



INCOME EMPLOYEES FLEXCARE

Policy Wording wef 1 July 23



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Conditions for Group Hospital & Surgical policy under Employees Flexcare

Your policy

This is **your** Group Hospital & Surgical policy. It contains;

- (i) These conditions for Group Hospital & Surgical policy and its rider (where applicable);
- (ii) The **schedule**;
- (iii) The table of insured benefits;
- (iv) The **schedule of lives** (if any); and
- (v) The **endorsements** (if any).

In addition to item (i) to (v) above, the full agreement between **us** and **you** is made up of these documents:

- (a) All statements made by the **insured members**;
- (b) Declarations and questionnaires relating to the **insured members'** occupational or medical conditions which **you** or the **insured members** provided to **us** for **our** underwriting purposes (if any); and
- (c) All written correspondence relating to **your** policy between **you** and **us**.

We refer to item (i) to (v) and (a) to (c) above collectively as '**your policy**' or '**this policy**'. Please examine them to make sure the **insured members** have the protection needed. It is important that **you** read them together to avoid any misunderstanding. If there are any amendments, they must be agreed between **you** and **us** and **we** will add an **endorsement** to **your policy**. All **endorsements** will be binding on all **insured members** unless an **endorsement** is only applicable to a specific **insured member**.

Words **we** have defined in these conditions have the meanings given to them in the definitions section and the same definitions apply if the defined words are used in any of the documents in **your policy** or any correspondence between **you** and **us**.

Group Hospital & Surgical policy is a group medical insurance plan which covers the **insured members** for costs associated with treatment of **illness** or **injury** whilst staying in a **hospital** and/or undergoing a **surgery**. **You** will find details of what **we** cover in **your policy**.

This policy may be voided if any information **you** or the **insured member** provided to **us** is incomplete, untrue or inaccurate or if **you** or the **insured member** does not comply with the conditions of **this policy**.

Who is eligible

This policy shall cover the following **insured members**:

- (a) **Your** employees whose **age** is 69 years old and below. Cover is renewable up to **age** 75 years old;
- (b) Their eligible **dependants**; and
- (c) Person(s) as agreed and endorsed in **your policy**

All full-time employees of the **policyholder** who are not **actively at work** on the dates they would otherwise become eligible for insurance coverage under **your policy** shall not be eligible until they return to active service at work. To avoid doubt, if a full-time employee is not **actively at work**, his/her **dependants** are also not eligible for insurance coverage under **your policy**.

You shall provide **us** with the particulars of the persons to be insured and particulars of persons who ceased to be insured under **your policy** within 30 days in writing from the date they are eligible or ceased to be insured.

For avoidance of doubt, this **Policy** does not cover employee who is holding a Work Permit or S Pass issued by the Ministry of Manpower.

Definitions

Accident/Accidental

Accident or Accidental means a sudden, unexpected physical event, which happens during the **period of insurance** and which must be the only cause of **injury**.

Actively at work

Actively at work means reporting for work at the place assigned by **you** and can perform expected regular duties of his/her employment with **you**. This includes periods when he/she is on annual leave but not on medical grounds. If he/she is not **actively at work** on the **effective date**, he/she will only be covered when he/she returns to active service at work.

Cover for **dependant(s)** shall start on his/her **effective date** provided he/she is in good health and is not confined in hospital, or in the process of admission to hospital or on medical leave prior to or on the **effective date** of cover.

Age

Age means the age on the last birthday of the person at the time the cover under **this policy** commences or upon renewal.

Annual limit

Annual Limit means the maximum amount set out in the **table of insured benefits** which **we** will pay under **your policy** for the relevant policy year.

Any one disability

Any one disability means:

- (a) All disabilities arising from the same cause including any and all complications, as well as
- (b) Concurrent disabilities from different causes during the same **hospital** confinement.

Subsequent disability from the same cause shall be considered as a new disability if it is separated by 14 days following the latest discharge from the **hospital** or **surgery**.

Benefit(s)

Benefits means the benefits set out in the **table of insured benefits** and **your policy**.

Chinese Physician

Chinese Physician means a registered practitioner who is licensed to practice traditional Chinese medicine in Singapore. He/she cannot be the **insured member** or the **insured member's family member**, or his/her business associates including any business partner, employers or employees

Commencement date

Commencement date means the date from which the cover under **your policy** begins.

Co-insurance

Co-insurance (if applicable) means the percentage of covered **reasonable expenses** under the **table of insured benefits** which has to be paid by the **insured member**.

Co-payment

Co-payment (if applicable) as specified in the table of insured benefits means the amount payable by the insured member when seeking medical treatment.

Critical Illness

Critical illness means any of the 37 illnesses listed below. The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2019). You may refer to www.lia.org.sg for the standard Definitions (Version 2019).

- | | |
|--|---|
| 1 Major Cancer | 20 Fulminant Hepatitis |
| 2 Heart Attack of Specified Severity | 21 Motor Neurone Disease |
| 3 Stroke with Permanent Neurological Deficit | 22 Primary Pulmonary Hypertension |
| 4 Coronary Artery By-pass Surgery | 23 HIV Due to Blood Transfusion and Occupationally Acquired HIV |
| 5 End Stage Kidney Failure | 24 Benign Brain Tumour |
| 6 Irreversible Aplastic Anaemia | 25 Severe Encephalitis |
| 7 End Stage Lung Disease | 26 Severe Bacterial Meningitis |
| 8 End Stage Liver Failure | 27 Angioplasty & Other Invasive Treatment for Coronary Artery |
| 9 Coma | 28 Blindness (Irreversible Loss of Sight) |
| 10 Deafness (Irreversible Loss of Hearing) | 29 Major Head Trauma |
| 11 Open Chest Heart Valve Surgery | 30 Paralysis (Irreversible Loss of Use of Limbs) |
| 12 Irreversible Loss of Speech | 31 Terminal Illness |
| 13 Major Burns | 32 Progressive Scleroderma |
| 14 Major Organ / Bone Marrow Transplantation | 33 Persistent Vegetative State (Apallic Syndrome) |
| 15 Multiple Sclerosis | 34 Systemic Lupus Erythematosus with Lupus Nephritis |
| 16 Muscular Dystrophy | 35 Other Serious Coronary Artery Disease |
| 17 Idiopathic Parkinson's Disease | 36 Poliomyelitis |
| 18 Open Chest Surgery to Aorta | 37 Loss of Independent Existence |
| 19 Alzheimer's Disease / Severe Dementia | |

Day surgery

Surgery which is carried out by a **surgeon** but not on an inpatient basis.

Deductible

Deductible (if applicable) means the amount stated in the **table of insured benefits** that the **insured member** is required to pay before **we** will pay any **benefit** to such **insured member**.

Dentist

Dentist means a registered practitioner who is licensed to practice general dentistry in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the **insured member** or the **insured member's family member**, or his/her business associates including any business partner, employers or employees.

Dependant(s)

Dependant(s) means any of the following persons

Legal spouse who is not divorced or legally separated from the **insured member**, and whose **age** is 69 years old and below. Cover is renewable up to **age** 75 years old.

An unmarried and unemployed child(ren) of the **insured member** including legally adopted child and stepchild from the **age** of 15 days old (inclusive) to 24 years old (inclusive) and not enlisted in full time National Service.

Diagnostic test/scan

Diagnostic Test/scan means CT Scan, MRI scan, PET Scan, Barium Test and other test/scans performed by a **Specialist** or **Registered Medical Practitioner** for a covered **illness** or **injury** except for **x-ray & laboratory test**.

Effective date

Effective date means the date from which the insurance coverage of the **insured member** has become effective.

Emergency

Emergency means a serious injury or the onset of a serious condition which requires immediate medical attention to prevent death or serious impairment of health to **insured member**.

Endorsement

Endorsement means any written statement or notice issued by **us** to confirm and record changes to the terms and conditions of the policy.

Family member

Family member means the **insured member's** husband or wife, children, parents, siblings, parents-in-law, brothers-in-law, sisters-in-law, grandparents, grandparent-in-law, daughters-in-law, sons-in-law or grandchildren.

Hospital

Hospital means an establishment which is registered under the relevant national laws and regulations to care for and treat sick and injured people as bed-paying patients and which:

- (a) Has organised facilities for diagnosis, treatment and major **surgery**;
- (b) Provides nursing services by registered nurses 24 hours a day;
- (c) Is under the supervision of one or more **Registered Medical Practitioners**; and
- (d) Is not mainly a clinic, a secure place to care for alcoholics or drug addicts, a nursing or rest or community hospital, a palliative care centre, or a home for the elderly or similar establishment.

Illness

Illness means a physical condition certified by a **Registered Medical Practitioner** as a pathological deviation from the normal healthy state.

Injury

Injury means damage or harm caused to the body by an external force suffered during the **period of insurance** and which is caused only by an **accident**. This does not include all medical conditions, diseases, sickness, bacterial infections or viral infections, even if these conditions resulted from, or are connected with, the **accident**.

Insured member/members

Insured member/members means the individual (or individuals) named in the **schedule of lives** as the person (or people) insured under **this policy**.

Medically necessary

Medically necessary means that a medical service or supply is necessary and appropriate for the diagnosis or treatment of an **injury** or **illness** of the **insured member** based on generally accepted western medical practice in Singapore. A medical service or supply will not be considered medically necessary if:

- (a) It is provided only as a convenience to the **insured member** or medical provider;
- (b) It is not appropriate treatment for the **insured member's** diagnosis or symptoms;
- (c) It exceeds (in scope, duration or intensity) the level of care that is necessary to provide safe, adequate and appropriate diagnosis or treatment;
- (d) It is experimental;
- (e) It is for social or domestic reasons or for reasons which are not directly connected with treatment;
- (f) It is a matter of personal choice; or
- (g) It is an elective treatment.

Non-panel General Practitioner

Non-Panel General Practitioner means a **Registered Medical Practitioner** in Singapore who is not from any clinic appointed by **us**.

Panel General Practitioner/Panel Specialist

Panel General Practitioner/Panel Specialist means a **Registered Medical Practitioner** who is from clinics that are appointed by **us**, including **Registered Medical Practitioner** from Polyclinics or Specialist Outpatient (SOC) in **Restructured Hospitals**

Period of insurance

Period of insurance means the period of cover as shown in the **schedule**.

If the period of insurance stipulated in the latest **schedule** or **endorsement** is not equivalent to one (1) year period, **benefits** with **annual limit** stated under **your policy** shall be pro-rated accordingly.

Policyholder

Policyholder means the owner of **this policy** named in the **schedule**.

Pre-existing condition

Pre-existing condition means any **injury** or **illness** which the **insured member** has had symptoms; has been diagnosed; known or unknown; regardless of whether treatment or medical advice was actually received, prior to the commencement of his/her insurance cover under **this policy**.

Private hospital

Private hospital means any licensed private hospital in Singapore that is not a **restructured hospital**.

Prohibited person

Prohibited person means a person or entity who is, or who is **related** to a person or entity:

- subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement
- authorities of any country, which will prohibit or restrict **us** from providing insurance or carrying out any transaction under this policy,
or
 - who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.

Pro-ration factor

Pro-ration factor means a percentage stated in **your policy** which applies to the hospital bills incurred if **insured member** is admitted into a ward or **hospital**, including clinic for **day surgery**, that are higher than what he/she is entitled to. The pro-rated amount is subject to the maximum benefits limit as specified in the **table of insured benefits**.

Private hospital – All Bed Type. We pay 60% of the hospital bills

Restructured hospital – Single Bed. We pay 75% of the hospital bills.

Reasonable expenses

Reasonable expenses means expenses paid for medical services or treatment which are appropriate and consistent with the diagnosis and according to accepted medical standards, and which could not have reasonably been avoided without negatively affecting the **insured member's** medical condition. These expenses must not be more than the general level of charges made by other medical service suppliers of similar standing in Singapore for the services and supplies.

Registered Medical Practitioner/Physician

Registered Medical Practitioner/Physician means a doctor qualified in western medicine who is licensed and authorised in the geographical area they are practicing in to provide medical or surgical services. They cannot be the **insured member** or the **insured member's family member** or his/her business associates including any business partner, employers or employees.

Related

Related includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.

Relevant person

Relevant person includes persons and entities such as the **policyholder**, **insured member**, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of the application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.

Renewal date

Renewal date means the date on which **your policy** is to be renewed for a further **period of insurance**.

Restructured hospital

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 Ministry of Health, Singapore; and
- (c) Receives a yearly government subsidy to provide subsidised medical services to its patients.

Schedule

Schedule means the document which proves that **you** have the insurance cover, listing among other things, the **policyholder**, **commencement date**, and policy **endorsement**.

Schedule of lives

Schedule of lives means a listing attached to **this policy** stating the names, particulars and coverage of the **insured members** under this policy.

Specialist

Specialist means a **Registered Medical Practitioner** who has the extra qualifications and expertise needed to practice as a recognised specialist of diagnostic techniques, treatment and prevention, in a particular field of medicine including but not limited to neurology, pediatrics or orthopedic. They cannot be the **insured member** or the **insured member's family member** or his/her business associates including any business partner, employers or employees.

