by reference in this clause. The tribunal shall consist of one (1) arbitrator. The language of the arbitration shall be English.

17. Applicable Law/Jurisdiction

This Policy shall be governed by and interpreted in accordance with the laws of Singapore.

18. Rights of Third Parties

A person or any entity who is not a party to this Policy shall have no right under the Contracts (Rights of Third Parties) Act 2001 and any amendments or modifications thereof to enforce any of its terms.

19. Non-Assignment

This Policy is not assignable. We shall not be affected by notice of any trust, charge, lien, assignment or other dealing with this Policy.

20. Alterations

We reserve the right to vary the Benefits, Cover and amend the terms and conditions of this Policy, and such amendment will be applicable from the next renewal of this Policy. No alteration to this Policy shall be valid unless approved in writing by Our authorised representative and reflected in an Endorsement. No intermediary has the authority to amend or to waive any of the terms and conditions of this Policy. If the Policyholder requests for the terms of the Policy to be changed, We may require documents or information to be provided at the Policyholder's expense to support the request.

21. Currency Exchange Rates

Payment of all claims and Benefits will be made in Singapore currency. Charges incurred in any other currency shall be payable in Singapore dollars on the basis of the exchange rate in effect on the date such charges were incurred as stipulated by Us.

22. Clerical Error

A clerical error by Us shall not invalidate insurance Cover otherwise validly in force, nor continue insurance Cover otherwise not validly in force.

23. Reinstatement

If this Policy or any Cover issued for an Insured Member has terminated, the Policyholder may write to Us to apply to reinstate the Policy. We shall have the right to impose any conditions on the reinstated Policy or Cover.

24. Incontestability

Unless there has been fraud or there are outstanding Premiums, We will not contest the validity of (i) this Policy after the Policy has been in force for one (1) year, or (ii) an Insured Member's Cover after the Cover has been in force for more than one (1) year, from:

- (a) the Commencement Date of this Policy or Cover;
- (b) the Reinstatement date of this Policy or Cover; or
- (c) the date of the last increase in the Sum Insured but only in respect of that increased Sum Insured,

whichever is the latest.

25. Sanction Clause

Under no circumstances shall this insurance contract be deemed to provide Cover and no liability be incurred to pay any claim or provide any Benefit hereunder to the extent that the provision of such Cover, payment of such claim or provision of such benefit would expose Us to any sanction, prohibition, or restriction under the sanctions laws and regulations of United Nations Security Council ("UN"), the United Kingdom ("UK"), the Hong Kong Special Administrative Region ("HK"), the European Union ("EU"), the United States of America ("US") or Singapore.

26. Illegality Clause

Under no circumstances shall this policy be deemed to provide Cover and no liability be incurred to pay or provide any Benefit hereunder to the extent that the provision of such Cover, payment of such claim or provision of such Benefit would cause Us to be in breach of, or expose Us to any prohibition, or restriction under the laws or regulations of Singapore.

27. 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 websites (www.gia.org.sg or www.lia.org.sg or

28. Tax Compliance

You acknowledge You are solely responsible for understanding and complying with Your tax obligations (including but not limited to, payment of any tax deduction or withholding tax or filing of returns or other required documentation relating to the payment of all relevant taxes) and other payment obligations in accordance with the applicable laws in all jurisdictions in which those obligations arise and relating to the opening and use of account(s) and/or Services provided by Us and/or members of the HSBC Group. Certain countries may have tax legislation with extra-territorial effect regardless of Your place of domicile, residence, citizenship or incorporation. We and/or any member of the HSBC Group do not provide tax advice. You are advised to seek independent legal and/or tax advice. We and/or any member of the HSBC Group have no responsibility in respect of Your tax obligations in any jurisdiction which they may arise including, without limitation, any that may relate specifically to the opening and use of account(s) and/or Services provided by Us and/or members of the HSBC Group.

With regard to Your obligation to pay any tax deduction or withholding tax under any applicable law at any time with respect to Your payment of Premium or other amounts made to Us, then You are liable (i) to pay Us the Premium and/or such other amounts as if no such deduction or withholding have been made; (ii) to pay the full amount of such deduction or withholding to the relevant taxation authority or other authority in accordance with applicable law; and (iii) to provide Us with the evidence of such payment. Your payment of Premium and other amounts made to Us hereunder shall be made without any deduction or withholding and free of any set off or counterclaim.

29. Financial Crime Risk Management Activity

We, and members of the HSBC Group, are required, and may take any action considered appropriate, to meet Compliance Obligations in connection with the detection, investigation and prevention of Financial Crime (“**Financial Crime Risk Management Activity**”). Such action may include, but is not limited to:

- (a) screening, intercepting and investigating any instruction or communication by You or a Connected Person, or on Your or a Connected Person’s behalf;
- (b) investigating the source of or intended recipient of funds;
- (c) combining Customer Information with other related information in the possession of the HSBC Group; and/or
- (d) making further enquiries as to the status of a person or entity, whether they are subject to a sanctions regime, or confirming Your or Connected Person’s identity and status.

To the extent permissible by law, neither We nor any other member of HSBC Group shall be liable to You or any third party in respect of any loss whether incurred by You or a third party in connection with the delaying, blocking or refusing of any payment or the provision of all or part of the Services or otherwise as a result of Financial Crime Risk Management Activity.

30. Free-Look Provision

You have a free-look period of fourteen (14) days to review the Policy from the date You receive it. If You decide that this Policy does not suit Your needs, You may request to cancel it by giving Us clear, written instructions within the free-look period. Provided that no claims have been made during this period, We shall refund the Premiums paid by You without interest after deducting the expenses incurred in issuing this Policy. This option of free-look period shall not apply to renewals of Your Policy with Us.

Benefits+ Business Term Life

Caring for Our customers

HSBC Life (Singapore) Pte. Ltd. will make every effort to provide a high level of service expected by all Our Policyholders. If on any occasion Our service falls below the standard of Your expectation, the procedure below explains what You can do:

- Your first point of contact should always be Your financial planner or broker. Alternatively, You may submit Your feedback to: cc.h@mail.life.hsbc.com.sg
- We will acknowledge receipt of Your feedback within 3 working days whilst We look into the matter You raised. We will contact You for further information if required within 7 working days and provide You with a full reply within 14 working days.
- If Our resolution is not to your satisfaction, We will refer You to a dispute resolution organisation, Singapore Mediation Centre who is an independent organisation. Singapore Mediation Centre's contact details are:

Singapore Mediation Centre
1 Supreme Court Lane,
Level 4,
Singapore 178879

Telephone : (65) 6332 4366
Fax : (65) 6333 5085
Website : <http://www.mediation.com.sg>

Important – Please remember to quote Your Policy number in Your communication with Us.

Benefits+ Business Term Life

Welcome to Your Benefits+ Business Term Life Policy.

Please read this Policy carefully together with Your Policy Schedule to ensure that You understand the terms and conditions and that the Cover You require is being provided. Do keep these documents in a safe place as they are legal documents.

If You have any questions after reading these documents, please contact Your Financial Planner or HSBC Life (Singapore) Pte. Ltd. at +65 6880 4888.

If there are any changes that may affect the insurance provided, please notify Us immediately.

IMPORTANT NOTICE

1. Before We provide Cover, You must fully and faithfully tell Us everything You know (or could reasonably be expected to know) that is relevant to Our decision to give You the insurance, otherwise You may receive no Benefit from Your Policy.
2. The insurance Cover under this Policy is based on the information submitted to Us, as set out in the accompanying documents. Please read these documents carefully. If they contain any information that is incorrect, please notify Us immediately, otherwise You may receive no Benefit in the event of a valid claim. If the information, which You subsequently provide Us, differs materially from the information set out in the form, We may offer Cover on different terms or decline it altogether. If We do not hear from You within 14 days from the date of issue of this Policy, We will take it that the information is complete and correct.

HOW YOUR INSURANCE OPERATES

This Benefits+ Business Term Life policy (the “Policy”) forms the contract between HSBC Life (Singapore) Pte. Ltd. And You. It is made up of:

- * this Policy document (“Basic Policy”);
- * the Policy Schedule, which has details relating to You, the type of Cover and Period of Insurance; and/or
- * any supplementary contract(s) if taken with the Basic Policy (the “Supplementary Contract”).

The fact find form, application form, declaration and any other information given by You form the basis of this contract. The Policy, Policy Schedule, Conditions, Exclusions and Endorsements shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part shall bear the same meaning wherever it appears.

