SINGAPORE LIFE LTD

MYBENEFITS PLUS POLICY WORDING

SINGAPORE LIFE LTD

MYBENEFITS PLUS GROUP BASIC MEDICAL+MAJOR MEDICAL

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PART I – DEFINITIONS

When used in this Policy, the following terms will have the meanings shown below:

1. "Age" means age last birthday.

2. "Accident" means an incident caused by accidental, violent, external and visible means and includes suffocation by smoke, poisonous fumes, gas and drowning, provided that such event did not arise as a result of the Insured Person's willful and intentional act.

3. "Actively at Work" means reporting at the assigned place of work and performing all the regular duties of his employment or being on approved annual leave for reasons other than on medical grounds.

4. "Centre of Medical Device Regulation" means regulatory bodies regulating the manufacturing, importing or supply of medical devices.

5. "Co-Insurance" means the percentage of Eligible Expenses payable under the Benefit Schedule which exceed the Deductible Amount that has to be paid by the Insured Person.

6. "Deductible Amount" means that amount of Eligible Expenses incurred in respect of Hospital Confinement Benefits which has to be borne by the Insured Person before such benefits subject to Co-Insurance are payable by us.

7. "Dependant" means an Eligible Person's:

   A. (i) legal spouse who is below 70 years old at Policy Commencement Date or at any Renewal Date, or
      (ii) 75 years old at any Renewal Date if he/she has been insured under this Policy the previous year, and who is not divorced or legally separated from the Eligible Person at the Policy Commencement Date or any Renewal Date; or

   B. unmarried and unemployed child between the age of 15 days and 25 years old at the Policy Commencement Date and any Renewal Date;

   C. whom We have agreed in writing to be eligible to participate in this insurance plan under this Policy.

8. "Effective Date" means the date when an Insured Person begins to be covered under this Policy and will either be:

   A. the date on which We accept the Insured Person's insurance coverage under this Policy after We receive the Insured Person' s application and the full premium payable; or

   B. the date the Insured Person is first deemed to be Actively at Work after We receive the Insured's Person's application and the full premium payable, whichever is later.

9. "Eligible Expenses" means expenses which are covered under the terms and conditions of this Policy.

10. "Eligible Person" means:

    A. Your full-time and permanent employee who is a

       (i) Singaporean citizen or
       (ii) Singapore Permanent Resident or
       (iii) who holds a valid employment pass in Singapore,

       and who is below 70 years old at the Policy Commencement Date or at any Renewal Date or 75 years old at any Renewal Date if he/she has been insured under this Policy the previous year;

    B. whose relevant information You have provided us; and

    C. whom We have agreed in writing to be eligible to participate in the insurance plan under this Policy.

11. “Health Science Authority” means the national authority regulating health products; managing the national blood bank, transfusion medicine and forensic medicine expertise; and providing critical forensic and analytical laboratory services.

12. “Hospital” means any lawfully operating institution:

    A. providing 24 hours a day nursing services;

    B. staffed by registered graduate nurses with more than one Registered Medical Practitioner

       available at all times; and

    C. equipped with organised facilities for diagnosis and major surgery.

    “Hospital” does not include that which is primarily a clinic, a place for alcoholics or drug addicts, a nursing, rest or convalescent home or a home for the aged or any other similar establishments.

13. “Hospital Confinement” means confinement in a Hospital:

    A. for at least 6 consecutive hours and the Hospital makes a charge on room and board; or

    B. for any duration for the purpose of surgery and any preparation(s) and procedure(s) in connection with the surgery without incurring room and board charges.

14. “Illness” means a physical condition marked by a pathological deviation from normal healthy state.

15. “Insurance Period” means the period the Insured Person is covered under this Policy.

16. “Insured Person" means any Eligible Person or Dependant who is covered under this Policy.

17. “Maximum Benefit Per Policy Period” means the maximum amount of benefit payable to an Insured Person for the Policy Period as stated in the Benefit Schedule.