Standard room

Standard room means the ward with the lowest Daily Room and Board charges for the type of ward which an **insured member** is entitled under the **table of insured benefits** in the **hospital** the **insured member** is admitted to.

Surgeon

Surgeon means a **specialist** who is qualified to perform **surgery** in accordance with the laws of the country in which the practice is granted.

Surgery

Surgery means any invasive surgical intervention in accordance with Ministry of Health's (MOH) surgical code.

Table of insured benefits

Table of insured benefits means the **benefits** attached to these conditions (or any revised table of insured benefits which **we** may issue in an **endorsement** to **your policy**, or when renewing **your policy**).

We/us/our/The Company

We/us/ our/The Company means Income Insurance Limited.

X-ray & laboratory test

X-ray & laboratory test means x-ray and laboratory test recommended by a **Registered Medical Practitioner** for a covered illness or injury.

You/Your

You and your means the **policyholder** referred to in the **schedule**.

What your policy covers

This policy covers eligible expenses incurred by the **insured member** provided the coverage is still in-force. **We** will pay for **reasonable expenses** incurred for **medically necessary** treatment covered under **this policy**.

If the **treatment** continues or extend beyond the period where the **insured member** is being covered under **your policy**, **we** will only pay for the charges incurred for the period while he/she is being covered under **your policy**. No payment will be made for any charges incurred after this period.

All **benefits** will be applied on **any one disability** basis, unless otherwise stated and the **benefits** shall subject to the maximum benefits limits of each item as specified in the respective **table of insured benefits**, any **co-payment**, **co-insurance** or **deductible**, if applicable.

In the event that the **insured member** is admitted into a higher ward and/or **hospital**, **pro-ration factor** will apply to **day surgery**, inpatient admission and post hospitalisation treatment, if applicable.

For hospitalisation, an **insured member** must be admitted in a **hospital** with Room & Board (as shown in the **table of insured benefits**) charges before any **benefit** is payable. No room & board charge is required if the admission is in connection with **day surgery**.

In any event, **we** shall only pay the **benefits** specified in **your table of insured benefits**.

I. Basic Hospital and Surgical Benefits

1) Daily Room and Board

We shall pay for the Daily Room & Board charges (that is ward charges) when the **insured member** is admitted as a patient in a **hospital**.

The ward charges are not to exceed the maximum daily benefit or maximum number of days as specified in the **table of insured benefits**.

In the event that an **insured member** is being treated and/or confined in a non-**standard room** (whether voluntary or otherwise), **we** shall pay only the charges incurred in respect of a **standard room** in that **hospital**.

2) Intensive Care Unit (ICU)

We shall pay for the daily charges incurred when the **insured member** is confined to the ICU, provided the daily ICU charges incurred do not exceed the maximum benefit limit or maximum number of days as specified in the **table of insured benefits**. This benefit shall include Intermediate Care Area (ICA) and Coronary Care Unit (CCU) for heart patient.

3) High Dependency Ward (HDW)

We shall pay for the daily charges incurred when the **insured member** is confined to the HDW, provided the daily HDW charges incurred do not exceed the maximum benefit limit or **maximum number of days as specified in the table of insured benefits**.

4) Other Hospital Services

We shall pay for the charges incurred when the following services are rendered:

- Use of operating room
- Drugs and medicines consumed in the **hospital** only Dressings, ordinary splints and plaster casts Physical Therapy
- Anaesthesia and oxygen and their administration Intravenous infusions
- Inpatient diagnostic procedures

We shall also pay for charges incurred for any lens, prostheses, pacemakers, stent, similar orthopedic appliances or implants, provided they are surgically implanted, and certified to be **medically necessary** by a **Registered Medical Practitioner** and not implanted for cosmetic reasons, up to the limit for this **benefit** or S\$1,500, whichever is lower.

5) Surgical Expenses

We shall pay for the charges incurred for surgical operations performed by a **Registered Medical Practitioner** in a **hospital** or clinic. The amount payable for all surgical operations performed for **any one disability** shall not exceed the maximum benefit limit obtained by multiplying the respective percentages for the operations listed in the surgical table maintained by the Ministry of Health (MOH) Singapore and the surgical expenses limit as specified in the **table of insured benefits**.

Surgical Table	
<u>MOH Table</u>	<u>% of Surgical Benefit payable</u>
Table 1	10%
Table 2	30%
Table 3	50%
Table 4	75%
Table 5	85%
Table 6	95%
Table 7	100%

We will determine the % of surgical benefit payable for any surgical procedure which does not fall within the surgical table above. Such limits will be objectively determined based on the severity of the procedure as compared to the most comparable listed procedure.

If two or more surgical procedures are performed during a single operation through the same incision, **benefits** will be allowed only for the surgical procedure having the largest limit.

The surgical table will not apply to **surgery** that is below S\$1,500, or for **surgery** that is done in a **restructured hospital**.

6) Daily In-Hospital Physician's Consultation

We shall pay for the consultation fees charged by a **Registered Medical Practitioner** for consultation during **hospital** confinement, subject to the maximum daily benefit and maximum number of days, as specified in the **table of insured benefits**.

7) Ambulance Fees

We shall pay for the charges incurred for ambulance services to and/or from **hospital**, provided the **insured member** is admitted as a patient in a **hospital**.

8) Pre-Hospitalisation Specialist Consultation

We shall pay for the charges incurred for specialist consultation (including medication) recommended by a **Registered Medical Practitioner**, if such charges are incurred within 120 days prior to the date of hospitalisation or **day surgery** for the same condition.

We shall not pay if hospitalisation or **surgery** is not required.

9) Pre-Hospitalisation Diagnostic X-ray and Laboratory Fees

We shall pay for the charges incurred for diagnostic X-ray and laboratory fees made in a **hospital**, clinic or laboratory on the recommendation of a **Registered Medical Practitioner**, if such charges are incurred within 120 days prior to the date of hospitalisation or **day surgery** for the same condition.

We shall not pay if hospitalisation or **surgery** is not required.

10) Post Hospitalisation Treatment

We shall pay for the charges incurred for follow-up treatment directly resulted from the condition(s) which the hospitalisation/**surgery** provided its recommended by the same **Registered Medical Practitioner** treating him/her during his/her **hospital** confinement, if such charges are incurred within 120 days following discharge from the **hospital** or clinic (in the case of **day surgery**).

We shall not pay for medicines or drugs prescribed for use beyond 150 days after such discharge.

11) Miscarriage Benefit

We shall only pay for the charges incurred for **accidental** or non-**accidental** miscarriage, non-elective and medically necessary abortions or ectopic pregnancy.

We will also pay for the charges for follow-up treatment by a **Registered Medical Practitioner** up to 90 days from the first treatment date under this **benefit**.

12) Emergency Accidental Out-Patient Treatment

We shall pay for the charges incurred if, as a result of an **accident**, the **insured member** requires emergency outpatient treatment for **injury** by a **Registered Medical Practitioner** in a **hospital/clinic** or by a **Chinese Physician**. Such treatment must be sought within 24 hours following the **accident**.

We shall also pay for the charges incurred for follow-up treatment by a **Registered Medical Practitioner** or a **Chinese Physician** up to 31 days from the date of **accident**.

Any charges incurred for treatment by a **Chinese Physician** shall not exceed S\$350 per **accident**.

13) Outpatient Dental Treatment (Accidental)

We shall pay for the charges incurred if, as a result of an **accident**, the **insured member** requires dental treatment by a **dentist** to his/her sound natural teeth. Such treatment must be sought within 24 hours following the **accident**.

We shall also pay for the charges incurred for follow-up treatment by a **dentist** up to 31 days from the date of accident.

This excludes dental implants or dentures.

14) Surgical Implants

We shall pay for charges incurred for any lens, prostheses, pacemakers, stent, similar orthopedic appliances or implants, provided they are surgically implanted, and certified to be **medically necessary** by a **Registered Medical Practitioner** and not implanted for cosmetic reasons.

15) In-patient Psychiatric Treatment

We shall pay for the charges incurred in Singapore for an inpatient psychiatric treatment of a psychiatric **illness** recommended by a **Registered Medical Practitioner**

16) Outpatient Kidney Dialysis & Cancer Treatment Benefit

We shall pay for the charges incurred for the following treatment received by the **insured member** in a **hospital** or a licensed medical centre or clinic:

- Stereotactic radiotherapy, radiotherapy, chemotherapy and immunotherapy for cancer. Outpatient renal dialysis.
- Approved immunosuppressant drugs including erythropoietin for chronic renal failure, cyclosporin and tacrolimus for organ transplant and other drugs approved by the Ministry of Health (MOH) Singapore.
- Consultation fees, medicines, and examinations and tests carried out by the attending **Registered Medical Practitioner** as part of stereotactic radiotherapy, radiotherapy, chemotherapy or immunotherapy, outpatient renal dialysis medical treatment only.

17) Death Benefit

We shall pay the Death benefit if the **insured member** dies from;

- An **injury**
- An **Illness** during or after treatment for such **Illness**, where such treatment was carried out at a **Hospital** or as **Day Surgery**
- **Critical Illness**

while his/her cover under **this policy** is in force.

18) Rehabilitation Benefits

We shall pay for the rehabilitation charges incurred when the **insured member** is admitted and recuperates in a registered community **hospital** in Singapore on the recommendation of the attending **Registered Medical Practitioner**, if such charges are incurred within 31 days following **surgery** or discharge from the **hospital**, and not exceeding the maximum benefit limit, as specified in the **table of insured benefits**. We will only pay this **benefit** if prior **surgery** or hospitalisation is claimable under **this policy**.

19) Home Nursing Care

We shall pay for charges incurred for nursing services of a registered nurse attending to the **insured member** for up to a maximum of 30 days provided that such home attendance:

- (a) Is prescribed by a **Registered Medical Practitioner** for medical reasons;
- (b) Is necessary as without it, the **insured member** would be required to stay in a **hospital** as an inpatient;
- (c) Is carried out in the home of **insured member**;
- (d) Immediately follows the date of discharge of the **insured member** from **hospital**; and
- (e) Is necessary following a **surgery** or hospitalisation claimable under **this policy**.

20) Overseas Hospitalisation Due to Accidental Causes

We shall pay for the charges incurred for confinement in a **hospital** including **day surgery** outside Singapore as a result of an **accident** within their **benefit** entitlement set out in the **table of insured benefits**.

The **accident** must occur while the **insured member** is travelling outside of Singapore, for a period not exceeding 180 days of the date of departure from Singapore.

The limit for this **benefit** is equivalent to 1.5 times of the maximum benefit limits as specified in the **table of insured benefits** within their benefit entitlement for the following **benefits**:

- Daily Room and Board Intensive Care Unit (ICU)
- High Dependency Ward (HDW) Other Hospital Services Surgical Benefit
- Daily In-Hospital Consultation
- Pre-Hospitalisation Specialist Consultation
- Pre-Hospitalisation Diagnostic X-ray and Laboratory Fee Post Hospitalisation Treatment

This **benefit** is applicable to **insured members** and their **dependant(s)** who reside and work in Singapore only.

21) Group Extended Major Medical

We shall pay for the reasonable expenses incurred for inpatient treatment provided such inpatient medical expenses incurred are covered under the Group Hospital & Surgical policy.

We shall pay the **insured member** ninety per cent (90%) of the medical expenses which are in excess of the payable amounts under the Group Hospital & Surgical policy, subject to the **table of insured benefits** for Group Extended Major Medical, provided the **insured member** shall have either:

- (a) Been confined in a hospital for a period in excess of twenty (20) days per hospitalisation; or
- (b) Undergone a surgical operation where the expenses for such operation is at least seventy five percent (75%) of the maximum benefit payable under the surgical table under the Group Hospital & Surgical policy.

The following benefits are payable under this benefit.

- Daily Room and Board (payable from 121 days onwards)
- Intensive Care Unit
- High Dependency Ward
- Other Hospital Services
- Surgical Expenses
- Daily in-hospital physician's consultation (payable from 121 days onwards)
- Surgical Implants

II. Rider(s), where applicable

If the following rider is added to the **policy** the terms and conditions relevant to such rider as set out below shall apply:

1) Outpatient Primary Care Rider

We shall pay the following under the Outpatient Primary Care Rider, subject to the **table of insured benefits** for Outpatient Primary Care Rider:

(a) Panel Clinics and Polyclinics

We shall pay for the expenses incurred in respect of outpatient consultation and medication prescribed by a **panel General Practitioner** or by a **Registered Medical Practitioner** from a Polyclinic.

(b) X-Ray & Laboratory Test

We shall pay for the expenses incurred in respect of **x-ray & laboratory test** recommended by a **panel General Practitioner** or by a **Registered Medical Practitioner** from a polyclinic.

(c) Non-panel General Practitioner

We shall pay for the expenses incurred in respect of outpatient consultation, **x-ray & laboratory test** and medication prescribed by a **non-panel General Practitioner**.

Medical expenses incurred outside Singapore will be payable under overseas outpatient treatment **benefit**.

(d) Panel Telemedicine

We shall pay for the expenses incurred in Singapore in respect of outpatient consultation and medication prescribed by our appointed panel General Practitioner who provides telemedicine services via the mobile application that we made available to you and your insured members.