This Policy shall become effective on the date specified in the Policy Schedule and continue for the Period of Insurance specified, ending at 23:59 Standard Singapore Time on the last day of the Period of Insurance.

Having received and accepted Your first Premium, and any subsequent Premiums required, We will provide the Cover shown in the relevant sections of this Policy, up to the sums insured or limits of indemnity stated in the Policy Schedule.

In this Policy, where consistent with the contents:

- (a) the singular shall include the plural and the plural the singular; and
- (b) words importing the masculine gender shall include the feminine gender.

SECTION 1: DEFINITIONS

These terms, wherever used in this Policy, are defined as follows:

TERM	MEANING
Accident	A sudden, unforeseen and unexpected event during the Period of Insurance that independently of any other cause is the sole and direct cause of bodily Injury and excludes any Illnesses or diseases.
Active Service	<p>An Employee shall be considered in Active Service if</p> <ul style="list-style-type: none">(a) employed by the Policyholder on a full-time permanent basis or part-time basis, including on a contract, temporary or internship basis, as long as they are only employed by the Policyholder and are not otherwise employed by any other employer; and(b) actively working on a day which is one of the Policyholder's scheduled work days; and(c) performing in a customary manner all the regular duties of his employment with the Policyholder on that day. <p>Employees on no-pay leave for medical reasons, shall not be considered in Active Service, unless otherwise endorsed.</p>
Age	The age next birthday.
Authorities	Any judicial, administrative or regulatory body, any government, or public or government agency, instrumentality or authority, any Tax Authority, securities or futures exchange, self-regulatory organization, trade repositories, court, central bank or law enforcement body, or any agents thereof, having jurisdiction over any part of the HSBC Group.
Beneficiary	The person or entity entitled to receive the Benefits as they become due.
Benefit (s)	The amount(s) payable by us when a claim made under this Policy is accepted.
Commencement Date	The date on which the insurance coverage starts as set forth in Your Policy Schedule.
Compliance Obligations	Obligations of any member of the HSBC Group to comply with: (i) any applicable local or foreign statute, law, regulation, ordinance, rule judgement, decree, voluntary code, directive, guidelines, administrative requirements, sanctions regime, court order, agreement between any member of the HSBC Group and an Authority, or agreement or treaty between Authorities and applicable to HSBC or a member of the HSBC Group (" Laws "), or international guidance and internal policies or procedures, (ii) any demand from Authorities or reporting, regulatory trade reporting, disclosure or other obligations under Laws, and (iii) Laws requiring HSBC to verify the identity of Our customers.
Connected Person	A person or entity other than You whose information (including Personal Data or Tax Information) is provided by, or on behalf of, You to any member of the HSBC Group or otherwise received by any member of the HSBC Group in connection with the provision of the Services. A Connected Person may include, but is not limited to, any person identified as a Beneficiary under this Policy, any person who is, or may be entitled to receive a payment under this Policy, a director or officer of a company, partners or members of a partnership, any Substantial Owner, Controlling Person, or beneficial owner, director, trustee, settlor or protector of a trust holding or controlling (directly or indirectly) this Policy, any of Your representatives, agents or nominees, or any other persons or entities having a relationship to You that is relevant to Your relationship with HSBC Group.
Controlling Person	Individuals who exercise control over an entity (for a trust, these are the settlor, the trustees, the protector, the Beneficiaries or class of Beneficiaries, and any other individual who exercises ultimate effective control over the trust and in the case of a legal entity other than a trust, such term means persons in equivalent or similar positions of control).
Country of Residence	The country in which the Insured Member is residing and which will be shown as Your address and place of residence in Our records.
Cover	Insurance Cover in accordance with the terms of this Policy, as applicable to each Insured Member.
Customer Information	Either Your Personal Data, confidential information, and/or Tax Information or that of Your Connected Person.
Eligibility Period	The date as stated in the Policy Schedule after which a Member becomes eligible for Cover under this Policy.

Employee	A full time Employee of yours, who is in Active Service, and shall be deemed to include: (a) You, if You are a sole proprietor, (b) the partners in Your firm, if You are a partnership, or (c) the director in Your company, if You are a company.
Endorsement	The supplementary document We issue to the Policyholder to record and confirm changes to this Policy.
Financial Crime	Money laundering, terrorist financing, bribery, corruption, tax evasion, fraud, evasion of economic or trade sanctions, and/or violations, or attempts to circumvent or violate any Laws or regulations relating to these matters.
Financial Crime Risk Management Activity	As defined in Section 5, Clause 29.
Free Cover Limit	The maximum amount of Benefits as stated in the Policy Schedule which will be provided by Us without any evidence of insurability. The amount of an Insured Member's Cover exceed the Free Cover Limit will be approved and effective only if: (a) evidence of insurability is submitted and accepted by Us; and (b) the extra Premiums (if any) are paid.
Home Country	The country as shown in Our records which the Insured Member regards as home and which issues the Insured Member's passport.
HSBC Group	HSBC Holdings plc, and/or any of its affiliates, subsidiaries, associated entities and any of their branches and offices, and any member of the HSBC Group has the same meaning.
Illness	A physical condition marked by a pathological deviation from the normal healthy state.
Injury	A bodily Injury caused solely and directly by an Accident and does not include any Illness or naturally occurring medical conditions or degenerative process.
Insured Member(s)	The person/persons so described in the Policy Schedule.
Loss	Physical severance or permanent and irrecoverable functional disablement of the body member, which is beyond remedy by surgical or other treatment.
Membership Listing	The list of Insured Members provided by us from time to time to the Policyholder listing the relevant details of the members and includes the Membership Movement Listing which indicates changes made to the Membership Listing from time to time.
Period of Insurance	The period during which this Policy is effective, including: (a) the period of Cover shown in the Policy Schedule; and (b) for any following period, for which Cover is extended by mutual agreement.
Personal Data	Any data relating to an individual, whether true or not, from which the individual can be identified, whether with other data or other information We are likely to have access to or otherwise, including, without limitation, sensitive personal data.
Physician	A person qualified as a medical practitioner (other than an Insured Member or a member of his immediate family or his business associates including any business partners, employers or Employees) by a medical degree in western medicine and duly licensed and registered with the relevant statutory medical board or council to provide Medical Treatment and who, in rendering Medical Treatment, is practicing within the scope of his licensing and training in the geographical area of practice. A reference to a "Physician" in this Policy shall be construed to mean, wherever appropriate, a General Practitioner and/or a Specialist.
Policyholder	The owner(s) of this Policy as named in the Policy Schedule.
Policy Schedule	The schedule to this Policy which sets out the details of the Benefits under this Policy. It may be amended by Us from time to time.
Premium/ Premiums	The amount(s) to be paid to us to keep this Policy in force.

Pre-existing Condition	An Injury or an Illness which, prior to the date on which an Insured Member is first Covered under this Policy: (a) has been diagnosed; (b) for which Insured Member has received medication, advice or treatment; (c) which Insured Member should reasonably, based on Our appointed Physician's opinion, have known about; or (d) for which Insured Member has experienced symptoms even if Insured Member has not consulted a Physician.
Reinstate/ Reinstatement	The resuming of cover under this Policy after it has terminated.
Renewal Date	The first day of Period of Insurance as shown in the Policy Schedule on which this Policy is renewed.
Resident of Singapore	Singapore Citizens and Permanent Residents (holders of re-entry permits) as well as holders of employment passes, work permits, students' passes or dependants' passes.
Short Period Rates	As written in the clause 6(a) of Section 5, General Conditions.
Spouse	Spouse is defined to be two individuals, including common law spouses and domestic partners, who represent themselves publicly as each other's spouse and have: (a) registered their relationship with the authorities of that country where such registration is available or (b) marriage certificate or any documented evidence of shared living arrangements issued by the Employee's or spouse's home country high commission or embassy.
Services	(Without limitation) (i) the sale, underwriting, acceptance and maintaining of this Policy, (ii) the provision of services relating to this Policy and its termination or expiry, and (iii) the maintenance of Our overall relationship with You, including reinsurance, insurance, audit and administrative purposes.
Substantial Owner	Any individual entitled to more than 10% of the profits of or with an interest of more than 10% in an entity either directly or indirectly.
Sum Insured	The amount of insurance coverage effected under this Policy in respect to Insured Member as provided in Our Membership Listing. The Sum Insured for an Insured Member will be determined according to the Benefit plan stated in the Policy Schedule.
Tax Authorities	Domestic or foreign tax, revenue, fiscal or monetary authorities or agencies.
Tax Certification Forms	Any forms or other documentation as may be issued or required by a Tax Authority or by Us from time to time to confirm Your, or a Connected Person's, tax status.
Tax Information	Any documentation or information (and accompanying statements, waivers and consents) relating, directly or indirectly, to Your, or a Connected Person's tax status (regardless of whether You or such Connected Person is an individual or a business, non-profit or other corporate entity) and any owner, Controlling Person, Substantial Owner or beneficial owner of You or a Connected Person, that We consider, acting reasonably, is needed to comply (or demonstrate compliance, or avoid non-compliance) with any HSBC Group member's obligations to any Tax Authority. Tax Information includes, but is not limited to, information about: tax residence and/or place of organisation (as applicable), tax domicile, tax identification number, Tax Certification Forms, certain Personal Data (including name(s), residential address(es), age, date of birth, place of birth, nationality, citizenship).
Terminal Illness	Terminal illness is an illness which is expected to result in death within twelve (12) months from the date of the diagnosis, as confirmed by a Physician and Our appointed doctor. The illness must be such that active therapy had been rejected by medical opinion in favour of relief of symptoms and support for the patient and the patient's family.
Total and Permanent Disability	Total and Permanent Disability is defined as a disability caused by an accident or an illness, which is total, continuous and permanent, as certified by a Physician. It must result in a complete inability to work in any occupation to earn an income for at least six (6) continuous months after the start of the disability. The following are also considered to be Total and Permanent Disability: (a) Loss of sight of both eyes; or