18. “Medically Necessary” means consultation, treatment, service, procedure, test, scan, supply, drug, facility, equipment, device which We deem as necessary to identify, diagnose or treat an actual or reasonably suspected Illness or condition arising from Accident in accordance with standards of good medical practice and not for the convenience of the Insured Person or Registered Medical Practitioner.

    With respect to Hospital Confinement, Medically Necessary mean the Hospital Confinement was imperative as the treatment or services provided during the Hospital Confinement could not have been safely provided to the Insured Person on an outpatient basis.

19. “Medical Emergency” means a medical condition which needs immediate medical attention by a Registered Medical Practitioner within 24 hours of an Accident or Illness taking place.

20. “Miscarriage” means the loss of a foetus sustained by a pregnant female resulting from pregnancy, childbirth, non-elective miscarriage due to medical reason or as a result of an Accident and any of its related complications but shall exclude wilful termination of pregnancy.

21. “Per Disability” means all complications and conditions arising from the same Illness or bodily injury caused by an Accident. Any recurrence or relapse of such complications or conditions which occurs more than 30 days following the latest discharge from Hospital will be considered as a new disability.

22. “Policy” means this Basic Medical Plan and the attached Major Medical Rider.

23. “Policy Commencement Date” means the date from which the insurance coverage under this Policy begins.

24. “Policy Period” means a period of 1 year starting from:

    A. Policy Commencement Date for the first Policy Period; or

    B. the Renewal Dates after the first Policy Period;

    unless otherwise agreed in writing between us.

25. “Pre-existing Conditions” means any Illness, injury, condition or symptom:

A. For which the Insured Person asked for or received treatment, medication, advice or diagnosis from a Registered Medical Practitioner before the Effective Date; or

B. Which existed (whether known or unknown) or were evident before the Effective Date, and would have led a reasonable and sensible person to seek medical advice or treatment; or

C. Which was foreseeable or known, by you or the Insured person, to exist before the Effective Date, whether or not the Insured Person asked for treatment, medication, advice or diagnosis.

26. "Pro-ration Factor" means the percentage stated in the Benefit Schedule applied in the event that the Insured Person is admitted in Private hospital when he is entitled to admission to Singapore Government Restructure Hospitals under this Policy. The percentage is applied on the hospital bill incurred and the bill is reduced to the Singapore Government Restructure Hospital equivalent.

27. "Reasonable and Customary Charges" means charges that do not exceed the level of charges generally made by other providers of medical services of similar standing in the same locality when providing like or comparable treatment, services or supplies for a similar Illness or bodily injury caused by an Accident.

28. "Registered Medical Practitioner" means a doctor with a degree in western medicine who is legally and duly authorized to practice medicine and surgery in the geographical area of his country; but does not include the Insured Person himself, his relatives, siblings, spouse, children or parents.

29. "Rehabilitative Hospital" means a rehabilitative hospital registered with and approved by the Ministry of Health, Singapore.

30. "Rehabilitation Benefit" means the rehabilitation benefit described in Clause 5 Part III of this Policy.

31. "Rehabilitation Services" means podiatric treatment, occupational therapy, speech therapy and physiotherapy.

32. "Renewal Date" means the anniversary date of the Policy Commencement Date or such other dates as may be agreed in writing between us.

33. "Singapore Government Hospital" and "Singapore Government Restructured Hospital" shall include the following Hospitals and medical centres, presently known by the names of:

    A. Alexander Hospital
    B. Changi General Hospital
    C. KK Women's & Children's Hospital Ltd
    D. National University Hospital
    E. Singapore General Hospital
    F. Tan Tock Seng Hospital
    G. Khoo Teck Puat Hospital
    H. Ng Teng Fong Hospital
    I. National Cancer Centre
    J. National Heart Centre
    K. National Neuroscience Centre
    L. National Skin Centre
    M. Singapore National Eye Centre
    N. Sengkang General Hospital

34. "Single-bed Ward" (if applicable) means the class of hospital ward which is categorized as single bed by the Hospital where the Insured Person is in Hospital Confinement and does not include luxury suites or other special rooms that are available at the Hospital.