(e) Emergency Care

We shall pay for the expenses incurred in respect of outpatient treatment at the Accidental & Emergency department of a **hospital** in Singapore.

(f) Overseas Outpatient Treatment

We shall pay for the expenses incurred in respect of outpatient consultation and medication prescribed by a **Registered Medical Practitioner**, including any **x-ray & laboratory test**, or **diagnostic test/scan** recommended by a **Registered Medical Practitioner**, while the **insured member** is outside Singapore.

(g) Traditional Chinese Physician

We shall pay for the expenses incurred in respect of outpatient consultation and medication prescribed by Singapore registered **Chinese Physician**.

2) **Outpatient Specialist Care Rider**

We shall pay the following under the Outpatient Specialist Care Rider, subject to the **table of insured benefits** for Outpatient Specialist Care Rider:

- (a) **Panel Specialist Clinics & Specialist Outpatient Clinics (SOC) in Restructured Hospitals** **We** shall pay for the expenses incurred in respect of consultation and medication prescribed by a:
- (i) **Panel Specialist**, upon referral by a **panel General Practitioner** or **panel Specialist**.
 - (ii) **SOC in restructured hospitals**, upon referral by a **Registered Medical Practitioner**. Consultation and medical expenses incurred shall be on reimbursement basis.
- (b) **Non-Panel Specialist**
We shall pay for the expenses incurred in respect of consultation and medication prescribed by Non-Panel Specialist, upon referral by a Registered Medical Practitioner.
- (c) **Diagnostic Test/Scan, X-Ray & Laboratory Test**
We shall pay for the expenses incurred in respect of outpatient **diagnostic test/scan, x-ray & laboratory test** recommended by a **Panel Specialist**, non-**Panel Specialist** or **SOC** in restructured hospitals, upon referral by a **Registered Medical Practitioner**.
- (d) **Occupational therapy, Physiotherapy & Chiropractor treatment**
We shall pay for the expenses incurred in respect of outpatient occupational therapy or physiotherapy treatment upon referral by a **Registered Medical Practitioner**.
- We** shall pay for the expenses incurred in respect of chiropractor treatment. Referral letter is not required for such treatment.
- (e) **Outpatient Psychiatric Treatment**
We shall pay for the charges incurred in Singapore for an outpatient psychiatric treatment of a psychiatric **illness** recommended by a **Registered Medical Practitioner**.

3) **Dental Rider**

We shall pay for the charges incurred for the treatments received by the **insured member**, at any registered dental clinics, by a **dentist** as specified in the **table of insured benefits** for Dental Insurance Rider.

Exclusions

We shall not pay for any charges incurred for the following, including any medical conditions arising/relating to:

- (a) Any treatment for corrective purposes including but not limited to crowning, bridges, or tooth replantation except as a result of an **accident**.
- (b) Prosthetic appliances.
- (c) Procedures with respect to congenital malformations, orthodontic treatment, **surgery** for cosmetic/reconstructive reasons except as a result of an **accident**.

What you need to be aware of

A. 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) by **you** or any **insured member**, before inception of **this policy** and upon each renewal;
- (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; or
- (e) Make any claim that is fraudulent or exaggerated or make any false declaration or statement in support of a claim.

We shall have the discretion to terminate **your policy**, to refuse the renewal of **your policy**, to impose terms and conditions as **we** may require and/or to take any action as **we** think necessary. **You** will have to repay to **us** all amounts **we** have paid out under the policy and **we** will refund all premiums to **you**.

B. Misstatement

If the date of birth or other relevant facts relating to any **insured member** are found to have been misstated and if such misstatement affects the **benefits** entitlement or any provisions of **your policy**, the true **age** and facts shall be used to determine whether cover would have been in force under the provisions of **your policy** and whether the **benefits** are payable. Any excess premium paid for current policy period shall be refunded to the **policyholder** and any shortfall in the premium for current policy period shall be paid by the **policyholder**.

C. Policy renewal

Your policy may be renewed on the anniversary of the policy **commencement date** or such other dates as may be agreed in writing between **you** and **us**, subject to **our** consent and the payment of the renewal premium.

This product is reviewed based on portfolio underwriting basis. It will be reviewed based on the experience of the entire portfolio of **our** Employees Flexcare, and any changes in premium and/or benefits to this product will be applicable to all policies of Employees Flexcare.

D. Plan selection

Outpatient Primary Care rider and Outpatient Specialist rider can only be purchased if Group Hospital & Surgical policy is being taken up by **you**. Outpatient Specialist Care rider can be purchased only when Outpatient Primary Care rider is taken up.

This policy can also be extended to cover **dependant(s)** of the **insured member** on **compulsory basis**. The plan type for the **insured member** and the **dependant(s)** must be the same.

Compulsory basis shall mean once a cover is extended to a dependant of an **insured member**, all dependants of such **insured member** will need to be covered.

E. Minimum Headcount

A minimum headcount of 2 employees (excluding dependents) is required for **this Policy**.

F. Expenses covered by other sources

In the event an **insured member** is covered under:

- (a) Any occupational insurance including but not limited to any insurance effected pursuant to the Work Injury Compensation Act 2019 and any revisions thereof
- (b) Other group or individual insurance excluding Integrated Shield Plan.

The **benefits** payable under **this policy** shall be limited to the balance of the medical expenses incurred which are not covered or payable by the above listed (a) to (b), subject to the benefit limits computed in accordance to the **table of Insured Benefits** and terms and conditions of **this policy**.

G. Plan Upgrading

Plan upgrading is allowed upon renewal date. Claim for **pre-existing conditions** that existed 12 months prior to the plan upgrade will be payable based on the prior plan unless the **insured member** has been continuously covered for 12 months under the upgraded plan.

H. Currency

We pay all claims in Singapore dollars. If **you** suffer a loss which is in a foreign currency, **we** will convert the amount into Singapore dollars at the exchange rate which **we** will decide based on the date of the loss."

I. Subrogation

We shall be entitled to undertake in the name of and on behalf of an **insured member** the absolute conduct, control, defense and/or settlement of any proceedings and at any time to take proceedings at **our** expense and own behalf, but in the name of the **insured member** to recover compensation or secure indemnity from any third party in respect of anything covered under **this policy**. The **insured member** shall cooperate fully with **us** in this respect and shall not do anything to prejudice **our** rights.

J. Right of recovery

We may recover any amount **we** paid for charges that are not covered under **this policy** or exceeded the maximum benefits limit as specified in the **table of insured benefits**. The **policyholder** and/or the **insured member** shall fully indemnify and reimburse **us** for such amount within 30 days from the date of notice given by **us** requesting for reimbursement.

K. Change of terms and conditions

We may vary the premiums, **benefits** and/or cover or amend the terms and conditions of **your policy** by giving **you** 30 days' prior written notice at **your** last known address.

L. Ownership of policy

We shall treat the **policyholder** as the absolute owner of **this policy** and shall not be bound to recognise any equitable or other claim or interest in **this policy**.

M. Prohibited persons

If **you** are or any **relevant person** is found to be a **prohibited person**:

- (a) **we** are entitled not to accept the application; and
- (b) if any **policy** or cover of any **insured member** is issued, **we** are entitled to end the **policy** or cover of any **insured member**, not pay any benefit or not allow any transaction to be carried out under the **policy**. **We** will not refund any unutilised premium when the **policy** is ended.

You will need to inform **us** immediately if there is any change in **your** or any **relevant person's** identity, status or identity documents.

Our decision in every respect of the above will be final.

N. Governing law

This policy is governed by and interpreted according to the laws of the Republic of Singapore.

O. Exclusion of third-party rights

Any person who is not a party to **this policy** shall have no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any of its terms.

P. Difference in opinions

In the event of any differences in opinions between **our Registered Medical Practitioner** and **your Registered Medical Practitioner**, **our Registered Medical Practitioner's** opinion shall prevail.

Q. Legal proceedings

No action in law or in equity shall be brought to recover **this policy** prior to the expiration of 60 days after proof of claim has been filed in accordance with the requirements of **this Policy**, nor shall such action be brought at all unless brought within two (2) years from the expiration of time within which such proof of claim is required by **this policy**.

R. Geographical limit

This policy provides 24 hours worldwide cover for **insured members** who are residing or based in Singapore. Cover will cease if **insured member** resides outside Singapore for more than 180 days per trip.

S. Panel clinic listing

Panel clinic listing will be updated periodically in the mobile application made available by **us** for **your policy**, and **you** are required to check for the latest panel clinic listing and notify the **insured members** accordingly of such update. The **insured members** are also required to check the latest panel clinic listing before any visit to a clinic.

T. Outpatient medical electronic card (e-card)

- (a) **We** will issue the outpatient medical e-card to each **insured member** or **dependant(s)** upon commencement of **this policy** or effective date of cover to facilitate the identification and utilisation of medical services offered by our **panel General Practitioner/Specialist**. The use of the outpatient e-card by the **insured member** or **dependant(s)** shall be deemed as the holder of the medical e-card has agreed to the terms and conditions of **this policy**. The medical e-card is available in the mobile application made available by **us** for **your policy**.
- (b) **Insured member** or **dependant(s)** must present the outpatient medical e-card upon visiting our **panel General Practitioner/Specialist**. Failing which, **we** will only reimburse the eligible charges up to the **non-panel Practitioner/Specialist** limit (where applicable) as stated in the **table of insured benefits**.
- (c) an **insured member** or **dependant(s)** fails to refund to **us** any sum of money due and owing to **us** for any ineligible medical expenses, **we** reserve the right to suspend the outpatient medical e-card or suspend the benefit coverage and recover from **you** such money due and owing to **us**, by including such amount when **we** are computing the claims experience of **your policy** for the relevant year.

What is not covered

The following services, expenses, treatment items, procedures, conditions, activities and their related complications are not covered under **your policy**, except as specifically covered under **this policy**.

- (a) **Pre-existing condition** unless the **insured member** has been insured continuously for 12 months under **this policy**. This is not applicable to Outpatient Primary Care, Outpatient Specialist Care and Outpatient Dental rider.
- (b) Pre-existing Cancer or Kidney Condition is permanently excluded under Group Hospital & Surgical policy.
- (c) Outpatient Kidney Dialysis and Cancer Treatment under Outpatient Primary Care & Outpatient Specialist Care riders.
- (d) All health screening related examinations including multiphasic health screening, laboratory tests and X-rays, screening mammograms; services (irrespective of whether there is hospital confinement) for the primary purpose of diagnosis, medical check-up, genetic screening; pap smear; cytology test; allergy test, any treatment of a preventive nature including but not limited to immunisation/vaccinations.
- (e) Rest cures, hospice care, home or outpatient nursing or palliative care, community hospital, nursing homes, sanatoria or similar establishments; stay in any healthcare establishment for social or non-medical reasons.
- (f) Outpatient rehabilitation services including but not limited to Traditional Chinese Medicine (TCM), physiotherapy, occupational therapy, speech therapy (unless recommended by the same **Registered Medical Practitioner** treating him/her during his/her hospital confinement and all charges are payable under and subject to Post Hospitalisation Treatment benefit); heat therapy; counselling or education; hydrotherapy; osteopathic; podiatric; chiropractic; dietician; naturopath; homeopath; foot reflexology; alternative or complementary treatments.
- (g) Expenses, administrative or other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and/or services.
- (h) Developmental delay/disorder and/or learning disabilities.
- (i) Immunotherapy treatment under Outpatient Primary Care & Outpatient Specialist Care riders