- (b) Loss of 2 major limbs; or
- (c) Loss of sight of 1 eye and Loss of 1 major limb.

We (Our/ Us)

HSBC Life (Singapore) Pte. Ltd.

**You
(Your/Yours)**

The party named in the Policy Schedule as the Policyholder.

SECTION 2: ELIGIBILITY AND SCOPE

A) Employee Participation

1. Application for Employee Participation

- (a) Employee needs to be:
 - i. between Age 16 and Age 70; and
 - ii. Resident of Singapore
- (b) Employee already eligible on this Policy Commencement Date shall be entitled to Cover with effect from the Commencement Date.
- (c) If an Employee is not in Active Service on the date when his Cover would otherwise become effective, the Cover for him will not become effective until after he has resumed Active Service.
- (d) If an Employee becomes eligible, the Policyholder must write to Us within ninety (90) days from the date the Employee becomes eligible to apply for the Employee's Cover. If the application is approved, We will update and issue Our Membership Listing accordingly.
- (e) Employees whose membership was previously terminated that subsequently re-apply for membership will be considered a new Insured Member.
- (f) If an Employee that is not on Active Service becomes eligible, the Policyholder must write to Us within ninety (90) days from the date the Employee becomes eligible to apply for the Employee's Cover. If the application is approved, We will update and issue Our Membership Listing accordingly. Such classes of Employees would include part-time Employees, temporary and contract Employees and interns who are drawing a monthly stipend.

To be eligible for Cover, all necessary information on the Insured Members to be Covered should be provided upon request (We may ask for satisfactory evidence of insurability and eligibility, if needed).

2. Renewability

Where an Insured Member commenced Cover between Age 16 and Age 70, the Insured Member will be eligible for renewal of Cover up to Age 75 for death Benefit only.

3. Termination of Insured Member's Cover

An Insured Member's Cover will be terminated upon the earliest occurrence of any of the following:

- (a) when the Cover is cancelled or terminated; or
- (b) when the Cover is cancelled due to non-payment of Premium; or
- (c) when this Policy lapses for non-payment of Premium within the grace period; or
- (d) if the category of membership in which he is an Insured Member is excluded from participating in this Policy; or
- (e) on the Renewal Date falling after the Insured Member's 75th birthday; or
- (f) if the Insured Member dies, regardless of the cause of death; or
- (g) when the Insured Member ceases to be an Employee; or
- (h) when he enters full-time military, naval or air service; or
- (i) when a claim made in respect of his Cover is accepted by us; or
- (j) We terminate this Policy due to war (declared or undeclared); or
- (k) When the Insured Member remains outside of his Country of Residence for a period in excess of one hundred eighty-five (185) consecutive days. In such event, the Insured Member's Cover will be terminated at 23:59 Standard Singapore Time on the 185th day after the Insured Member's departure from his Country of Residence.

Cessation of Active Service by an Insured Member shall be deemed to constitute the termination of Cover, except when an Insured Member's employment is on a part-time basis temporarily or if he is absent from work because of Illness or bodily Injury, the Insured Member's Cover can continue until Premium for such Insured Member's insurance is discontinued, but not for a period exceeding twelve (12) months from the date of termination of Active Service, whichever occurs first.

Upon the termination of the Basic Policy, all the Supplementary Contracts to this Policy will also terminate.

4. Change of Category of Eligibility

Any increase in the Cover provided to an Employee already included in this Policy due to their promotion, shall become effective from the date of the Employee's promotion, unless the Employee is absent from work on that date due to Illness or Injury, in which case the increase in Cover will take effect from the date on which the Employee returns to work full time. Such increase in Cover will not be effective unless We have received written notification from You and have issued an Endorsement to this effect.

B) Dependant Participation

1. Application for Dependant Participation

- (a) Dependant needs to be:
 - i. a Spouse of an Employee between Age 16 and Age 70; or
 - ii. an Employee's natural child, step-child or legally adopted child, who is aged between 15 days and Age 25 and who is unmarried and unemployed, including National Service Full Time Servicemen (NSF).
- (b) A resident in the same Country of Residence as the Employee.
- (c) If a dependant is in hospital confinement because of Illness or Injury on the date on which he would have become eligible for participation in this Policy, his eligibility will be deferred to the date immediately following the date of discharge from the Hospital.
- (d) If a person is a dependant of an eligible Employee and is himself also eligible for participation in this Policy as a member, he will not qualify for participation as a dependant.
- (e) Where two eligible Insured Members are married to each other, their children will only be eligible as dependants of the either member and not both.
- (f) Each person who is a dependant on the first Policy Commencement Date shall be eligible for participation on this Policy Commencement Date.
- (g) If a dependant becomes eligible, the Policyholder must write to Us within ninety (90) days from the date he becomes eligible to apply for his Cover. If the application is approved, We will update and issue Our Membership Listing accordingly.

Dependant can choose same or lower Sum Insured as the Employee, subject to maximum Sum Insured of S\$100,000.

To be eligible for Cover, all necessary information on the Insured Members to be Covered should be provided upon request (We may ask for satisfactory evidence of insurability and eligibility, if needed).

If a dependant of an Employee is not resident in the same Country of Residence as the Employee, We may, upon the application of the Employee, cover that dependant in his Country of Residence on terms and conditions that We consider appropriate.

2. Renewability

Where a Spouse of an Employee commenced Cover between Age 16 and Age 70, the Spouse of an Employee will be eligible for renewal of Cover up to Age 75 for death Benefit only.

3. Termination of Insured Member's Cover

An Insured Member's Cover who is the dependant, will be terminated upon the earliest occurrence of any of the following:

- (a) when this Policy or the Employee's Cover is cancelled or terminated by the Policyholder;
- (b) when the dependant's Cover is cancelled due to non-payment of Premium;
- (c) when this Policy lapses for non-payment of Premium within the grace period; or
- (d) when the dependant ceases to fulfill the conditions that have permitted him to become insured as a dependant;
- (e) on the Renewal Date falling after the Insured Member's 75th birthday;
- (f) if the Insured Member dies, regardless of the cause of death;
- (g) We terminate this Policy due to war (declared or undeclared); or
- (h) when the Insured Member remains outside of his Country of Residence for a period in excess of one hundred eighty-five (185) consecutive days. In such an event, the Insured Member's Cover will be terminated at 23:59 Standard Singapore Time on the 185th day after the Insured Member's departure from his Country of Residence.

Upon the termination of the Basic Policy, all the Supplementary Contracts to this Policy will also terminate.

4. Change of Category of Eligibility

Any increase in the Cover provided to a dependant already included in this Policy due to Employee promotion, shall become effective from the date of the Employee's promotion, unless the dependant is in Hospital confinement on that day due to Illness or Injury, in which case the increase in Cover will be deferred to the date following his/her discharge from Hospital. Such increase in Cover will not be effective unless We have received written notification from You and have issued an Endorsement to this effect.