35. "Specialist" shall means a Registered Practitioner who possesses a specialist qualification by Singapore Medical Council; is a member of the Academy of Medicine; and is registered with the Singapore Medical Council.

36. "The Company, We, Our, Us" means Singapore Life Ltd.

37. "You, Your, the Assured" means the Policy owner who is named on the page 1 of this Policy contract.

PART II - COMMENCEMENT & TERMINATION OF COVERAGE

Section 1 - Commencement of Coverage

1. Any Eligible Person who is Actively at Work on the Policy Commencement Date shall be covered under this Policy on such date, or on the date We accept in writing the Eligible Person's insurance coverage after We receive that Eligible Person's application and full premium payable, whichever is later.

2. Any Eligible Person who is not Actively at Work on the Policy Commencement Date is not covered under this Policy and will only be covered on the date they are Actively at Work, or on the date We accept in writing the Eligible Person's insurance coverage after We receive that Eligible Person's application and full premium payable, whichever is later.

3. A Dependant in Hospital Confinement on the date on which his/her coverage under this Policy would have been effective will not be covered under this Policy until he/she is no longer in Hospital Confinement.

4. A Dependant of an Eligible Person will not be covered under this Policy unless that Eligible Person is covered under this Policy.

Section 2 - Termination of Coverage

1. The insurance coverage in respect of an Insured Person will terminate on any of the following events:

   A. When this Policy is terminated in accordance with Clause 1 Part VII of this Policy.

   B. At the end of the Policy Period in which the Insured Person reaches Age 75.

   C. When the Eligible Person resigns; retires or terminates his employment with You or if the Eligible Person is retrenched or his employment with You is otherwise terminated.

   D. When the Eligible Person is, for whatever reason, no longer insured under this Policy.

2. The insurance coverage in respect of a Dependant of an Eligible Person will terminate on any of the following events:-

   A. At the end of the Policy Period in which the spouse reaches Age 75 or when he/she is divorced or legally separated from the Eligible Person.

   B. At the end of the Policy Period in which the child reaches Age 25 or when he gets married or becomes employed.

   C. When the Eligible Person is, for whatever reason, no longer covered under this Policy.

3. In any event, Our liability under this Policy, in respect to any Insured Person, will cease on the last day of insurance coverage of that Insured Person notwithstanding that the Insured Person was under Hospital Confinement or surgically treated prior to the termination date of his insurance coverage under this Policy.

PART III - BENEFIT PROVISIONS

Section 1 - Extent of Benefits

We will pay the benefits as provided in the Benefit Schedule if an Insured Person is in Medically Necessary Hospital Confinement as a result of an Illness or bodily injury caused by an Accident. These benefits apply to the Insured Person on a 24-hours basis without geographical limitation subject only to the limitation and exclusions specified under Part IV of this Policy.

If the Eligible Expenses in respect of Medically Necessary Hospital Confinement Benefits exceed the limits set out in Part A of the Benefit Schedule, We will pay such Eligible Expenses under Part B of the Benefit Schedule subject to Co-Insurance and the Pro-ration Factor.

For each Policy Period, all benefits payable, in aggregate, cannot exceed the Maximum Benefit Per Policy Period specified in the Benefit Schedule.

Section 2 - Benefits

Part A - Basic Medical Plan Benefits

1. Room & Board

A. Daily Room and Board Benefit

We will pay the Hospital's prevailing room and board charges for the class of Hospital ward the Insured Person is eligible for subject to the maximum aggregate number of days (including confinement in the intensive care unit of a Hospital ("ICU")) as specified in the Benefit Schedule if Hospital Confinement is Medically Necessary.