- (j) Eye examination, surgical procedure for correction of eye refraction, procurement or use of contact lenses or eye glasses; surgical procedure for correction of squint or other eye misalignment.
- (k) Any dental treatment including but not limited to crowning, dentures, bridges tooth implantation or re-implantation, oral surgery, orthognathic surgery, temporo-mandibular joint disorder; oral and maxillofacial surgery except where such surgery is for the repair or damage caused solely by an **accident** covered under **this policy**.
- (l) Implants that are not surgically implanted and prostheses of any kind; dental implants; purchase or rental for home or outpatient use of braces, appliances, equipment, machines and other devices including but not limited to wheel-chair, walking or home aids of any kind, dialysis machine, oxygen machine and any other hospital-type equipment; stem cell support; homograft; heterograft and artificial organ.
- (m) Pregnancy or complication arising from pregnancy; childbirth, conditions and its complication arising during or after childbirth; prenatal or postnatal care, post-delivery confinement; abortion or termination of pregnancy or any form of related stay in hospital or treatment, except for accidental miscarriage, etopic pregnancy or non-elective miscarriage.
- (n) Infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment; ligation; medical services or supplies provided or surgical procedures required or recommended subsequent to consultations at fertility clinics, In-Vitro Fertilisation clinics, reproductive assistance clinics or centres, clinics or centres for reproductive medicine.
- (o) Circumcision unless **medically necessary**
- (p) Gender re-assignment or gender confirmation including treatment which arises from or is directly or indirectly made necessary by a gender re-assignment or gender confirmation.
- (q) Birth defects; congenital **illness** or abnormalities.
- (r) Sleep disorder; insomnia; sleep test or sleep apnea for diagnostic purposes unless it is followed by **surgery**; any **surgery** or treatment for obesity, weight reduction or weight improvement including but not limited to bariatric surgery, gastric balloon, gastric banding, gastrectomy, gastric bypass regardless of whether it is caused (directly or indirectly) by a medical condition or whether treatment is **medically necessary**.
- (s) Venereal Diseases, Acquired Immunodeficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV).
- (t) Conditions relating to skin, including but not limited to mole, acne, pigmentation, scars, xanthelasma or vitiligo; conditions relating to hair; enhancement of bodily function or appearance, including but not limited to plastic **surgery**, cosmetic treatment and treatment for beautification purposes, except for plastic **surgery** which are **medically necessary** arising from an **injury** while the **insured member** is insured under **this policy**.
- (u) Intentional, self-inflicted injuries or attempted suicide whether the **insured member** is sane or insane; psychological disorders, personality disorders, behavioural disorders, emotional or mental conditions and any **illness** or **injury** resulting from such disorders or mental conditions unless is specifically cover under **this policy**; drug addiction or alcoholism and any **illness** or **injury** resulting from or under the influence of alcohol or drugs.
- (v) Use of medical drugs or any treatment not licensed by an official governmental control agency of the country in which drug is given, or drugs used in any circumstances other than in accordance with their licensed indications.
- (w) Hormone Replacement Therapy, health supplements or vitamins, toiletries including but not limited to moisturiser, cream, gel, lotion whether prescribed or non-prescribed.
- (x) Acupuncture, bone setting, herbalist, hypnotism, aroma therapy, podiatry.
- (y) Injuries arising directly or indirectly from war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, strike, riot, civil commotion, military or usurped power; Full-time service in any of the armed forces including National Service under Section 10 of the Enlistment Act, Cap. 93 of the Republic of Singapore except National Service reservist duty or training under Section 14 of the Enlistment Act, Cap. 93 of the Republic of Singapore.
- (z) The **benefits** payable under Group Hospital & Surgical benefit and the Group Extended Major Medical will not include the reimbursement of any Goods and Services Tax and other duties or taxes charged or chargeable.
- (aa) House call or office call performed by a **Registered Medical Practitioner**; delivery charges, surcharge levy incurred for Telemedicine (where applicable); surcharge levy on the medical expenses incurred in any clinics or hospital after their standard operating hour or during eve or public holiday.
- (bb) Treatment by **Specialist** without referral letter.by a **Registered Medical Practitioner**

Our responsibilities to you

A. Claims conditions

Before any **benefits** are payable under **your policy**, the **insured member** has to ensure that the following requirements are being met.

- (a) The **insured member** has to notify **us**, within 60 days from the hospital latest discharge date, of any possible claim. For death claim, notice must be given within 3 months from the death of the **insured member**.
- (b) It shall be a condition precedent to **our** liability under **this policy** that all claims shall be made within 60 days from the date of invoice of a medical claim. All claims shall be made on **our** prescribed forms and submitted to **us** together with the original copies of receipts and itemised bills.
- (c) Any information required by **us** for assessing the claim shall be furnished by the **policyholder** at the **policyholder's** expense.
- (d) 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 **your policy** shall in all cases be deemed final and complete discharge of all **our** liability.

Failure to furnish notice within the time provided in **this policy** shall invalidate the claim unless claimant shows that it was not reasonably possible to give such notice within such required time and that notice was subsequently given as soon as reasonably possible.

Your responsibilities

A. Premium

The premium is not guaranteed and may be reviewed and varied by **us** upon next renewal. Once the premium is varied, the new premium shall apply in respect of all **insured members** under **your policy**.

B. Cancellation of policy

The **policyholder** and/or **us** may cancel **this policy** by giving the other party 30 days' written notice. Once the notice period has expired, all cover under **this policy** shall terminate. **We** may also cancel the cover on any **insured member** for failing to comply with the terms and conditions of the policy.

If **your policy** is cancelled by **us**, there shall be a pro-rated refund of premiums to **you** for the unexpired part of the period of insurance under your policy.

If the policy is cancelled by **you**, the following short period rates are applicable:

<u>Period of cover not exceeding</u>	<u>Short period rates</u>
1 week	1 month
1 month	3 month
2 month	4 month
3 month	6 month
4 month	7 month
6 month	9 month
8 month	10 month
> 8 month	12 month

C. Grace period

The **policyholder** is allowed a grace period of 30 days from the date of invoice to pay the premium.

If the premium due is not payable by the end of the grace period, **this policy** shall be terminated as from the date of expiry of the grace period and **we** shall be discharged from all liability under **this policy** from that date.

However, **our** liability under **this policy** before such date will not be affected and **we** will be entitled to charge premium for the period insurance cover was provided based on the short period rates stated in Clause B, whether or not a claim has been made during this period.

D. Termination of cover of insured member

The cover for an **insured member** under **this policy** shall terminate and all **benefits** shall cease for that **insured member** if any of the following occurs:

- (a) The date on which the policy is terminated;
- (b) At the end of the policy year during which the **insured member** reaches the maximum **age** of coverage as stated in the **policy schedule**;
- (c) When the **insured member** ceases to be eligible as an **insured member**;
- (d) At the expiry of the period for which the last premium payment is made on account of the **insured member's cover**;
- (e) The date the **insured member** enters full-time military, naval, air or police service except any period of National Service reservist duty or training;
- (f) On the death of the **insured member**;
- (g) When the **insured member** is on temporary leave of absence, vacation without pay or absent from work due to sickness or **injury** for more than 12 months;
- (h) Non-payment of the premium after the grace period; or
- (i) Any condition under Clause A of What you need to be aware– arises.

Where applicable, the cover for the **dependant(s)** of the **insured member** shall automatically terminate when:

- (a) The cover for the **insured member** ceases; or
- (b) The spouse and/or child(ren) ceases to fall within the definition of a **dependants** in **this policy**.

E. 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 Income or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

F. Dealing with disputes

Any dispute arising out of or in connection with **this policy** shall be referred to and finally resolved by arbitration administered by the Singapore International Arbitration Centre ("SIAC") in accordance 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. **You** must refer any dispute under **this policy** to arbitration within two (2) years from the date an event giving rise to the claim in dispute arises.

The seat of the arbitration shall be Singapore. The language of the arbitration shall be English. The Tribunal shall consist of one (1) arbitrator. Either party may propose to the other the name or names of one or more persons to be an arbitrator and if no agreement is reached within thirty (30) days after receipt by one party of such a proposal from the other, the arbitrator shall be appointed by the Chairman of the Singapore International Arbitration Centre. **We** will not be legally responsible under **this policy** unless **you** have first received an award under arbitration.

Table of Insured Benefits

Group Hospital and Surgical policy

Benefit Schedule	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Type of Hospital	Private	Private	Restructured	Private	Private	Restructured
Annual Limit	S\$200,000	Not Applicable				
Room and Board (up to 120 days)	1 Bed	1 Bed	1 Bed	2 Bed	4 Bed	Bed
Intensive Care Unit High Dependency Ward (per disability)		S\$15,000	S\$10,000	S\$10,000	S\$10,000	S\$10,000
Other Hospital Services						
Surgical Expenses • Waiver of Surgical Table if insured member is admitted to restructured hospital. • Surgeon's fee of more than \$1,500 is subject to Surgical Table if insured member is admitted to a private hospital.	As Charged up to Annual Limit	S\$25,000 per disability	S\$20,000 per disability	S\$18,000 per disability	S\$15,000 per disability	S\$15,000 per disability
Daily In-Hospital Physician's Consultation (up to 120 days)						
Ambulance Services						
Pre-Hospitalisation Specialist Consultation (up to 120 days before hospitalisation or surgery)						
Pre-Hospitalisation Diagnostic X-Ray and Laboratory Fees (up to 120 days before hospitalisation or surgery)		S\$3,000	S\$2,000	S\$1,800	S\$1,500	S\$1,500
Post-Hospitalisation Treatment (Up to 120 days from the insured member's last discharge date from hospital)						
Medical Report Fees		S\$150	S\$150	S\$150	S\$150	S\$150
Overseas Hospitalisation Due to Accidental Causes		150% of Inpatient Benefits including Pre- and Post-Hospitalisation Treatment (Accidental) only				
Miscarriage Benefit	\$3,000	S\$2,000	S\$1,500	S\$1,500	S\$1,000	S\$1,000
Emergency Accidental Out-patient Treatment	S\$3,000	S\$2,000	S\$2,000	S\$1,500	S\$1,000	S\$1,000
Outpatient Dental Treatment (due to Accident)	S\$3,000	S\$2,000	S\$2,000	S\$1,500	S\$1,000	S\$1,000
Surgical Implants	S\$5,000	S\$3,000	S\$2,000	S\$2,000	S\$1,500	S\$1,000

Inpatient Psychiatric Treatment	S\$8,000	S\$5,000	S\$5,000	S\$3,000	S\$2,000	S\$2,000
Outpatient Kidney Dialysis (per policy year)	S\$25,000	S\$20,000	S\$20,000	S\$15,000	S\$10,000	S\$10,000
Outpatient Cancer Treatment (per policy year)	S\$25,000	S\$20,000	S\$20,000	S\$15,000	S\$10,000	S\$10,000
Death Benefit	S\$5,000	S\$5,000	S\$5,000	S\$5,000	S\$5,000	S\$5,000
Rehabilitation Benefits (up to maximum benefit limit or up to 31 days, whichever is earlier)	S\$10,000	S\$8,000	S\$8,000	S\$5,000	S\$5,000	S\$5,000
Home Nursing Care (per policy year) up to the maximum benefit 30 days, whichever is earlier)	S\$10,000	S\$6,000	S\$6,000	S\$5,000	S\$3,000	S\$3,000
Group Extended Major Medical						
Eligible medical expenses payable for. 1) Hospitalisation of more than 20 days; or 2) Surgical expenses of at least 75% of the benefit payable under the surgical table.	Not Applicable	Maximum limit per disability				
Type of Hospital		S\$100,000	S\$100,000	S\$80,000	S\$60,000	S\$40,000
Room and Board (Standard) Payable from 121 days onwards		Private	Restructured	Private	Private	Restructured
Intensive Care Unit High Dependency Ward Other Hospital Services Surgical Expenses		1 Bed	1 Bed	2 Bed	4 Bed	4 Bed
Daily In-Hospital Physician's Consultation		Payable in excess of the Basic Hospital and Surgical Benefits plan up to the maximum limit shown above.				
Surgical Implants		Pays from 121 days onwards				
Co-insurance		S\$5,000	S\$5,000	S\$3,000	S\$2,000	S\$2,000
		10%	10%	10%	10%	10%

Table of Insured Benefits

Outpatient Primary Care Rider

Benefit Schedule	Plan 1	Plan 2
Visit to Panel General Practitioner (GP) clinics	As charged	As charged
Visit to Polyclinics	As charged	As charged
X-Ray and laboratory test (referred by Panel GP clinics – on cashless basis) Polyclinics – On reimbursement basis	As charged	As charged
Visit to Non-panel GP clinics (On reimbursement basis)	S\$35 per visit	S\$35 per visit
Panel Telemedicine Up to 3 visits per year	As Charged	As Charged
Visit to Accidental & Emergency department of Singapore hospitals (On reimbursement basis)	S\$100 per visit, up to 3 visits per year	S\$80 per visit, up to 3 visits per year
Overseas outpatient treatment (On reimbursement basis)	S\$35 per visit	S\$35 per visit
Visit to Traditional Chinese Physician Treatment (TCM) (By registered TCM in Singapore) Up to 5 visits per year (On reimbursement basis)	S\$35	S\$35
Co-payment (applicable to all benefits)	Not applicable	S\$10

Outpatient Specialist Care Rider

Benefit Schedule	Plan 1	Plan 2
Referral letter from Registered Medical Practitioner is required		
Specialist Consultation & Medication • By Panel Specialist (On cashless basis) • By Specialist Outpatient Clinics in Restructured Hospitals (On reimbursement basis)	S\$1,500 per year	S\$1,000 per year
Non-Panel Specialist Consultation & Medication (On reimbursement basis)	S\$300 per year	S\$200 per year
Specialist X-Ray and Laboratory Test • Panel Specialist (On cashless basis) • Specialist Outpatient Clinics in Restructured Hospitals (On reimbursement basis) • Non-Panel Specialist (On reimbursement basis)	S\$1,000 per year	S\$800 per year
Diagnostic Test (including MRI or CT scan) (On reimbursement basis)		
Occupational therapy, Physiotherapy or Chiropractor* (On reimbursement basis)	S\$500 per year	S\$500 per year
*Waiver of referral letter for Chiropractor		
Outpatient Psychiatric Treatment (On reimbursement basis)	S\$500 per annum	Not Applicable

Table of Insured Benefits

Dental Rider

Benefit Schedule	Plan 1	Plan 2
Maximum Benefit Per Member Per Year	S\$600	S\$300
This section offers wide range of treatments such as: Consultation and Oral Examination Medication including administration of Local Anaesthesia Gum Treatments X-Rays Dental Prophylaxis Amalgam/Composite Fillings Tooth-Colored Restorations Extractions Sedative Dressings Retention pins - restoration of tooth Oral Surgery (surgical root removal or removal of wisdom tooth) Pulp/Root Canal Treatment Periodontal Treatment Root Planning Crowning (due to accidental cause) Bridges (due to accident cause) Tooth replantation (insured member's own natural tooth)	As Charged	As Charged
Co-insurance (per claim)	20%	20%

Information is correct as of 8th June 2023

Conditions for Group Personal Accident policy EMPLOYEES FLEXCARE

Your policy

This is **your** Group Personal Accident policy. It contains:

- (i) These conditions for Group Personal Accident policy;
- (ii) The **schedule**;
- (iii) The **table of insured benefits**;
- (iv) The **schedule of lives** (if any); and
- (v) The **endorsements** (if any).