SECTION 3: DESCRIPTION OF BENEFITS

We will pay the Benefit if an insured event described in this section occurs whilst the Insured Member is covered under this Policy, and only if the Benefits are shown on the Policy Schedule:

1. Death

If the Insured Member dies while his Cover is in force and before the Renewal Date immediately following his 75th birthday, the Sum Insured will be paid in one lump sum.

2. Terminal Illness

If the Insured Member is diagnosed with a Terminal Illness while his Cover is in force and before the Renewal Date immediately following his 70th birthday, the Sum Insured will be paid in one lump sum.

3. Total and Permanent Disability

If the Insured Member sustains Total and Permanent Disability while his Cover is in force and before the Renewal Date immediately following his 70th birthday, the Sum Insured will be paid in one lump sum when notice and proof of the Total and Permanent Disability is submitted and accepted by Us.

4. Extended Benefit Period

If the Insured Member's employment with the Policyholder is terminated on medical grounds, his Cover will be extended for a period of twelve (12) months from the date of termination of his employment, provided that:

- (a) The termination of employment took place within twelve (12) months from the date he ceased active performance of the duties of his employment.
- (b) He has not received any Benefits under this Policy or any other Benefits provided to him under other Supplementary Contracts issued under this Policy.
- (c) He remains continuously unemployed from the date of termination of employment.
- (d) His Cover was not issued by us on any special terms or conditions as a substandard risk.
- (e) Notice of termination of employment is given to us within fourteen (14) days from the date of termination.
- (f) The Premiums for his Cover continue to be paid during the 12-month extended benefit period.
- (g) This Policy continues to be in force during the 12-month extended benefit period.
- (h) He resides in Singapore during the 12-month extended benefit period.

5. Repatriation of Mortal Remains

This Benefit is provided by the Emergency Assistance Centre (EAC) appointed by Us. We shall pay directly to EAC the expenses reasonably and necessarily incurred by the EAC to arrange for the transportation of the Insured Member's mortal remains to the Home Country or Country of Residence, or for a local burial in the country of death. We will only pay up to the limit shown for this Benefit in the Policy Schedule.

Burial costs shall encompass services and supplies provided by a mortician or undertaker including but not limited to collection and care of Insured Member, a basic coffin, hearse and managing a simple service.

Specific Conditions Applicable to Emergency Assistance:

- (a) Immediate notification of any circumstances that may require emergency medical evacuation or repatriation of mortal remains must be given to the EAC.
- (b) The EAC should be contacted to obtain advanced approval for any evacuation and to make the necessary transportation arrangements. Failure to do so will invalidate a claim for such cost.
- (c) This limitation shall not apply to emergency medical evacuation from remote or primitive areas when the EAC cannot be contacted in advance and delay might reasonably be expected to result in loss of life or extreme prejudice to the Insured Member's prospect.
- (d) EAC reserve the right to require Insured Member next of kin to sign a Letter of Indemnity prior to providing the services. If the Letter of Indemnity is not obtained and it is subsequently determined by us that the Insured Member was not eligible for the Emergency Assistance Services rendered by EAC, Insured Member's next of kin shall be liable for any expenses incurred and shall not be entitled to claim such expenses from us.

SECTION 4: POLICY EXCLUSIONS

No Benefit will be payable, regardless of whether the Insured Member is accepted within the Free Cover Limit or under other terms of acceptance in writing for any event caused directly or indirectly, wholly or partly, by any one of the following occurrences:

1. Pre-existing Conditions from the first eighteen (18) months of continuous coverage, if the Sum Insured is up to S\$ 200,000.

SECTION 5: GENERAL CONDITIONS

1. Limitation of Liability

We will not pay any Benefits under this Policy if You or any Insured Member:

- (a) fail to fully and truthfully disclose to Us, all material information known (or which could reasonably be expected to be known), before inception of this Policy and upon each Renewal Date;
- (b) fail to properly observe and fulfill the terms and conditions of this Policy;
- (c) make any untrue statement;
- (d) omit, suppress or incorrectly state any material information affecting the risk;
- (e) make any claim that is fraudulent or exaggerated, or make any false declaration or statement in support of a claim.

2. Changes in Circumstances

If there is any change in circumstances affecting the risk, You must give Us immediate written notice and pay any additional Premium that We may require. In particular, You must notify Us of any changes in occupation/business or health affecting You or any Insured Member.

3. Accuracy of Information

If the Age or date of birth or other relevant facts relating to an Insured Member shall be found to have been misstated and if such misstatement affects the scale of Benefits or has anything to do with the terms and conditions of this Policy, the true Age and facts shall be used in determining whether insurance is in force under the terms of this Policy and the Benefits payable therefrom, and an equitable adjustment of Premiums shall be made.

Where a misstatement of Age or other relevant facts has caused a Member to be insured hereunder where he is otherwise ineligible for any insurance, or where such statement has caused a member to remain insured when he would otherwise be disqualified in accordance with the terms and limitations of this Policy, his entire Cover shall be void and there shall be a return of Premiums paid in respect of the member, provided always that where there is fraud on the part of the Policyholder or Insured Member, no Premiums paid are to be returned.

4. Policy Renewal

This Policy is renewable at Our option, subject to underwriting requirements being fulfilled and at the Premium rates determined at that time by Us. Any request to hold Cover at renewal is subject to Our written approval. If at the end of this period the Policy is cancelled or lapses for any reason whatsoever, We will charge Premiums for that Period of Insurance Cover based on Short Period Rates stated in Section 5, Clause 6.

The Premium upon renewal is non-guaranteed. It will be adjusted according to the Insured Member's Age at Policy renewal and claims experience of the entire portfolio under the Benefits+ Business. We may change the rates by giving You thirty (30) days written notice.

5. Policy Plan Upgrading

Upon Your request, We may agree to a change in Policy Cover, but any such change (except Change of Category of Eligibility) shall be applicable only at the time of next Renewal Date of this Policy.

6. Cancellation of Cover

- (a) You have the right to cancel this Policy at any time by giving us at least thirty (30) days' written notice but We will charge Premiums for that Period of Insurance Cover based on the following Short Period Rates, or a minimum Premium of S\$54.00 (inclusive of GST), whichever is higher:

Period of Cover	Short Period Rates
1 week or less	1 month
1 month or less	3 months
2 months or less	4 months
3 months or less	6 months
4 months or less	7 months
6 months or less	9 months
8 months or less	10 months
More than 8 months	Full annual Premium

If this Policy or any Supplementary Contracts under this Policy is cancelled, the Policyholder must pay any Premiums which are outstanding at the date of the cancellation. If this Policy is cancelled, any claim arising before the date of cancellation will not be affected.

- (b) We may cancel this Policy and any Supplementary Contracts under this Policy on any Premium due date if not all the eligible Members have become insured under the Policy.
- (c) We have the right to cancel this Policy or any section or part of it by giving You thirty (30) days' written notice, and upon cancellation You will be granted a pro-rated refund of the total Premium paid corresponding to the unexpired Period of Insurance.

7. Policy Administration

- (a) You must furnish full particulars of all Insured Members, which includes name, gender, occupation, NRIC or Passport number, date of birth and Country of Residence at Policy Commencement Date and at each Renewal Date or at such times as We may require.
- (b) For new Insured Member, You must notify Us in writing within ninety (90) days after the new Insured Member is employed and is in Active Service.
- (c) For existing Insured Member, You must notify Us in writing within ninety (90) days from the date the Insured Member ceases to be eligible under this Policy. We reserve the right to recover any cost from You (including any wrongful payment of claims) if You fail to inform Us when the Insured Member ceases to be eligible under this Policy.
- (d) Any addition of new Insured Member will be charged a pro-rated Premium corresponding to the unexpired Period of Insurance. Any termination of an Insured Member will be granted a pro-rated refund of the Premium paid in respect of that Insured Member corresponding to the unexpired Period of Insurance.