If the Medically Necessary Hospital Confinement is in a class of Hospital ward different from that which the Insured Person is entitled to under this Policy, We will only pay the room and board charges applicable for the class of Hospital ward which the Insured Person is entitled to or the actual amount incurred whichever is lower.

B. Intensive Care Unit Benefit

If an Insured Person is confined in the ICU (including high dependency ward ("HDW") and intermediate care area ("ICA")) of the Hospital, We will pay the daily room and board charges up to the maximum amount specified in the Benefit Schedule. Charges that exceed this maximum limit will be paid as daily room and board benefit up to the maximum number of days specified in the Benefit Schedule. For the avoidance of doubt, the aggregate number of days for which the daily room and board charges are payable, inclusive of confinement in ICU, HDW and ICA shall not exceed the maximum number of days specified in the Benefit Schedule.

2. Hospitalisation: Other In-Patient Benefits

We will pay for the following In-Patient Benefits subject to the limits specified in the Benefit Schedule.

A. Hospital Miscellaneous Services

If an Insured Person is in Medically Necessary Hospital Confinement, We will also pay for any of the following Medically Necessary services rendered or materials supplied by the Hospital provided they are rendered or supplied at Reasonable and Customary charges.

i) Use of Operating room
ii) Drugs and Medicines consumed whilst in HospitalConfinement
iii) Dressings, Ordinary Splints and Plaster Casts
iv) Laboratory Examinations
v) Electrocardiograms
vi) Basal Metabolism Tests
vii) Rehabilitation Services
viii) Anaesthesia and Oxygen and their administration
ix) X-ray Therapy, Radium Therapy, Radium and Isotopes
x) X-ray Examinations
xi) Intravenous Infusions
xii) Administration and the cost of Blood or Blood Plasma
xiii) Ambulance Fee to and/or from the Hospital
xiv) Implanted lenses (cataract lenses payment upto monofocal non-torric types), procurement or use of special braces, pacemakers and animal tissue, artificial limbs and eyes, crutches and similar orthopaedic appliances and implants up to a maximum of $5,000 Per Disability
xv) Medical Report Fee from Government Restructured Hospital if requested by Us (up to $90 Per Disability)
xvi) Accidental and Emergency services leading to immediate Hospital Confinement

B. Surgical Benefit

We will pay the surgeon fee charged for any Medically Necessary surgery performed by one or more Registered Medical Practitioners, subject to the maximum In-patient Benefit shown in the Benefit Schedule.

C. In-Hospital Doctor Consultation

We will pay the fees charged by the Registered Medical Practitioner for consultation while an Insured Person is in Medically Necessary Hospital Confinement. However, we will only pay for one visit per day not exceeding the maximum number of days specified under the Daily Room and Board Benefit in the Benefit Schedule.

3. Outpatient Benefits

We will pay the following Medically Necessary Outpatient Benefits subject to the maximum specified in the Benefit Schedule.

A. Diagnostic X-ray and Laboratory Test (Pre-Hospital Confinement/Surgery)

We will pay the charges incurred for Medically Necessary outpatient Diagnostic X-ray and Laboratory Tests which are recommended by a Registered Medical Practitioner if it is followed by Medically Necessary Hospital Confinement or surgical treatment within the maximum number of days of such Diagnostic X-ray and Laboratory Test.

B. Specialist Consultation (Pre-Hospital Confinement/Surgery)

We will pay the charges incurred for Specialist Consultation (excluding medication) which are recommended by a Registered Medical Practitioner if it is followed by Medically Necessary Hospital Confinement or surgical treatment within the maximum number of days of such Specialist Consultation.

C. Post-Hospital Confinement/Surgery Follow-up Treatment

We will pay the fees for Follow-Up Treatment charged by the same Registered Medical Practitioner treating an Insured Person during his Medically Necessary Hospital Confinement if such treatment was received within the maximum number of days after the Insured Person's discharge from the Hospital.