In addition to item (i) to (v) above, the full agreement between **us** and **you** is made up of these documents:

- (a) All statements made by the **insured members** (if any);
- (b) Declarations and questionnaires relating to the **insured members'** occupational or medical conditions which **you** or the **insured members** provided to **us** for **our** underwriting purposes (if any); and
- (c) All written correspondence relating to **your policy** between **you** and **us**.

We refer to item (i) to (v) and (a) to (c) above collectively as '**your policy**' or '**this policy**'. Please examine them to make sure the **insured members** have the protection needed. It is important that **you** read them together to avoid any misunderstanding. If there are any amendments, they must be agreed between **you** and **us** and **we** will add an **endorsement** to **your policy**. All **endorsements** will be binding on all **insured members**.

Words **we** have defined in these conditions have the meanings given to them in the definitions section and the same definitions apply if the defined words are used in any of the documents in **your policy** or any correspondence between **you** and **us**.

This policy covers the **insured members** for death or disablement, due to an **accident** which occur while his/her coverage is in-force. **You** will find details of what **we** cover in **your policy**.

This policy may be void if any information **you** provided to **us** is incomplete or inaccurate or if **you** do not comply with the conditions of **this policy**.

Who is eligible

This policy shall cover the following **insured members**:

- (a) **Your** employees whose **age** is 69 years old and below. Cover is renewable up to **age** 75 years old;
- (b) Their eligible **dependants**; and
- (c) Person(s) as agreed and endorsed in **your policy**

All full-time employees of the **policyholder** who are not **actively at work** on the dates they would otherwise become eligible for insurance coverage under **your policy** shall not be eligible until they return to active service at work. To avoid doubt, if a full time-employee is not **actively at work**, his/her **dependants** are also not eligible for insurance coverage under **your policy**.

You shall provide **us** with the particulars of the persons to be insured and particulars of persons who ceased to be insured under **your policy** within 30 days in writing from the date they are eligible or ceased to be insured.

For avoidance of doubt, this **Policy** does not cover employee who is holding a Work Permit or S Pass issued by the Ministry of Manpower

Definitions

Accident/Accidental

Accident or Accidental means a sudden, unexpected physical event, which happens during the **period of insurance** and which must be the only cause of **injury**.

Act of terrorism

Act of terrorism means an act (which may include using or threatening force or violence) by any person or group, committed for political, religious, ideological or similar purposes, with the aim of influencing any government or to put the public, or any section of the public, in fear.

Actively at work

Actively at work means reporting for work at the place assigned by **you** and can perform expected regular duties of his/her employment with **you**. This includes periods when he/she is on annual leave but not on medical grounds. If he/she is not **actively at work** on the **effective date**, he/she will only be covered when he/she returns to active service at work.

Cover for **dependant(s)** shall start on his/her **effective date** provided he/she is in good health and is not confined in hospital, or in the process of admission to hospital or on medical leave prior to or on the **effective date** of cover.

Age

Age means the age on the last birthday of the person at the time the cover under **this policy** commences or upon renewal.

Benefit(s)

Benefits means the benefits set out in the **table of insured benefits** and **your policy**.

Chinese physician

Chinese physician means a registered practitioner who is licensed to practice traditional Chinese medicine, including herbalist, acupuncturist or bone-setter, in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the **insured member** or the **insured member's family member**, or his/her business associates including any business partner, employers or employees.

Chiropractor

Chiropractor means a registered practitioner who is licensed to practice chiropractic medicine in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the **insured member** or the **insured member's family member**, or his/her business associates including any business partner, employers or employees.

Commencement date

Commencement date means the date from which the cover under **your policy** begins.

Dependant(s)

Dependant(s) means any of the following persons

- (a) Legal spouse who is not divorced or legally separated from the **insured member**, and whose **age** is 69 years old and below.
Cover is renewable up to **age 72** years old.
- (b) An unmarried and unemployed child(ren) of the **insured member** including legally adopted child and stepchild from the **age** of 15 days old (inclusive) to 24 years old (inclusive) and not enlisted in full time National Service.

Dental treatment

Dental treatment means treatment to restore sound and natural teeth and which is necessary due to an **accident**.

Effective date

Effective date means the date from which the insurance coverage of the **insured member** has become effective.

Endorsement

Endorsement means any written statement or notice issued by **us** to confirm and record changes to the terms and conditions of the policy.

Family member

Family member means the **insured member's** husband or wife, children, parents, siblings, parents-in-law, brothers-in-law, sisters-in-law, grandparents, grandparent-in-law, daughters-in-law, sons-in-law or grandchildren.

Hospital

Hospital means an establishment which is registered under the relevant national laws and regulations to care for and treat sick and injured people as bed-paying patients and which:

- (a) Has organised facilities for diagnosis, treatment and major **surgery**;
- (b) Provides nursing services by registered nurses 24 hours a day;
- (c) Is under the supervision of one or more **Registered Medical Practitioners**; and
- (d) Is not mainly a clinic, a secure place to care for alcoholics or drug addicts, a nursing or rest or community hospital, a palliative care centre, or a home for the elderly or similar establishment.

Injury

Injury means damage or harm caused to the body by an external force suffered during the **period of insurance** and which is caused only by an **accident**. This does not include all medical conditions, diseases, sickness, bacterial infections, or viral infections, even if these conditions resulted from, or are connected with, the **accident**.

Insured member

Insured member means the individual (or individuals) named in the **schedule of lives** as the person (or people) insured under **this policy**.

Loss of fingers or toes

Loss of fingers or toes means loss by complete physical severance or loss of use through or above a metacarpophalangeal or metatarsophalangeal joint.

Loss of hearing

Loss of hearing means total and irrecoverable loss of hearing which is beyond remedy by surgical or other treatment.

Loss of limb

Loss of limb means loss by complete physical severance of a hand or loss of use at or above the wrist or of a foot at or above the ankle.

Loss of sight

Loss of sight means total and irrecoverable loss of all sight in any eye rendering the **insured member** absolutely blind in that eye and beyond remedy by surgical or other treatment.

Loss of speech

Loss of speech means total loss of the ability to speak and is beyond remedy by surgical or other treatment.

Medical expenses

Medical expense means **reasonable expenses** incurred for **dental treatment** and other medical, surgical, hospital treatment prescribed by a **registered medical practitioner** as a result of an **injury**.

Period of insurance

Period of insurance means the period of cover as shown in the **schedule**.

Permanent

Permanent means having lasted 12 consecutive months and at the expiry of that period, being beyond hope of improvement.

Permanent disablement

Permanent disablement means disablement that results solely, directly and independently of all other causes from the **injury** and which occurs within 12 months of the **accident** in which **injury** was sustained, and:

- (a) Falls into one of the categories listed in the Table of Compensation; or
- (b) Is a disablement which, having lasted for a continuous and uninterrupted period of at least 12 months, is at the expiry of that period, beyond hope of improvement.

Permanent total disablement

Permanent total disablement means disablement that results solely, directly and independently of all other causes from the **injury** and which occurs within 12 months of the **accident** in which **injury** was sustained which, having lasted for a continuous and uninterrupted period of at least 12 months, will in all probability entirely prevent the **insured member** from engaging in employment of any and every kind for the remainder of his/her life and from which there is no hope of improvement.

Physiotherapist

Physiotherapist means a registered practitioner who is licensed to practice physiotherapy in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the **insured member** or the **insured member's family member**, or his/her business associates including any business partner, employers or employees.

Policyholder

Policyholder means the owner of **this policy** named in the **schedule**.

Pre-existing conditions

Pre-existing condition means any **injury** which the **insured member** has had symptoms; has been diagnosed; known or unknown; regardless of whether treatment or medical advice was actually received, prior to the commencement of his/her insurance cover under **this policy**.

Prohibited person

Prohibited person means a person or entity who is, or who is **related** to a person or entity:

- subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict **us** from providing insurance or carrying out any transaction under **this policy**, or
- who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.

Reasonable expenses

Reasonable expenses means expenses paid for medical services or treatment which are appropriate and consistent with the diagnosis and according to accepted medical standards, and which could not have reasonably been avoided without negatively affecting the **insured member's** condition. These expenses must not be more than the general level of charges made by other medical service suppliers of similar standing in Singapore for the services and supplies

Registered Medical Practitioner

Registered Medical Practitioner means a doctor qualified in western medicine who is licensed and authorised in the geographical area they are practicing in to provide medical or surgical services. They cannot be the **insured member** or the **insured member's family member** or his/her business associates including any business partner, employers or employees.

Related

Related includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.

Relevant person

Relevant person includes persons and entities such as the policyholder, **insured member**, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of the application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.

Renewal date

Renewal date means the date on which **your policy** is to be renewed for a further **period of insurance**.

Schedule

Schedule means the document which proves that **you** have the insurance cover, listing among other things, the **policyholder**, **commencement date**, and policy **endorsement**.

Schedule of lives

Schedule of lives means a listing attached to **this policy** stating the names, particulars and coverage of the **insured members** under **this policy**.

Sum assured

Sum assured means the benefit amount payable by **us** as stated in **your policy**.

Table of insured benefits

Table of insured benefits means the **benefits** attached to these conditions (or any revised **table of insured benefits** which **we** may issue in an **endorsement** to **your policy**, or when renewing **your policy**).

We/us/our/The Company

We/us/ our/The Company means Income Insurance Limited.

You/Your

You and your means the **policyholder** referred to in the **schedule**.

What your policy covers

I. Basic Benefits

1) Accidental Death

We shall pay the **sum assured** as specified in the **schedule** in the event of death of the **insured member** as a direct result of an **accident**. Death must occur within 12 months from the date of such **accident**.

2) Permanent Disablement

We shall pay the **insured member** the corresponding **sum assured**, as specified in the table of compensation below, in the event if **injury** is sustained. **Permanent Disablement** must occur within 12 months from the date of such **accident**.

Table of Compensation for Permanent Disablement

Item	Description	Percentage of sum assured as shown in the schedule
1	Permanent Total Disablement	150%
2	Loss of two limbs	150%
3	Loss of sight of both eyes	150%
4	Loss of sight of one eye, except perception of light	100%
5	Loss of one limb	100%
6	Loss of speech	75%
7	Loss of hearing in both ears	75%
8	Loss of four fingers and thumb of one hand	75%
9	Loss of four fingers	40%
10	Loss of hearing in one ear	25%
11	Loss of thumb	- both phalanges 30%
		- one phalanx 15%
12	Loss of index finger	- three phalanges 15%
		- two phalanges 10%
		- one phalanx 5%
13	Loss of any one other finger	- three phalanges 10%
		- two phalanges 7%
		- one phalanx 3%
14	Loss of metacarpals	- first or second 3%
		- third, fourth or fifth 2%
15	Loss of all toes of one foot	15%
16	Loss of great toes	- two phalanges 5%
		- one phalanx 3%
17	Loss of any other toe	3%
18a	Third Degree Burns Head - Damage as a percentage of total body surface area: <ul style="list-style-type: none">➤ equals to or greater than 8%➤ equals to or greater than 5% but less than 8%➤ equals to or greater than 2% but less than 5%	100% 75% 50%
18b	Body - Damage as a percentage of total body surface area: <ul style="list-style-type: none">➤ equals to or greater than 20%	100%

➤ equals to or greater than 15% but less than 20%	75%
➤ equals to or greater than 10% but less than 15%	50%
The aggregate of all percentages payable in respect of any one accident shall not exceed 150% of the Sum Assured.	

3) Accidental Medical Expenses

- a) We shall pay the **medical expenses** incurred if the **insured member** sustained an **injury**, up to limit shown in the **schedule** or up to 12 months from the date of the **accident**, whichever comes first.
- b) We shall pay the charges incurred for treatment by a **Chinese Physician, Chiropractor or Physiotherapist**, up to the limit of S\$500 under this **benefit** in the event that the **insured member** seeks such treatment for an **injury** sustained.

The total amount payable under (a) and (b) shall not exceed the limit shown in the **schedule**.

II. Additional Extensions

1) Disappearance

We shall pay the **sum assured** for the relevant **benefit** shown in the **schedule** in the event if the **insured member** disappears and after 12 months, it is reasonable to believe that the **insured member** has suffered death as a result of an **accident**.