8. Premium Payment Warranty

- (a) Notwithstanding anything herein contained but subject to clause (b) hereof, it is hereby agreed and declared that if the Period of Insurance is sixty (60) days or more, any Premium due must be paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within sixty (60) days of the:
- Policy Commencement Date, Renewal Date; or
 - effective date of each Endorsement, if any, issued under this Policy.
- (b) In the event that any Premium due is not paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within the sixty (60) day period referred to above, then
- the Cover under this Policy, or Endorsement is automatically terminated immediately after the expiry of the said sixty (60) day period;

- ii. the automatic termination of the Cover shall be without prejudice to any liability incurred within the said sixty (60) day period; and
 - iii. We shall be entitled to a pro-rata time on risk Premium subject to a minimum of S\$54.00 (inclusive of GST).
- (c) If the Period of Insurance is less than sixty (60) days, any Premium due must be paid and actually received in full by Us (or the intermediary through whom this Policy was effected) within the Period of Insurance.
- (d) If there are any unpaid Premiums or other amounts owing to us when a claim is made, the Benefits will not be paid until the total outstanding sum is paid to us.

9. Condition Precedent

The validity of this Policy is subject to the condition precedent that:

- (a) for the risk insured, the Policyholder has never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any Premium payment condition; or
- (b) if the Policyholder has declared that it has breached any Premium payment condition in respect of a previous Policy taken up with another insurer in the last twelve (12) months:
 - i. the Policyholder has fully paid all outstanding Premium for time on risk calculated by the previous insurer based on the customary Short Period Rate in respect of the previous Policy; and
 - ii. a copy of the written confirmation from the previous insurer to this effect is first provided by the Policyholder to Us before Cover incepts.

10. Payment of Benefits

Any Benefits payable under this Policy shall be paid to You. Your receipt of any Benefit payable under this Policy shall in all cases be deemed final and complete discharge of all Our liability.

11. Claim Procedures

If an Insured Member dies, written Notice and proof of the claim must be given to us immediately.

If an Insured Member has sustained a Total and Permanent Disability or has been diagnosed with a Terminal Illness, written Notice and proof of the claim must be given to us within thirty (30) days from the date:

- (a) the Total and Permanent Disability is certified and confirmed by a Physician; or
- (b) the date of diagnosis of the Terminal Illness, whichever is applicable.

Failure to give notice as specified in these provisions will not invalidate the claim if it can be shown that there is a good reason for the failure and that the Notice and proof of claim were given as soon as reasonably possible.

We will only consider a claim if:

- (a) all required documents, evidence and information are provided at the claimant's own expense; and
- (b) all documents, evidence and information provided satisfy Our requirements on Notice and proof of claim.

To assess a claim for Total and Permanent Disability or Terminal Illness We may require the Insured Member to be examined by Our appointed Physician at any time and in any manner which is reasonable.

An Insured Member's Cover and the Cover provided to him under all other Supplementary Contracts issued under this Policy will automatically terminate when We accept a claim made.

12. Specific Claim Conditions

- (a) The payment of any claim does not discharge Your obligations regarding the fulfilment of the terms and conditions under this Policy; and
- (b) We are not obliged to pay a claim, even where We have previously paid for this type of or similar claim, if it is subsequently noted that this claim is in fact not eligible.

13. Notices

Any notice sent to us for the purposes of this Policy will only be considered received if it is delivered to Our registered office.

14. Despatch of Documents, Cheques and Notices

Any document, cheque or written notice will be sent by post to the Policyholder's address held in Our records at the relevant time. The Policyholder is responsible to notify us promptly of any change of address.

15. Legal Proceedings

No legal action may be brought against us:

- (a) until sixty (60) days have passed since the date the Notice and proof of claim were filed; and
- (b) if more than two (2) years have passed since Notice and proof of claim were required to be submitted.

16. Mediation/Arbitration

All disputes arising out of this Policy may be submitted to the Singapore Mediation Centre for settlement by mediation in accordance with the mediation procedure for the time being in force, if the parties so agree. The parties agree to take part in the mediation in good faith and undertake to honour the terms of any settlement reached. If any dispute is not referred to mediation or if mediation fails, the dispute has to be referred to and finally resolved by arbitration in Singapore with the Arbitration Rules of the Singapore International Arbitration Centre ("SIAC Rules") for the time being in force, which rules are deemed to be incorporated by reference in this clause. The tribunal shall consist of one (1) arbitrator. The language of the arbitration shall be English.

17. Applicable Law/Jurisdiction

This Policy shall be governed by and interpreted in accordance with the laws of Singapore.

18. Rights of Third Parties

A person or any entity who is not a party to this Policy shall have no right under the Contracts (Rights of Third Parties) Act 2001 and any amendments or modifications thereof to enforce any of its terms.

19. Non-Assignment

This Policy is not assignable. We shall not be affected by notice of any trust, charge, lien, assignment or other dealing with this Policy.

20. Alterations

We reserve the right to vary the Benefits, Cover and amend the terms and conditions of this Policy, and such amendment will be applicable from the next renewal of this Policy. No alteration to this Policy shall be valid unless approved in writing by Our authorised representative and reflected in an Endorsement. No intermediary has the authority to amend or to waive any of the terms and conditions of this Policy. If the Policyholder requests for the terms of the Policy to be changed, We may require documents or information to be provided at the Policyholder's expense to support the request.

21. Currency Exchange Rates

Payment of all claims and Benefits will be made in Singapore currency. Charges incurred in any other currency shall be payable in Singapore dollars on the basis of the exchange rate in effect on the date such Charges were incurred as stipulated by Us.

22. Clerical Error

A clerical error by Us shall not invalidate insurance Cover otherwise validly in force, nor continue insurance Cover otherwise not validly in force.

23. Reinstatement

If this Policy or any Cover for an Insured Member has terminated, the Policyholder may write to us to apply to reinstate the Policy. We shall have the right to impose any conditions on the reinstated Policy or Cover.

24. Incontestability

Unless there has been fraud or there are outstanding Premiums, We will not contest the validity of (i) this Policy after the Policy has been in force for one (1) year, or (ii) an Insured Member's Cover after the Cover has been in force for more than one (1) year, from:

- (a) the Commencement Date of this Policy or Cover;
- (b) the Reinstatement date of this Policy or Cover; or
- (c) the date of the last increase in the Sum Insured but only in respect of that increased Sum Insured,

whichever is latest.

25. Sanction Clause

Under no circumstances shall this insurance contract be deemed to provide Cover and no liability be incurred to pay any claim or provide any Benefit hereunder to the extent that the provision of such Cover, payment of such claim or provision of such benefit would expose Us to any sanction, prohibition, or restriction under the sanctions laws and regulations of United Nations Security Council (“UN”), the United Kingdom (“UK”), the Hong Kong Special Administrative Region (“HK”), the European Union (“EU”), the United States of America (“US”) or Singapore.

26. Illegality Clause

Under no circumstances shall this Policy be deemed to provide Cover and no liability be incurred to pay or provide any Benefit hereunder to the extent that the provision of such Cover, payment of such claim or provision of such Benefit would cause Us to be in breach of, or expose Us to any prohibition, or restriction under the laws or regulations of Singapore.

27. 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 websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

28. Tax Compliance

You acknowledge You are solely responsible for understanding and complying with Your tax obligations (including but not limited to, payment of any tax deduction or withholding tax or filing of returns or other required documentation relating to the payment of all relevant taxes) and other payment obligations in accordance with the applicable laws in all jurisdictions in which those obligations arise and relating to the opening and use of account(s) and/or Services provided by Us and/or members of the HSBC Group. Certain countries may have tax legislation with extra-territorial effect regardless of Your place of domicile, residence, citizenship or incorporation. We and/or any member of the HSBC Group do not provide tax advice. You are advised to seek independent legal and/or tax advice. We and/or any member of the HSBC Group have no responsibility in respect of Your tax obligations in any jurisdiction which they may arise including, without limitation, any that may relate specifically to the opening and use of account(s) and/or Services provided by Us and/or members of the HSBC Group.

With regard to Your obligation to pay any tax deduction or withholding tax under any applicable law at any time with respect to Your payment of Premium or other amounts made to Us, then You are liable (i) to pay Us the Premium and/or such other amounts as if no such deduction or withholding have been made; (ii) to pay the full amount of such deduction or withholding to the relevant taxation authority or other authority in accordance with applicable law; and (iii) to provide Us with the evidence of such payment. Your payment of Premium and other amounts made to Us hereunder shall be made without any deduction or withholding and free of any set off or counterclaim.

29. Financial Crime Risk Management Activity

We, and members of the HSBC Group, are required, and may take any action considered appropriate, to meet Compliance Obligations in connection with the detection, investigation and prevention of Financial Crime (“**Financial Crime Risk Management Activity**”). Such action may include, but is not limited to:

- (a) screening, intercepting and investigating any instruction or communication by You or a Connected Person, or on Your or a Connected Person's behalf;
- (b) investigating the source of or intended recipient of funds;
- (c) combining Customer Information with other related information in the possession of the HSBC Group; and/or
- (d) making further enquiries as to the status of a person or entity, whether they are subject to a sanctions regime, or confirming Your or Connected Person's identity and status.