4. Inpatient Psychiatric Treatment

We will pay the Medically Necessary expenses incurred by an Insured Person as an inpatient for psychiatric treatment rendered by a Registered Psychiatrist in the psychiatric unit of a Hospital provided the Insured Person has been insured under this Policy for a continuous period of 10 months from the Policy Commencement Date, Renewal Date or last reinstatement date (whichever is latest) up to the limits stated in the Benefit Schedule.

5. Rehabilitation Benefit

We will pay the actual charges incurred by an Insured Person up to a maximum of $5,000 Per Disability for Hospital Confinement of up to a maximum of thirty-one (31) days in a Rehabilitative Hospital, if the Hospital Confinement is recommended by the Insured Person's attending Registered Medical Practitioner and the charges are Medically Necessary.

6. Home Nursing Care

We will pay the cost of full-time or part-time Home Nursing services exclusively for the Insured Person in the Insured Person's home up to twenty-six (26) weeks Per Annum and in total for any one claim so long as all of the following apply:

A. It is prescribed by the attending Registered Medical Practitioner for the continued treatment of the specified medical condition for which the Insured Person was hospitalized (such as stroke, spine surgeries where the bed rest is required).

B. General domestic household services of the kind provided by a domestic helper which are not exclusive to the Insured Person are not covered.

7. Overseas Hospitalisation due to Accident

We will pay for Medically Necessary expenses incurred by the Insured Person if the Insured Person requires Hospital Confinement overseas as a result of injury sustained by the Insured Person from Accident while travelling outside Singapore, up to the maximum limit shown in the Benefit Schedule. Coverage shall apply to travel within 180 days of departure from Singapore.

8. Emergency Accident Treatment (including Accidental Dental)

We will pay the expenses incurred by an Insured Person for an Emergency Accident Treatment at a Hospital or Registered Medical Practitioner's clinic as a result of bodily injury caused by Accident provided the medical treatment was received within 24 hours from the time of Accident. We will also pay for expenses incurred for follow-up treatment up to 31 days from the time of the Accident. For Accidental Dental treatment, there must be accidental damage to natural teeth caused by external trauma. Cosmetic/aesthetic treatment which are not the result of an accident are excluded.

9. Death Benefit

When We receive due proof of death of an Insured Person, in Our prescribed form, We will pay to You the amount as stated in the Benefit Schedule.

10. Miscarriage Benefit

We will pay the medical expenses incurred for any Miscarriage that requires in-hospital or outpatient treatment by a Registered Medical Practitioner, including expenses for follow up treatment, up to the maximum limits shown in the Benefit schedule.

11. Outpatient Kidney Dialysis, Chemotherapy, Radiotherapy, Erythropoietin and Cyclosporin Treatment

Eligible outpatient expenses incurred by the Insured Person in respect of kidney dialysis, chemotherapy, radiotherapy, erythropoietin and cyclosporin treatment shall be payable up to the maximum limit(s) specified in the Benefit Schedule.

Eligible outpatient expenses refer to charges for kidney dialysis, chemotherapy, radiotherapy and administration of erythropoietin and cyclosporin treatment at an outpatient department of a hospital or a registered medical centre (governed by the Ministry of Health Clinic Registration Act), on the recommendation of a registered Medical Practitioner. Pre-¬existing conditions which existed prior to the commencement of insurance coverage of the Insured Person under this Policy, whether known or unknown to the Insured Person will be permanently excluded.

Except for admission or surgery caused by Medical Emergency and/or Accident if the Insured Person is admitted to a room of Private Hospital when he is entitled to admission to Singapore Government Restructured/ Singapore Government Hospital under this Policy, the benefit payable for item 2 & 3 of the Benefit Schedule will be reduced by first applying the 75% Pro-ration Factor to the original final bills.