This **benefit** is subject to the **policyholder** giving us a signed undertaking that if the **insured member** is subsequently found to be alive, any amount paid to the **policyholder** will be repaid to us.

2) Exposure

We shall pay the **sum assured** for the relevant **benefit** shown in the **schedule** in the event of death or **injury** of the **insured member** as a result of him/her being unavoidably exposed to the elements due to an **accident**.

3) Motorcycling

We shall pay the **sum assured** for the relevant **benefit** shown in the **schedule** in the event of death or **injury** of the **insured member** sustained while riding a motorcycle (whether as rider or pillion-rider).

This **benefit** is payable only if at the time of the **accident**, the **insured member** was wearing a safety helmet, has a valid motorcycle license (unless riding as a pillion rider), and not engaging in or practicing for racing and hill climbing contests and reliability trials and speed or duration testing.

4) Riot, strike, civil commotion, hijack, murder, assault and Act of terrorism

We shall pay the **sum assured** for the relevant **benefit** shown in the **schedule** in the event of death or **injury** of the **insured member** as a result of riot, strike, civil commotion, hijack, murder, assault or **act of terrorism**.

This **benefit** is payable only if such event did not arise as a result of or in connection with the **insured member's** collaboration or provocation of such act and death or **injury** as a consequence of such act could not reasonably have been avoided by the **insured member**.

5) Suffocation by smoke, poisonous fumes, gas and drowning

We shall pay the **sum assured** for the relevant **benefit** shown in the **schedule** in the event of death or **injury** of the **insured member** as a result of suffocation by smoke, poisonous fumes, gas or drowning.

This **benefit** is payable only if such event did not arise as a result of the **insured member's** wilful and intentional act and death or **injury** as a consequence of such event could not reasonably have been avoided by the **insured member**.

What you need to be aware of

A. 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) by **you** or any **insured member**, before inception of **this policy** and upon each renewal;
- (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; or
- (e) Make any claim that is fraudulent or exaggerated, or make any false declaration or statement in support of a claim.

We shall have the discretion to terminate **your policy**, to refuse the renewal of **your policy**, to impose terms and conditions as **we** may require and/or to take any action as **we** think necessary. **You** will have to repay to **us** all amounts **we** have paid out under the policy and **we** will refund all premiums to **you**.

B. Misstatement

If the date of birth or other relevant facts relating to any **insured member** are found to have been misstated and if such misstatement affects the **benefits** entitlement or any provisions of **your policy**, the true **age** and facts shall be used to determine whether cover would have been in force under the provisions of **your policy** and whether the **benefits** are payable. Any excess premium paid for current policy period shall be refunded to the **policyholder** and any shortfall in the premium for current policy period shall be paid by the **policyholder**.

C. Policy renewal

Your policy may be renewed on the anniversary of the policy **commencement date** or such other dates as may be agreed in writing between **you** and **us**, subject to **our** consent and the payment of the renewal premium.

This product is reviewed based on portfolio underwriting basis. It will be reviewed based on the experience of the entire portfolio of **our** Employees Flexcare, and any changes in premium and/or benefits to this product will be applicable to all policies of Employees Flexcare.

D. Plan selection

This policy can also be extended to cover **dependant(s)** of the **insured member**. Such extension will be compulsory to all eligible **insured members** under the same occupation category or basis of coverage. The plan type for the **dependant(s)** should not be higher than the **insured members'** plan type.

E. Occupational Class

All benefits and premium for **this Policy** is based on Occupational Class as below.

Occupational class	Description
Class 1	Clerical, administrative or other similar non-hazardous occupations such as accountant, lawyer, banker, doctor, teacher, nurse, secretary, etc.
Class 2	Occupations where some degree of risk is involved, such as supervision of manual workers, totally administrative job in an industrial environment, professions of an outdoor nature, work involving overseas travel or work involving the occasional use of tools or machinery, such as foreman, grocer, hairdresser, salesman, tailor, surveyor, tourist guide, etc.
Class 3	Occupations involving regular light to medium manual work with no substantial hazard which may increase the risk of sickness or accident. Examples are professions involving the use of tools or machinery, such as a carpenter, builder, painter, driver, technician, hawker, unarmed security guard, etc.

F. Subrogation

We shall be entitled to undertake in the name of and on behalf of an **insured member** the absolute conduct, control, defense and/or settlement of any proceedings and at any time to take proceedings at **our** expense and own behalf, but in the name of the **insured member** to recover compensation or secure indemnity from any third party in respect of anything covered under **this policy**. The **insured member** shall cooperate fully with **us** in this respect and shall not do anything to prejudice **our** rights.

G. Right of recovery

We may recover any amount **we** paid for charges that are not covered under **this policy** or exceeded the maximum benefits limit as specified in the **table of insured benefits**. The **policyholder** and/or the **insured member** shall fully indemnify and reimburse **us** for such amount within 30 days from the date of notice given by **us** requesting for reimbursement.

H. Change of terms and conditions

We may vary the premiums, **benefits** and/or cover or amend the terms and conditions of **your policy** by giving **you** 30 days' prior written notice at **your** last known address.

I. Ownership of policy

We shall treat the **policyholder** as the absolute owner of **this policy** and shall not be bound to recognise any equitable or other claim or interest in **this policy**.

J. Governing law

This policy is governed by and interpreted according to the laws of the Republic of Singapore.

K. Exclusion of third party rights

Any person who is not a party to **this policy** shall have no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any of its terms.

L. Difference in opinions

In the event of any differences in opinions between **our Registered Medical Practitioner** and **your Registered Medical Practitioner**, **our Registered Medical Practitioner's** opinion shall prevail.

M. Legal proceedings

No action in law or in equity shall be brought to recover **this policy** prior to the expiration of 60 days after proof of claim has been filed in accordance with the requirements of **this Policy**, nor shall such action be brought at all unless brought within two (2) years from the expiration of time within which such proof of claim is required by **this policy**.

N. Prohibited persons

If **you** are or any **relevant person** is found to be a **prohibited person**:

- (a) **we** are entitled not to accept the application; and
- (b) if any **policy** or cover of any **insured member** is issued, **we** are entitled to end the **policy** or cover of any **insured member**, not pay any benefit or not allow any transaction to be carried out under the **policy**. **We** will not refund any unutilised premium when the **policy** is ended.

You will need to inform **us** immediately if there is any change in **your** or any **relevant person's** identity, status or identity documents.

Our decision in every respect of the above will be final.

O. Minimum Headcount

A minimum headcount of 2 employees (excluding dependents) is required for **this Policy**.

P. Geographical limit

This policy provides 24 hours worldwide cover for **insured members** who are residing or based in Singapore. Cover will cease if **insured member** is residing outside Singapore for more than 180 days.

Q. Aggregate limit of liability

The maximum aggregate limit payable for all of the sections arising out of 1 single event shall not be more than S\$5,000,000, unless otherwise endorsed in **this policy**.

In the event if the claims from all the **insured members** arising out of 1 such event exceed the aggregate limit, the amount shall be pro-rated among the **insured members**, subject to the maximum limit as shown in the **schedule** for each of the **insured member**.

What is not covered

This policy does not cover claims directly or indirectly caused by or arising from:

- (a) Self-inflicted injuries, any attempt threat while sane or insane or attempted suicide
- (b) Insurrection, declared or undeclared war or any warlike operations, military or naval service in time of declared or undeclared war or while under orders for warlike operations or restoration of public order.
- (c) Participating in riot, committing an assault or felony.
- (d) Participation in competitive racing on wheels.
- (e) Occupational Class which is not Class 1, 2 or 3 as set out in **this policy**.
- (f) **Pre-existing condition** which existed before the effective date or commencement date of **this policy**.

Our responsibilities to you

A. Claims conditions

Before any **benefits** are payable under **your policy**, the **insured member** has to ensure that the following requirements are being met.

- (a) It shall be a condition precedent to **our** liability under **this policy** that all claims shall be notified to us within 60 days from the date of **accident**. All claims shall be made on **our** prescribed forms and submitted to **us** together with the original copies of receipts and itemised bills
- (b) Any information required by **us** for assessing the claim shall be furnished by the **policyholder** at the **policyholder's** expense.
- (c) Any **benefits** payable under **this policy** shall be paid to **you**, the **insured member** or the **insured member's** legal representative. Any payment to **you**, the **insured member** or the **insured member's** legal representative, and the receipt of any **benefit** payable under **your policy** by the **insured member** or **you** shall in all cases be deemed as final and complete discharge of **our** liability under **this policy**.

Failure to furnish notice within the time provided in **this policy** shall invalidate the claim unless claimant shows that it was not reasonably possible to give such notice within such required time and that notice was subsequently given as soon as reasonably possible.

Your responsibilities

A. Premium

The premium is not guaranteed and may be reviewed and varied by **us** upon next renewal. Once the premium is varied, the new premium shall apply in respect of all **insured members** under **your policy**.

Short period extensions of the policy (less than 12 months) computed from the expiry date, if agreed by **us**, shall be based on the renewal premium and terms.

B. Cancellation of policy

The **policyholder** and/or **us** may cancel **this policy** by giving the other party 30 days' written notice. Once the notice period has expired, all cover under this policy shall terminate. **We** may also cancel the cover on any **insured member** for failing to comply with the terms and conditions of the policy.

If **your policy** is cancelled by **us**, there shall be a pro-rated refund of premiums to **you** for the unexpired part of the **period of insurance** under **your policy**.

If the policy is cancelled by **you**, the following short period rates are applicable:

<u>Period of cover not exceeding</u>	<u>Short period rates</u>
1 week	1 month
1 month	3 months
2 months	4 months
3 months	6 months
4 months	7 months
6 months	9 months
8 months	10 months
> 8 months	12 months

C. Premium Payment Warranty

If the **period of insurance** is 60 days or more, **we** shall receive the full premium within 60 days of the **commencement date**, the **renewal date** or effective date of each **endorsement** issued under the **policy**, failing which, the **policy** shall be terminated automatically at the end of the 60-day period.

Termination of the **policy** shall not affect your right to claim for an event covered by the policy that happens during the 60-day period.

We shall be entitled to a pro-rata premium for the 60-day period where the risk is insured under the policy, subject to a minimum premium of S\$50 + GST.

If the **period of insurance** is less than 60 days, **we** shall receive the full premium within the **period of insurance**, failing which, the **policy** will not be valid.

D. Condition Precedent

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

1. For the risk insured, **you** have 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
2. If **you** have declared that **you** have breached any premium payment condition in respect of a previous policy taken up with another Insurer in the last twelve (12) months:
 - a) **You** have 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
 - b) A copy of the written confirmation from the previous Insurer to this effect is first provided by **you** to **us** before cover incepts.

E. Termination of cover of insured member

The cover for an **insured member** under **this policy** shall terminate and all **benefits** shall cease for that **insured member** if any of the following occurs:

- (a) The date on which the policy is terminated;
- (b) At the end of the policy year during which the **insured member** reaches the maximum **age** of coverage as stated in the **schedule**;
- (c) When the **insured member** ceases to be eligible as an **insured member**;
- (d) At the expiry of the period for which the last premium payment is made on account of the **insured member's** cover;
- (e) The date the **insured member** enters full-time military, naval, air or police service except any period of National Service reservist duty or training;
- (f) On the death of the **insured member**;
- (g) Non-payment of the premium after the grace period; or
- (h) Any condition under Clause A of What you need to be aware– arises.

Where applicable, the cover for the **dependant(s)** of the **insured member** shall automatically terminate when:

- (a) The cover for the **insured member** ceases; or
- (b) The spouse and/or child(ren) ceases to fall within the definition of a **dependants** in **this policy**.

F. 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 Income or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

G. Dealing With disputes

Any dispute arising out of or in connection with **this policy** shall be referred to and finally resolved by arbitration administered by the Singapore International Arbitration Centre ("SIAC") in accordance 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. **You** must refer any dispute under **this policy** to arbitration within two (2) years from the date an event giving rise to the claim in dispute arises.

The seat of the arbitration shall be Singapore. The language of the arbitration shall be English. The Tribunal shall consist of one (1) arbitrator. Either party may propose to the other the name or names of one or more persons to be an arbitrator and if no agreement is reached within thirty (30) days after receipt by one party of such a proposal from the other, the arbitrator shall be appointed by the Chairman of the Singapore International Arbitration Centre. **We** will not be legally responsible under **this policy** unless **you** have first received an award under arbitration.

Table of Insured Benefits

Group Personal Accident policy

Sum Assured	Plan 1	Plan 2	Plan 3
Accidental Death	S\$500,000	S\$300,000	S\$100,000
Permanent Disablement	S\$500,000	S\$300,000	S\$100,000
Accidental Medical Expenses	S\$5,000	S\$4,000	S\$2,000

Information is correct as of 8th June 2023

Conditions for Group Term Life EMPLOYEES FLEXCARE

Your policy

This is **your** Group Term Life policy. It contains:

- (i) These conditions for Group Term Life policy;
- (ii) The **schedule**;
- (iii) The **table of insured benefits**;
- (iv) The **schedule of lives** (if any); and
- (v) The **endorsements** (if any).