To the extent permissible by law, neither We nor any other member of HSBC Group shall be liable to You or any third party in respect of any loss whether incurred by You or a third party in connection with the delaying, blocking or refusing of any payment or the provision of all or part of the Services or otherwise as a result of Financial Crime Risk Management Activity.

30. Free-Look Provision

You have a free-look period of fourteen (14) days to review the Policy from the date You receive it. If You decide that this Policy does not suit Your needs, You may request to cancel it by giving Us clear, written instructions within the free-look period. Provided that no claims have been made during this period, We shall refund the Premiums paid by You without interest after deducting the expenses incurred in issuing this Policy. This option of free-look period shall not apply to renewals of Your Policy with Us.

Benefits+ Business Critical Illness (Acceleration) Policy

This Supplementary Contract is supplemental to and forms part of the Benefits+ Business Term Life Policy (hereinafter called the "Basic Policy") and is subject to all the provisions of the Basic Policy except as herein modified provided that they are not inconsistent with the provisions of this Supplementary Contract. In the event of any inconsistency, the terms of this Supplementary Contract will prevail. Capitalised terms not otherwise defined in the Supplementary Contract shall have the meanings ascribed to them in the Basic Policy.

Cover under this Supplementary Contract shall be subject to Your:

- (a) Submission of an application for coverage under this Supplementary Contract and Our acceptance of the application.
- (b) Provision of all necessary information of the Insured Members to be Covered under this Supplementary Contract (including satisfactory evidence of insurability and eligibility to be determined at Our sole discretion).
- (c) Payment of any applicable Premiums.

ADDITIONAL DEFINITIONS

These terms, wherever used in this Policy, are defined as follows:

TERM	MEANING
Critical Illness	The Illnesses listed in the "Appendix-Definitions" to this Supplementary Contract, and which commence on or after the commencement of an Insured Member's Cover under this Supplementary Contract.

ADDITIONAL BENEFITS

We will pay the Benefit if the Insured Member suffers a Critical Illness while he is covered under this Supplementary Contract, and only if the Benefits are shown on the Policy Schedule .

1. Critical Illness (Acceleration)

We will pay the Critical Illness (Acceleration) Benefit when the Insured Member is diagnosed with a Critical Illness, as an advancement of the Sum Insured under the Term Life Policy.

The Term Life Sum Insured will be reduced by the amount of the advance payment made under this Supplementary Contract.

This Benefit will be payable once even if the Insured Member is diagnosed with more than one (1) Critical Illness. We will only pay this Benefit up to the Sum Insured.

ADDITIONAL LIMITATIONS

The Critical Illness Benefit will not be payable for Heart Attack of Specified Severity, Major Cancer, Coronary Artery By-pass Surgery, Angioplasty and Other Invasive Treatment for Coronary Artery and Other Serious Coronary Artery Disease if the date of diagnosis of the Heart Attack, Major Cancer, Other Serious Coronary Artery Disease or the date of diagnosis of any conditions leading to performance of Coronary Artery By-pass Surgery or Angioplasty and Other Invasive Treatment for Coronary Artery to the Insured Member was made within ninety (90) days from the later of:

- i) the Commencement Date or Reinstatement date of his Cover; or
- ii) the effective date of an increase in the Sum Insured.

ADDITIONAL GENERAL CONDITIONS

Notice and Proof of Claim

Written notice and proof of the claim must be given to Us within ninety (90) days from the date of diagnosis of the Critical Illness by a Physician. The diagnosis of the Critical Illness must be supported by acceptable clinical, radiological, histological and laboratory evidence.

Failure to give notice as specified in these provisions will not invalidate the claim if it can be shown that there is a good reason for the failure and that the notice and proof of claim were given as soon as reasonably possible.

We will only consider a claim if:

- (a) All required documents, evidence and information are provided at the claimant's own expense; and
- (b) All documents, evidence and information provided satisfy Our requirements on notice and proof of claim.

Medical Examination

To assess a claim, We reserve the right to require the Insured Member to be examined by Our appointed Physician at any time and in any manner which is reasonable.

Termination of Entitlement of Benefits

The Benefits under this Supplementary Contract will automatically terminate:

- (a) When The Policy or the Insured Member's Cover terminates; or
- (b) On the Renewal Date falling after the Insured Member's 70th birthday; or
- (c) When the amount payable under the Critical Illness Benefit has been paid.

ADDITIONAL EXCLUSIONS

No Benefit will be payable regardless of whether the Insured Member is accepted within the Free Cover Limit or under other terms of acceptance in writing for any Critical Illness caused directly or indirectly, wholly or partly, by any one of the following occurrences:

1. Pre-existing conditions which have existed at any time prior to the commencement or reinstatement of insurance coverage whether known or unknown to the Policyholder and/or Insured Member in so far as the cause and pathology of the conditions have already existed.
2. Suicide, attempted suicide or self-inflicted injuries, regardless of the Insured Member's mental condition.
3. Under the influence of narcotics or drugs which are not prescribed by a Physician.
4. Acquired Immune Deficiency Syndrome (AIDS), or any AIDS-related condition or infection by any Human Immunodeficiency Virus (HIV).
5. Participation in a riot or civil commotion, violation or attempted violation of law, or resistance to lawful arrest or imprisonment.
6. Engaging in or taking part in acts of terrorism, nuclear contamination, biological contamination or chemical contamination.
7. Engaging or taking part in war, act of foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons, or any event similar to the one listed.

This Supplementary Contract is subject to the provisions, exclusions, and conditions of the Basic Policy .

APPENDIX - DEFINITIONS

Critical Illness under this Supplementary Contract includes the following:

Major Cancer

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:
 - Pre-malignant;
 - Non-invasive;
 - Carcinoma-in-situ (Tis) or Ta;
 - Having borderline malignancy;
 - Having any degree of malignant potential;
 - Having suspicious malignancy;
 - Neoplasm of uncertain or unknown behavior; or
 - 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

Heart Attack of Specified Severity	<p>Death of heart muscle due to ischaemia, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:</p> <ul style="list-style-type: none"> • History of typical chest pain; • New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block; • Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above; • Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company. <p>For the above definition, the following are excluded:</p> <ul style="list-style-type: none"> • Angina; • Heart attack of indeterminate age; and • A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty. <p>Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml</p>
Stroke with Permanent Neurological Deficit	<p>A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit. This diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> • Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and • Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke. <p>The following are excluded:</p> <ul style="list-style-type: none"> • Transient Ischaemic Attacks; • Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease; • Vascular disease affecting the eye or optic nerve; • Ischaemic disorders of the vestibular system; and • Secondary haemorrhage within a pre-existing cerebral lesion.
Coronary Artery By-pass Surgery	<p>The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.</p> <p>Angioplasty and all other intra-arterial, catheter-based techniques, 'keyhole' or laser procedures are excluded.</p>
End Stage Kidney Failure	<p>Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.</p>
Irreversible Aplastic Anaemia	<p>Chronic persistent and irreversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:</p> <ul style="list-style-type: none"> • Blood product transfusion; • Bone marrow stimulating agents; • Immunosuppressive agents; or • Bone marrow or haematopoietic stem cell transplantation. <p>The diagnosis must be confirmed by a haematologist.</p>

End Stage Lung Disease	<p>End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> • FEV₁ test results which are consistently less than 1 litre; • Permanent supplementary oxygen therapy for hypoxemia; • Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO₂ ≤ 55mmHg); and • Dyspnea at rest. <p>The diagnosis must be confirmed by a respiratory physician.</p>
End Stage Liver Disease	<p>End stage liver failure as evidenced by all of the following:</p> <ul style="list-style-type: none"> • Permanent jaundice; • Ascites; and • Hepatic encephalopathy. <p>Liver disease secondary to alcohol or drug abuse is excluded.</p>
Coma	<p>A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> • No response to external stimuli for at least 96 hours; • Life support measures are necessary to sustain life; and • Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. <p>For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.</p>
Deafness (Irreversible Loss of Hearing)	<p>Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.</p> <p>Total means “the loss of at least 80 decibels in all frequencies of hearing”.</p> <p>Irreversible means “cannot be reasonably restored to at least 40 decibels by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention.”</p>
Open Chest Heart Valve Surgery	<p>The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterisation or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.</p>
Irreversible Loss of Speech	<p>Total and irreversible loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.</p> <p>All psychiatric related causes are excluded.</p>
Major Burns	<p>Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Insured Member’s body.</p>