In addition to item (i) to (v) above, the full agreement between **us** and **you** is made up of these documents:

- (a) All statements made by the **insured members**;
- (b) Declarations and questionnaires relating to the **insured members'** occupational or medical conditions which **you** or the **insured members** provided to **us** for **our** underwriting purposes (if any); and
- (c) All written correspondence relating to **your** policy between **you** and **us**.

We refer to item (i) to (v) and (a) to (c) above collectively as '**your policy**' or '**this policy**'. Please examine them to make sure the **insured members** have the protection needed. It is important that **you** read them together to avoid any misunderstanding. If there are any amendments, they must be agreed between **you** and **us** and **we** will add an **endorsement to your policy**. All **endorsements** will be binding on all **insured members** unless an **endorsement** is only applicable to a specific **insured member**.

Words **we** have defined in these conditions have the meanings given to them in the definitions section and the same definitions apply if the defined words are used in any of the documents in **your policy** or any correspondence between **you** and **us**.

Group Term Life is a group life insurance plan which covers the **insured members** in the event of death and total and permanent disability (before the **age** of 65) while his/her coverage is still in-force. **You** will find details of what **we** cover set out in **your policy**.

This policy may be void if any information **you** provided to **us** is incomplete, untrue or inaccurate or if **you** do not comply with the conditions of **this policy**.

Who is eligible

This policy shall cover the following **insured members**:

- (a) **Your** employees whose **age** is 69 years old and below;
- (b) Their eligible **dependants**; and
- (c) Person(s) as agreed and endorsed in **your policy**

For avoidance of doubt, this **Policy** does not cover employee who is holding a Work Permit or S Pass issued by the Ministry of Manpower

All full-time employees of the **policyholder** who are not **actively at work** on the dates they would otherwise become eligible for insurance coverage under **your policy** shall not be eligible until they return to active service at work. To avoid doubt, if a full time-employee is not **actively at work**, his/her **dependants** are also not eligible for insurance coverage under **your policy**.

You shall provide **us** with the particulars of the persons to be insured and particulars of persons who ceased to be insured under **your policy** within 30 days in writing from the date they are eligible or ceased to be insured.

If the **insured member** whose **age** and/or **sum assured** is within the **free cover limit**, the **insured member** shall be automatically covered upon satisfaction of the above eligibility criteria.

However, if the **insured member** whose **age** and/or **sum assured** exceeds the **free cover limit**, such cover is effective only upon written acceptance by us. The **insured member** will be required to complete the Health Declaration Form and medical examination may be required at **our** discretion.

Definitions

Accident/Accidental

Accident or Accidental means a sudden, unexpected physical event, which happens during the **period of insurance** and which must be the only cause of **injury**.

Actively at work

Actively at work means reporting for work at the place assigned by **you** and can perform expected regular duties of his/her employment with **you**. This includes periods when he/she is on annual leave but not on medical grounds. If he/she is not **actively at work** on the **effective date**, he/she will only be covered when he/she returns to active service at work.

Cover for **dependant(s)** shall start on his/her **effective date** provided he/she is in good health and is not confined in hospital, or in the process of admission to hospital or on medical leave prior to or on the **effective date** of cover.

Age

Age means the age on the last birthday of the person at the time the cover under **this policy** commences or upon renewal.

Appendix

Appendix means the written definition of the 30 illnesses listed as **critical illness** which forms part of this policy.

Benefit(s)

Benefits means the benefits set out in the **table of insured benefits** and **your policy**.

Commencement date

Commencement date means the date from which the cover under **your policy** begins.

Critical illness

Critical illness means any of the 37 illnesses listed below and as defined in the **appendix**:

- | | | | |
|----|--|----|--|
| 1 | Major Cancer | 20 | Fulminant Hepatitis |
| 2 | Heart Attack of Specified Severity | 21 | Motor Neurone Disease |
| 3 | Stroke with Permanent Neurological Deficit | 22 | Primary Pulmonary Hypertension |
| 4 | Coronary Artery By-pass Surgery | 23 | HIV Due to Blood Transfusion and Occupationally Acquired HIV |
| 5 | End Stage Kidney Failure | 24 | Benign Brain Tumour |
| 6 | Irreversible Aplastic Anaemia | 25 | Severe Encephalitis |
| 7 | End Stage Lung Disease | 26 | Severe Bacterial Meningitis |
| 8 | End Stage Liver Failure | 27 | Angioplasty & Other Invasive Treatment for Coronary Artery |
| 9 | Coma | 28 | Blindness (Irreversible Loss of Sight) |
| 10 | Deafness (Irreversible Loss of Hearing) | 29 | Major Head Trauma |
| 11 | Open Chest Heart Valve Surgery | 30 | Paralysis (Irreversible Loss of Use of Limbs) |
| 12 | Irreversible Loss of Speech | 31 | Terminal Illness |
| 13 | Major Burns | 32 | Progressive Scleroderma |
| 14 | Major Organ / Bone Marrow Transplantation | 33 | Persistent Vegetative State (Apallic Syndrome) |
| 15 | Multiple Sclerosis | 34 | Systemic Lupus Erythematosus with Lupus Nephritis |
| 16 | Muscular Dystrophy | 35 | Other Serious Coronary Artery Disease |
| 17 | Idiopathic Parkinson's Disease | 36 | Poliomyelitis |
| 18 | Open Chest Surgery to Aorta | 37 | Loss of Independent Existence |
| 19 | Alzheimer's Disease / Severe Dementia | | |

Dependant(s)

Dependant(s) means any of the following persons

- Legal spouse who is not divorced or legally separated from the **insured member**, and whose **age** is 69 years old and below.
- An unmarried and unemployed child(ren) of the **insured member** including legally adopted child and stepchild from the **age** of 15 days old (inclusive) to 24 years old (inclusive) and not enlisted in full time National Service.

Effective date

Effective date means the date from which the insurance coverage of the **insured member** has become effective.

Endorsement

Endorsement means any written statement or notice issued by **us** to confirm and record changes to the terms and conditions of the policy.

Family member

Family member means the **insured member's** husband or wife, children, parents, siblings, parents-in-law, brothers-in-law, sisters-in-law, grandparents, grandparent-in-law, daughters-in-law, sons-in-law or grandchildren.

Free cover limit

Free cover limit is the maximum **sum assured** accepted in respect of each **insured member** with **us** without any evidence of health.

Illness

Illness means a physical condition certified by a **Registered Medical Practitioner** as a pathological deviation from the normal healthy state.

Injury

Injury means damage or harm caused to the body by an external force suffered during the **period of insurance** and which is caused only by an **accident**. This does not include all medical conditions, diseases, sickness, bacterial infections or viral infections, even if these conditions resulted from, or are connected with, the **accident**.

Insured member/member

Insured member/member means the individual (or individuals) named in the **schedule of lives** as the person (or people) insured under **this policy**.

Period of insurance

Period of insurance means the period of cover as shown in the **schedule**.

Policyholder

Policyholder means the owner of **this policy** named in the **schedule**.

Pre-existing condition

Pre-existing condition means any **injury** or **illness** which the **insured member** has had symptoms; has been diagnosed; known or unknown; regardless of whether treatment or medical advice was actually received, prior to the commencement of his/her insurance cover under **this policy**.

Prohibited person

Prohibited person means a person or entity who is, or who is **related** to a person or entity:

- subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict **us** from providing insurance or carrying out any transaction under this policy, or
- who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.

Proper claimant

Proper claimant means the proper claimant as defined under the Insurance Act (Chap 142).

Registered Medical Practitioner/Physician

Registered Medical Practitioner/Physician means a doctor qualified in western medicine who is licensed and authorised in the geographical area they are practicing in to provide medical or surgical services. They cannot be the **insured member** or the **insured member's family member** or his/her business associates including any business partner, employers or employees.

Related

Related includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.

Relevant person

Relevant person includes persons and entities such as the policyholder, **insured member**, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of the application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.

Renewal date

Renewal date means the date on which **your policy** is to be renewed for a further **period of insurance**.

Schedule

Schedule means the document which proves that **you** have the insurance cover, listing among other things, the **policyholder**, **commencement date**, and policy **endorsement**.

Schedule of lives

Schedule of lives means a listing attached to **this policy** stating the names, particulars and coverage of the **insured members** under **this policy**.

Sum assured

Sum assured means the amount of assurance covered under **your policy** in respect of the **insured member**.

Survival period

Survival period means the period of 30 days from the date the **insured member** is diagnosed as suffering from a **critical illness**.

Table of insured benefits

Table of insured benefits means the **benefits** attached to these conditions (or any revised table of insured benefits which **we** may issue in an **endorsement to your policy**, or when renewing **your policy**).

Terminal illness

Terminal illness shall mean an **illness** or condition which, in the opinion of a **Registered Medical Practitioner**, is likely to lead to death within twelve (12) months of diagnosis of the **illness**.

Total and permanent disability

Totally and permanently disability means:

- (a) the complete and continuous inability of the **insured member** to engage in any business or occupation or perform any work of any kind for remuneration or profit at that time and at all times thereafter; or
- (b) **total physical loss**.

Total physical loss

Total physical loss means any one of the followings:

- (a) the total and permanent loss of sight of both eyes;
- (b) the loss by complete severance or total and permanent loss of use of both limbs at or above the wrist or ankle or;
- (c) the total and permanent loss of sight of one eye and the loss by complete severance or total and permanent loss of use of one limb at or above the wrist or ankle.

We/us/our/The Company

We/us/ our/The Company means Income Insurance Limited.

You/Your

You and your means the **policyholder** referred to in the **schedule**.

What your policy covers

I. Basic Benefits

1) Death

We shall pay the **sum assured** as stated in the **schedule** if the **insured member** dies from any cause in one lump sum, subject to policy terms and conditions.

2) Total and Permanent Disability

We shall pay the **benefit** as stated in the **schedule** in one lump sum, the **sum assured** or S\$500,000/-, whichever is lesser if the **insured member** suffers from **total and permanent disability** continuously for at least 3 months, due to any cause, before the **age** of 65 while their cover is in force.

If the **sum assured** exceeds S\$500,000/-, we will firstly pay a lump sum of S\$500,000/- and the balance shall be payable in 4 equal annual installments at the end of 12 months after the first lump sum payment. The installment payments will be made:

- (1) only if the **insured member** remains **totally and permanently disabled**; and
- (2) even after the expiry of **this policy**.

If death occurs within 12 months after **you** or the **insured member** received the initial payment, we will pay in a lump sum the remaining balance to **you**, the **insured member's** legal representative or **proper claimant**.

II. Rider, where applicable

1) Group Critical Illness (Accelerated)

We shall pay either part for angioplasty and other invasive treatment for coronary artery or all of the **sum assured** as stated in the **table of insured benefits** attached to **this policy**, in line with the terms and conditions in the list of **critical illnesses** in **appendix**, if the **insured member** is diagnosed with any **critical illness** for the first time by a **Registered Medical Practitioner** while insured under the Group Critical Illness (Accelerated) rider.

Any payment made under this rider will reduce the **sum assured** of the policy to which the rider is attached.

For **major cancer, coronary artery bypass surgery, heart attack of specified severity, angioplasty and other invasive treatment for coronary artery, and other serious coronary artery disease**, if the diagnosis for the first time by a **Registered Medical Practitioner** is made before the end of 90 days from any increase in the **sum assured** for the **insured member's** cover, we will pay the **sum assured** which was in force 90 days before the diagnosis is made for the first time.

For other **critical illnesses**, if the diagnosis for the first time by a **Registered Medical Practitioner** is made before the end of 30 days from any increase in the **sum assured** for the **insured member's** cover, we will pay the **sum assured** which was in force 30 days before the diagnosis is made for the first time.

What you need to be aware of

A. 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) by **you** or any **insured member**, before inception of **this policy** and upon each renewal;
- (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; or
- (e) Make any claim that is fraudulent or exaggerated, or make any false declaration or statement in support of a claim.

We shall have the discretion to terminate **your policy**, to refuse the renewal of **your policy**, to impose terms and conditions as **we** may require and/or to take any action as **we** think necessary. **You** will have to repay to **us** all amounts **we** have paid out under the policy and **we** will refund all premiums to **you**.

B. Misstatement

If the date of birth or other relevant facts relating to any **insured member** are found to have been misstated and if such misstatement affects the **benefits** entitlement or any provisions of **your policy**, the true **age** and facts shall be used to determine whether cover would have been in force under the provisions of **your policy** and whether the **benefits** are payable. Any excess premium paid for current policy period shall be refunded to the **policyholder** and any shortfall in the premium for current policy period shall be paid by the **policyholder**.

C. Policy renewal

Your policy may be renewed on the anniversary of the policy **commencement date** or such other dates as may be agreed in writing between **you** and **us**, subject to **our** consent and the payment of the renewal premium.

This product is reviewed based on portfolio underwriting basis. It will be reviewed based on the experience of the entire portfolio of **our** Employees Flexcare, and any changes in premium and/or benefits to this product will be applicable to all policies of Employees Flexcare.

D. Plan selection

The plan type selected for Group Term Life and Group Critical Illness must be the same.

This policy can also be extended to cover **dependant(s)** of the **insured member**. Such extension will be compulsory to all eligible **insured members** under the same occupation category or basis of coverage. The plan type for the **dependant(s)** should not be higher than the **insured members'** plan type.

E. Minimum Headcount

A minimum headcount of 2 employees (excluding dependents) is required for **this Policy**.

F. Subrogation

We shall be entitled to undertake in the name of and on behalf of an **insured member** the absolute conduct, control, defense and/or settlement of any proceedings and at any time to take proceedings at **our** expense and own behalf, but in the name of the **insured member** to recover compensation or secure indemnity from any third party in respect of anything covered under **this policy**. The **insured member** shall cooperate fully with **us** in this respect and shall not do anything to prejudice **our** rights.

G. Right of recovery

We may recover any amount **we** paid for charges that are not covered under **this policy** or exceeded the maximum benefits limit as specified in the **table of insured benefits**. The **policyholder** and/or the **insured member** shall fully indemnify and reimburse **us** for such amount within 30 days from the date of notice given by **us** requesting for reimbursement.

H. Change of terms and conditions

We may vary the premiums, **benefits** and/or cover or amend the terms and conditions of **your policy** by giving **you** 30 days' prior written notice at **your** last known address.

I. Ownership of policy

We shall treat the **policyholder** as the absolute owner of **this policy** and shall not be bound to recognise any equitable or other claim or interest in **this policy**.

J. Prohibited persons

If **you** are or any **relevant person** is found to be a **prohibited person**:

- (a) **we** are entitled not to accept the application; and
- (b) if any **policy** or cover of any **insured member** is issued, **we** are entitled to end the **policy** or cover of any **insured member**, not pay any benefit or not allow any transaction to be carried out under the **policy**. **We** will not refund any unutilised premium when the **policy** is ended.

You will need to inform **us** immediately if there is any change in **your** or any **relevant person's** identity, status or identity documents.

Our decision in every respect of the above will be final.

K. Governing law

This policy is governed by and interpreted according to the laws of the Republic of Singapore.

L. Exclusion of third party rights

Any person who is not a party to **this policy** shall have no right under the Contracts (Rights of Third Parties) Act (Cap. 53B) to enforce any of its terms.

M. Difference in opinions

In the event of any differences in opinions between **our Registered Medical Practitioner** and **your Registered Medical Practitioner**, **our Registered Medical Practitioner's** opinion shall prevail.

N. Legal proceedings

No action in law or in equity shall be brought to recover **this policy** prior to the expiration of 60 days after proof of claim has been filed in accordance with the requirements of **this Policy**, nor shall such action be brought at all unless brought within two (2) years from the expiration of time within which such proof of claim is required by **this policy**.

O. Geographical limit

This policy provides 24 hours worldwide cover for **insured members** who are residing or based in Singapore. Cover will cease if **insured member** resides outside Singapore for more than 180 days per trip

What is not covered

Group Term Life policy does not cover claims directly or indirectly caused by or arising from:

- (a) Self-inflicted **injury** or any attempt thereat, while sane or insane.
- (b) **Pre-existing condition**.

Unless the **insured member** has been insured continuously for 12 months under **this policy**.

Group Critical Illness rider does not cover:

- 1) If **insured member's critical illness** is caused directly or indirectly, totally or partly, by:
 - (a) Self-inflicted **injury** or **illness**;
 - (b) The influence or deliberate misuse of drugs or alcohol;
 - (c) An episode of coronary artery or ischaemic heart disease that happens before the **effective date** of the **insured member's** cover;
 - (d) Any **pre-existing condition** relating directly or indirectly to the **critical illness** or where the **insured member** received medical treatment or asked for medical advice (which related directly or indirectly to the **critical illness**) before the **effective date** of the **insured member's** cover; or
 - (e) Acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency virus (HIV) except **HIV due to blood transfusion and occupationally acquired HIV** as shown in the list of **critical illness**.
- 2) For **major cancer, coronary artery bypass surgery, heart attack of specified severity, angioplasty and other invasive treatment for coronary artery, and other serious coronary artery disease**, we will not pay if the diagnosis for the first time by a **Registered Medical Practitioner** is made within 90 days from the **effective date** of the **insured member's** cover or the date the **insured member** returns to active service at work, whichever is later.
- 3) For the other remaining **critical illnesses**, we will not pay if the diagnosis for the first time by a **Registered Medical Practitioner** is made within 30 days from the **effective date** of **insured member's** cover or the date the **insured member** returns to active service at work, whichever is later.

Our responsibilities to you

A. Claims

Depending on the terms, conditions and terms in the policy and if **you** have paid the premium and the **insured member's** cover is valid, **we** will pay the **benefits** as stated in the **schedule** under **this policy** provided the following requirements are met:

(1) **Death or total and permanent disability**

You (or the **insured member's** legal personal representative) must inform **us** in writing, giving **us** full details and providing the proof of loss **we** need. **You** (or **your** legal personal representative) must give **us** the documents **we** need together with **your** claim form.

We do not have to pay a claim if **we** are told of the claim after 90 days from the date of loss or event giving rise to claim.

You must provide adequate medical evidence. If the **insured member** is claiming for a disability, the claim must be supported with acceptable clinical, radiological, histological and laboratory evidence, and confirmed by a **Registered Medical Practitioner**.

(2) **Critical illness** (insured under rider)

Insured member must notify **us** in writing, giving full particulars, as soon as possible after the initial diagnosis or recommendation for treatment of the **critical illness** not later than 6 months after the date of diagnosis or recommendation of treatment, as the case may be.

The **insured member** must provide **us** with acceptable clinical, radiological, histological and laboratory evidence and confirmed by a **Registered Medical Practitioner** for any of the **critical illness** diagnosed or recommendation for treatment.

(3) **We** may ask the **insured member** to have a medical examination by a **Registered Medical Practitioner** that **we** have appointed based on the **benefits** a claim is based.

B. Paying claims

(1) **We** will pay only one **benefit** under **this policy**, either death **benefit** or **total and permanent disability benefit**. The total **benefit** payable under **this policy** will not exceed the **sum assured** as stated in the **schedule**. Coverage under **this policy** will cease after **we** pay either the initial payment of the **total and permanent disability benefit** or death **benefit**.

(2) After **we** pay the **insured member** the **benefit** for **critical illness**, the cover in respect of the **insured member** under the Group Critical Illness (Accelerated) rider shall terminate, and the **insured member** will not be entitled to any further Group Critical Illness (Accelerated) rider if the **insured member** suffers a **critical illness** again, whether in the same **policy year** or other **policy year**.

(3) If after the limited advance payment as defined in **appendix** has been paid for an **insured member**, the same **insured member** suffers a **critical illness**, whether in the same **policy year** or other **policy year**, **we** will pay the balance of the Group Critical Illness (Accelerated) rider minus the limited advance payment made.

(4) If after the Group Critical Illness (Accelerated) rider has been paid for an **insured member**, the same **insured member** dies or suffers from **total and permanent disability**, whether in the same **policy year** or other **policy year**, **we** will pay the **benefit** for death or **total and permanent disability**, as the case may be, minus the **sum assured** paid under Group Critical Illness (Accelerated) rider.

(5) All **benefit** payments under **this policy** shall be made by cheque to order of the **policyholder**, **insured member**, the **insured member's** legal representative or **proper claimant** for disbursement in accordance with the terms of the policy.

(6) Payment of the **sum assured** shall be in full settlement of all obligations under **this policy** and shall release us of all liabilities under **this policy**.

Your responsibilities

A. Premium

Any outstanding premium must be paid before any **benefits** can be issued.

The premium is not guaranteed and may be reviewed and varied by **us** upon next renewal. Once the premium is varied, the new premium shall apply in respect of all **insured members** under **your policy**.

Short period extensions of the policy (less than 12 months) computed from the expiry date, if agreed by **us**, shall be based on the renewal premium and terms.

B. Cancellation of policy

The **policyholder** and/or **us** may cancel **this policy** by giving the other party 30 days' written notice. Once the notice period has expired, all cover under **this policy** shall terminate. **We** may also cancel the cover on any **insured member** for failing to comply with the terms and conditions of the policy.

If **your policy** is cancelled by **us**, there shall be a pro-rated refund of premiums to **you** for the unexpired part of the **period of insurance** under **your policy**.

If the policy is cancelled by **you**, the following short period rates are applicable:

<u>Period of cover not exceeding</u>	<u>Short period rates</u>
1 week	1 month
1 month	3 months
2 months	4 months
3 months	6 months
4 months	7 months
6 months	9 months
8 months	10 months
> 8 months	12 months

C. Grace period

The **policyholder** is allowed a grace period of 30 days from the date of invoice to pay the premium.

If the premium due is not payable by the end of the grace period, **this policy** shall be terminated as from the date of expiry of the grace period and **we** shall be discharged from all liability under **this policy** from that date.

However, **our** liability under **this policy** before such date will not be affected and **we** will be entitled to charge premium for the period insurance cover was provided based on the short period rates stated in Clause B, whether or not a claim has been made during this period.

D. Termination of cover of insured member

The cover for an **insured member** under **this policy** shall terminate and all **benefits** shall cease for that **insured member** if any of the following occurs:

- (a) The date on which the policy is terminated;
- (b) At the end of the policy year during which the **insured member** reaches the maximum **age** of coverage as stated in the **policy schedule**;
- (c) When the **insured member** ceases to be eligible as an **insured member**;
- (d) At the expiry of the period for which the last premium payment is made on account of the **insured member's** cover;
- (e) The date the **insured member** enters full-time military, naval, air or police service except any period of National Service reservist duty or training;
- (f) On the death of the **insured member**;
- (g) When the **insured member** is on temporary leave of absence, vacation without pay or absent from work due to sickness or **injury**, continuously for more than 12 months;
- (h) Non-payment of the premium after the grace period; or
- (i) Any condition under Clause A of What you need to be aware– arises.

Where applicable, the cover for the **dependant(s)** of the **insured member** shall automatically terminate when:

- (a) The cover for the **insured member** ceases; or
- (b) The spouse and/or child(ren) ceases to fall within the definition of a **dependants** in **this policy**.

E. 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 Income or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

F. Dealing with disputes

Any dispute arising out of or in connection with **this policy** shall be referred to and finally resolved by arbitration administered by the Singapore International Arbitration Centre ("SIAC") in accordance 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. **You** must refer any dispute under **this policy** to arbitration within two (2) years from the date an event giving rise to the claim in dispute arises.

The seat of the arbitration shall be Singapore. The language of the arbitration shall be English. The Tribunal shall consist of one (1) arbitrator. Either party may propose to the other the name or names of one or more persons to be an arbitrator and if no agreement is reached within thirty (30) days after receipt by one party of such a proposal from the other, the arbitrator shall be appointed by the Chairman of the Singapore International Arbitration Centre. **We** will not be legally responsible under **this policy** unless **you** have first received an award under arbitration.

Table of Insured Benefits

Group Term Life policy

Benefit	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Death	S\$500,000	S\$300,000	S\$200,000	S\$100,000	S\$50,000
Total and Permanent Disability	S\$500,000	S\$300,000	S\$200,000	S\$100,000	S\$50,000

Group Critical Illness rider

Benefit	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Sum Assured	S\$250,000	S\$150,000	S\$100,000	S\$80,000	S\$50,000

SPECIMEN

APPENDIX

List of Critical Illnesses

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).

It is hereby declared that any one of the following 37 illnesses shall be defined as **Critical Illness**:

1 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 behaviour; 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.

2 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

3 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.

4 Coronary Artery By-pass Surgery

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

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

5 End Stage Kidney Failure

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

6 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.

7 End Stage Lung Disease

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

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

The diagnosis must be confirmed by a respiratory physician.

8 End Stage Liver Failure

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

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

Liver disease secondary to alcohol or drug abuse is excluded.

9 Coma

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

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

For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.

10 Deafness (Irreversible Loss of Hearing)

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

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

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.”

11 Open Chest Heart Valve Surgery

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

12 Irreversible Loss of Speech

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.

All psychiatric related causes are excluded.

13 Major Burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Assured's body.

14 Major Organ / Bone Marrow Transplantation

The receipt of a transplant of:

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

Other stem cell transplants are excluded.

15 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.

16 Muscular Dystrophy

The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Life Assured 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.

17 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 Life Assured 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.

18 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.

19 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 life assured. 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.

20 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.

21 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.

22 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.

23 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 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 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.

24 Benign Brain Tumor

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

- It 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.

25 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.

26 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.

27 Angioplasty & Other Invasive Treatment for Coronary Artery

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

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

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

Diagnostic angiography is excluded.

28 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.

29 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.

30 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.

31 Terminal Illness

The conclusive diagnosis of an illness that is expected to result in the death of the Life Assured 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.

32 Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally 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.

33 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.

34 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

35 Other Serious Coronary Artery Disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by 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.

36 Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

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

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

37 Loss of Independent Existence

A condition as a result of a disease, illness or injury whereby the Life Assured 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 Life Assured.

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 Life Assured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

2 Activities of Daily Living (ADLs)

The six "Activities of Daily Living" are:

- (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.

Information is correct as of 8th June 2023