Major Organ / Bone Marrow Transplantation	<p>The receipt of a transplant of:</p> <ul style="list-style-type: none"> • Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or • One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ. <p>Other stem cell transplants are excluded.</p>
Multiple Sclerosis	<p>The definite diagnosis of Multiple Sclerosis, and must be supported by all of the following:</p> <ul style="list-style-type: none"> • Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; and • Multiple neurological deficits which occurred over a continuous period of at least 6 months. <p>Other causes of neurological damage such as SLE and HIV are excluded.</p>
Muscular Dystrophy	<p>The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Insured Member to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months.</p> <p>For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>
Idiopathic Parkinson’s Disease	<p>The unequivocal diagnosis of idiopathic Parkinson’s Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> • The disease cannot be controlled with medication; and • Inability of the Insured Member to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months. <p>For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>
Open Chest Surgery to Aorta	<p>The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.</p> <p>Surgery performed using only minimally invasive or intra-arterial techniques are excluded.</p>
Alzheimer’s Disease / Severe Dementia	<p>Deterioration or loss of cognitive function as confirmed by clinical evaluation and imaging tests, arising from Alzheimer’s disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Insured Member. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company’s appointed doctor.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • Non-organic diseases such as neurosis and psychiatric illnesses; and • Alcohol related brain damage.
Fulminant Hepatitis	<p>A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:</p> <ul style="list-style-type: none"> • Rapid decreasing of liver size as confirmed by abdominal ultrasound; • Necrosis involving entire lobules, leaving only a collapsed reticular framework; • Rapid deterioration of liver function tests; • Deepening jaundice; and • Hepatic encephalopathy.

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

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

The NYHA Classification of Cardiac Impairment:

Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.

Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.

Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

HIV Due to Blood Transfusion and Occupationally Acquired HIV

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

- The blood transfusion was medically necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later; and
- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood.

B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, date of endorsement or date of reinstatement of this Supplementary Contract, whichever is the later whilst the Insured Member was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to the Company's satisfaction:

- Proof that the accident involved a definite source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

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

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

Benign Brain Tumour

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

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

The following are excluded:

- Cysts;
- Abscess;
- Angioma;
- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland, spinal cord and skull base.

Severe Encephalitis Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in permanent neurological deficit which must be documented for at least 6 weeks. This diagnosis must be certified by a consultant neurologist, and supported by any confirmatory diagnostic tests.

Encephalitis caused by HIV infection is excluded.

Severe Bacterial Meningitis Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:

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

Bacterial Meningitis in the presence of HIV infection is excluded.

Angioplasty and Other Invasive Treatment For Coronary Artery

The actual undergoing of balloon angioplasty or similar intra-arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.

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

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

Diagnostic angiography is excluded.

Blindness (Irreversible Loss of Sight)

Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.

The blindness must not be correctable by surgical procedures, implants or any other means.

Major Head Trauma

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head injury.

The following are excluded:

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

Paralysis (Irreversible Loss of Use of Limbs)	<p>Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.</p> <p>Self-inflicted injuries are excluded.</p>
Terminal Illness	<p>The conclusive diagnosis of an illness that is expected to result in the death of the Insured Member within 12 months. This diagnosis must be supported by a specialist and confirmed by the Company's appointed doctor.</p> <p>Terminal illness in the presence of HIV infection is excluded.</p>
Progressive Scleroderma	<p>A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally confirmed by a consultant rheumatologist and supported by biopsy or equivalent confirmatory test, and serological evidence, and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • Localised scleroderma (linear scleroderma or morphea); • Eosinophilic fasciitis; and • CREST syndrome.
Persistent Vegetative State (Apallic Syndrome)	<p>Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for at least one month.</p>
Systemic Lupus Erythematosus With Lupus Nephritis	<p>The unequivocal diagnosis of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class VI Lupus Nephritis, established by renal biopsy, and in accordance with the RPS/ISN classification system). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.</p> <p>The RPS/ISN classification of lupus nephritis:</p> <p>Class I Minimal mesangial lupus nephritis</p> <p>Class II Mesangial proliferative lupus nephritis</p> <p>Class III Focal lupus nephritis (active and chronic; proliferative and sclerosing)</p> <p>Class IV Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global)</p> <p>Class V Membranous lupus nephritis</p> <p>Class VI Advanced sclerosis lupus nephritis</p>

Other Serious Coronary Artery Disease

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

Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.

Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause,
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

The diagnosis must be confirmed by a consultant neurologist or specialist in the relevant medical field.

Loss of Independent Existence

A condition as a result of a disease, illness or injury whereby the Insured Member is unable to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living", for a continuous period of 6 months.

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

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

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

Others

The following two terms can be found in some of the above definitions, and their meanings are as follows:

1. Permanent Neurological Deficit

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

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

2. Activities of Daily Living (ADLs)

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

The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2019). These Critical Illnesses fall under Version 2019. You may refer to www.lia.org.sg for the standard Definitions (Version 2019).

Benefits+ Business Critical Illness (Additional) Policy

This Supplementary Contract is supplemental to and forms part of the Benefits+ Business Term Life Policy (hereinafter called the "Basic Policy") and is subject to all the provisions of the Basic Policy except as herein modified provided that they are not inconsistent with the provisions of this Supplementary Contract. In the event of any inconsistency, the terms of this Supplementary Contract will prevail. Capitalised terms not otherwise defined in the Supplementary Contract shall have the meanings ascribed to them in the Basic Policy.

Cover under this Supplementary Contract shall be subject to Your:

- a) Submission of an application for coverage under this Supplementary Contract and Our acceptance of the application.
- b) Provision of all necessary information of the Insured Members to be Covered under this Supplementary Contract (including satisfactory evidence of insurability and eligibility to be determined at Our sole discretion).
- c) Payment of any applicable premiums.

ADDITIONAL DEFINITIONS

These terms, wherever used in this policy, are defined as follows:

TERM	MEANING
Critical Illness	The Illnesses listed in the "Appendix-Definitions" to this Supplementary Contract, and which commence on or after the commencement of an Insured Member's Cover under this Supplementary Contract.

ADDITIONAL BENEFITS

We will pay the Benefit if the Insured Member suffers a Critical Illness while he is covered under this Supplementary Contract, and only if the Benefits are shown on the Policy Schedule.

1. Critical Illness (Additional)

We will pay the Critical Illness (Additional) Benefit when the Insured Member is diagnosed with a Critical Illness.

This Benefit will be payable once even if the Insured Member is diagnosed with more than one (1) Critical Illness. We will only pay this Benefit up to the Sum Insured.

ADDITIONAL LIMITATIONS

The Critical Illness Benefit will not be payable for Heart Attack of Specified Severity, Major Cancer, Coronary Artery By-pass Surgery, Angioplasty and Other Invasive Treatments for Coronary artery and Other Serious Coronary Artery Disease if the date of diagnosis of the Heart Attack, Major Cancer, Other Serious Coronary Artery Disease or the date of diagnosis of any conditions leading to performance of Coronary Artery By-pass Surgery or Angioplasty & Other Invasive Treatment for Coronary Artery to the Insured Member was made within ninety (90) days from the later of:

- i) the Commencement Date or Reinstatement date of his Cover; or
- ii) the effective date of an increase in the Sum Insured.

ADDITIONAL GENERAL CONDITIONS

Notice and proof of Claim

Written notice and proof of the claim must be given to Us within ninety (90) days from the date of diagnosis of the Critical Illness by a Physician. The diagnosis of the Critical Illness must be supported by acceptable clinical, radiological, histological and laboratory evidence.

Failure to give notice as specified in these provisions will not invalidate the claim if it can be shown that there is a good reason for the failure and that the notice and proof of claim were given as soon as reasonably possible.

We will only consider a claim if:

- (a) All required documents, evidence and information are provided at the claimant's own expense; and
- (b) All documents, evidence and information provided satisfy Our requirements on notice and proof of claim.

Medical Examination

To assess a claim, We reserve the right to require the Insured Member to be examined by our appointed Physician at any time and in any manner which is reasonable.

Termination of Entitlement of Benefits

The Benefits under this Supplementary Contract will automatically terminate:

- (a) When the Policy or the Insured Member's Cover terminates; or
- (b) On the Renewal Date falling after the Insured Member's 70th birthday; or
- (c) When the amount payable under the Critical Illness Benefit has been paid.

ADDITIONAL EXCLUSIONS

No Benefit will be payable regardless of whether the Insured Member is accepted within the Free Cover Limit or under other terms of acceptance in writing for any Critical Illness caused directly or indirectly, wholly or partly, by any one of the following occurrences:

1. Pre-existing conditions which have existed at any time prior to the commencement or reinstatement of insurance coverage whether known or unknown to the Policyholder and/or Insured Member in so far as the cause and pathology of the conditions have already existed.
2. Suicide, attempted suicide or self-inflicted injuries, regardless of the Insured Member's mental condition.
3. Under the influence of narcotics or drugs which are not prescribed by a Physician.
4. Acquired Immune Deficiency Syndrome (AIDS), or any AIDS-related condition or infection by any Human Immunodeficiency Virus (HIV).
5. Participation in a riot or civil commotion, violation or attempted violation of law, or resistance to lawful arrest or imprisonment.
6. Engaging in or taking part in acts of terrorism, nuclear contamination, biological contamination or chemical contamination.
7. Engaging or taking part in war, act of foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons, or any event similar to the one listed.

This Supplementary Contract is subject to the provisions, exclusions and conditions of the Basic Policy.

APPENDIX- DEFINITIONS

Critical Illness under this Supplementary Contract includes the following:

Major Cancer

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:
 - Pre-malignant;
 - Non-invasive;
 - Carcinoma-in-situ (Tis) or Ta;
 - Having borderline malignancy;
 - Having any degree of malignant potential;
 - Having suspicious malignancy;
 - Neoplasm of uncertain or unknown behavior; or
 - 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

Heart Attack of Specified Severity	<p>Death of heart muscle due to ischaemia, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:</p> <ul style="list-style-type: none"> • History of typical chest pain; • New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block; • Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above; • Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company. <p>For the above definition, the following are excluded:</p> <ul style="list-style-type: none"> • Angina; • Heart attack of indeterminate age; and • A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty. <p>Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml</p>
Stroke with Permanent Neurological Deficit	<p>A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit. This diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> • Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and • Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke. <p>The following are excluded:</p> <ul style="list-style-type: none"> • Transient Ischaemic Attacks; • Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease; • Vascular disease affecting the eye or optic nerve; • Ischaemic disorders of the vestibular system; and • Secondary haemorrhage within a pre-existing cerebral lesion.
Coronary Artery By-pass Surgery	<p>The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.</p> <p>Angioplasty and all other intra-arterial, catheter-based techniques, 'keyhole' or laser procedures are excluded.</p>
End Stage Kidney Failure	<p>Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.</p>
Irreversible Aplastic Anaemia	<p>Chronic persistent and irreversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:</p> <ul style="list-style-type: none"> • Blood product transfusion; • Bone marrow stimulating agents; • Immunosuppressive agents; or • Bone marrow or haematopoietic stem cell transplantation. <p>The diagnosis must be confirmed by a haematologist.</p>

End Stage Lung Disease	<p>End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> • FEV₁ test results which are consistently less than 1 litre; • Permanent supplementary oxygen therapy for hypoxemia; • Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO₂ ≤ 55mmHg); and • Dyspnea at rest. <p>The diagnosis must be confirmed by a respiratory physician.</p>
End Stage Liver Disease	<p>End stage liver failure as evidenced by all of the following:</p> <ul style="list-style-type: none"> • Permanent jaundice; • Ascites; and • Hepatic encephalopathy. <p>Liver disease secondary to alcohol or drug abuse is excluded.</p>
Coma	<p>A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> • No response to external stimuli for at least 96 hours; • Life support measures are necessary to sustain life; and • Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. <p>For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.</p>
Deafness (Irreversible Loss of Hearing)	<p>Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.</p> <p>Total means “the loss of at least 80 decibels in all frequencies of hearing”.</p> <p>Irreversible means “cannot be reasonably restored to at least 40 decibels by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention.”</p>
Open Chest Heart Valve Surgery	<p>The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterisation or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.</p>
Irreversible Loss of Speech	<p>Total and irreversible loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.</p> <p>All psychiatric related causes are excluded.</p>
Major Burns	<p>Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Insured Member’s body.</p>

Major Organ / Bone Marrow Transplantation	<p>The receipt of a transplant of:</p> <ul style="list-style-type: none"> • Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or • One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ. <p>Other stem cell transplants are excluded.</p>
Multiple Sclerosis	<p>The definite diagnosis of Multiple Sclerosis, and must be supported by all of the following:</p> <ul style="list-style-type: none"> • Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; and • Multiple neurological deficits which occurred over a continuous period of at least 6 months. <p>Other causes of neurological damage such as SLE and HIV are excluded.</p>
Muscular Dystrophy	<p>The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Insured Member to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months.</p> <p>For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>
Idiopathic Parkinson’s Disease	<p>The unequivocal diagnosis of idiopathic Parkinson’s Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> • The disease cannot be controlled with medication; and • Inability of the Insured Member to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months. <p>For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>
Open Chest Surgery to Aorta	<p>The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.</p> <p>Surgery performed using only minimally invasive or intra-arterial techniques are excluded.</p>
Alzheimer’s Disease / Severe Dementia	<p>Deterioration or loss of cognitive function as confirmed by clinical evaluation and imaging tests, arising from Alzheimer’s disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Insured Member. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company’s appointed doctor.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • Non-organic diseases such as neurosis and psychiatric illnesses; and • Alcohol related brain damage.
Fulminant Hepatitis	<p>A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:</p> <ul style="list-style-type: none"> • Rapid decreasing of liver size as confirmed by abdominal ultrasound; • Necrosis involving entire lobules, leaving only a collapsed reticular framework; • Rapid deterioration of liver function tests; • Deepening jaundice; and • Hepatic encephalopathy.

Motor Neurone Disease

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

Primary Pulmonary Hypertension

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

The NYHA Classification of Cardiac Impairment:

Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.

Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.

Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

HIV Due to Blood Transfusion and Occupationally Acquired HIV

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

- The blood transfusion was medically necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later; and
- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood.

B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, date of endorsement or date of reinstatement of this Supplementary Contract, whichever is the later whilst the Insured Member was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to the Company's satisfaction:

- Proof that the accident involved a definite source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

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

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

Benign Brain Tumour

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

- It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and

- Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- Cysts;
- Abscess;
- Angioma;
- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland, spinal cord and skull base.

Severe Encephalitis Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in permanent neurological deficit which must be documented for at least 6 weeks. This diagnosis must be certified by a consultant neurologist, and supported by any confirmatory diagnostic tests.

Encephalitis caused by HIV infection is excluded.

Severe Bacterial Meningitis Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:

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

Bacterial Meningitis in the presence of HIV infection is excluded.

Angioplasty and Other Invasive Treatment For Coronary Artery

The actual undergoing of balloon angioplasty or similar intra-arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.

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

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

Diagnostic angiography is excluded.

Blindness (Irreversible Loss of Sight)

Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist. The blindness must not be correctable by surgical procedures, implants or any other means.

Major Head Trauma Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head Injury.

The following are excluded:

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

Paralysis (Irreversible Loss of Use of Limbs) Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

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

Terminal illness in the presence of HIV infection is excluded.

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

The following are excluded:

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

Persistent Vegetative State (Apallic Syndrome) Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for at least one month.

Systemic Lupus Erythematosus With Lupus Nephritis The unequivocal diagnosis of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class VI Lupus Nephritis, established by renal biopsy, and in accordance with the RPS/ISN classification system). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

The RPS/ISN classification of lupus nephritis:

- Class I Minimal mesangial lupus nephritis
- Class II Mesangial proliferative lupus nephritis
- Class III Focal lupus nephritis (active and chronic; proliferative and sclerosing)
- Class IV Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global)
- Class V Membranous lupus nephritis
- Class VI Advanced sclerosis lupus nephritis

Other Serious Coronary Artery Disease

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

Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.

Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause,
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

The diagnosis must be confirmed by a consultant neurologist or specialist in the relevant medical field.

Loss of Independent Existence

A condition as a result of a disease, illness or injury whereby the Insured Member is unable to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living", for a continuous period of 6 months.

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

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

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

Others

The following two terms can be found in some of the above definitions, and their meanings are as follows:

1. Permanent Neurological Deficit

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

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

2. Activities of Daily Living (ADLs)

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

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