12. Hospital Cash Benefit

If the Insured Person is in Hospital Confinement in a Singapore Government Restructured Hospital and warded in a class of Hospital ward stated below, We will pay the corresponding Hospital Cash Benefit.

Insured Person's Entitlement under the terms of the Policy	**Class of Ward while in Hospital Confinement in a Singapore Government Restructured Hospital**	**Hospital Cash Benefit payable per day**
Single Bed ward plan (A)	B1	S$100
Single Bed ward plan (A)	B2 / B2+	S$200
Single Bed ward plan (A)	C	S$300

This Hospital Cash Benefit is subject to the following terms:

A. The benefit is not applicable for day surgery; and

B. The benefit is payable for each day the Insured Person is in Hospital Confinement, up to the maximum number of days for room and board charges, as stated in the Benefit Schedule; and

C. The entire length of Hospital Confinement must be in the lower class of ward than that which the Insured Person is entitled to; and

D. If the Insured Person is warded in different classes of ward during the same period of Hospital Confinement, We will pay the Hospital Cash Benefit based on the highest ward class warded during the Hospital Confinement; and

E. The Hospital Cash Benefit is not applicable to Foreign Workers (Employment Pass, Work Permit and S-Pass Holders).

All other terms and conditions of this Policy remain the same.

Part B - Major Medical Rider Benefits

The Major Medical Rider Benefits are only applicable to You if You are covered are the Major Medical Rider as reflected on Your Policy Schedule.

The Major Medical Rider Benefits are only payable when:

A. the expenses claimed exceed the limits set out under the Basic Medical Plan Benefits; and

B. (i) the period of hospitalisation is longer than 20 days; or
(ii) the surgical fee percentage is more or equal to 70%, per surgical procedure, as set out in the Surgical Schedule of Fees.

1. Room & Board

A. Daily Room and Board Benefit

If an Insured Person's Medically Necessary Hospital Confinement exceeds the maximum number of days for the Daily Room and Board Benefit under Part A of the Benefit Schedule, We will pay the excess Daily Room and Board charges under Part B provided the Daily Room and Board charges apply to a room categorised as standard by the Hospital and these charges cannot exceed the Daily Room and Board charges for the class of Hospital ward for which the Insured Person is entitled to.

B. Intensive Care Unit Benefit

If an Insured Person is confined in the Intensive Care Unit of a Hospital and incurs charges which exceed the limit under Part A of the Benefit Schedule, We will pay the excess charges under Part B.

2. Hospitalisation: Other In-Patient Benefits

A. Hospital Miscellaneous Services

In addition to the Hospital Miscellaneous Services provided under Part A of the Benefit Schedule, the Company shall also pay for the services rendered or materials supplied by the Hospital, provided they are rendered or supplied at Reasonable and Customary charges.

B. Surgical Benefit

If an Insured Person incurs Medically Necessary surgical fees in excess of the limit specified under Part A of the Benefit Schedule, We will pay the excess under Part B subject to the maximum limit Per Disability.

C. In-Hospital Doctor Consultation

If an Insured Person's Medically Necessary Hospital Confinement exceeds the maximum number of days for the Daily Room and Board Benefit under Part A of the Benefit Schedule, We will pay the Eligible Expenses incurred for In-Hospital Doctor Consultation under Part B subject to the maximum limit Per Disability.

PART IV - LIMITATION & EXCLUSIONS

Section 1 - Limitation

If an Insured Person is entitled to benefits under any employees' compensation legislation, government or public programme of medical benefits, or other group or individual insurance ("other insurances and benefits"), We will only pay for the balance of expenses not covered by the other insurances and benefits subject to the maximum limits set out in the Benefit Schedule.

Section 2 - Exclusions

We will not pay any benefit under this Policy for any of the following occurrences:

Part A - Group Basic Medical Plan

1. Pre-existing Conditions, the cause or pathology or any associated medical condition of which already existed prior to the Effective Date, whether the Insured Person was aware of it or not; unless he has already been insured continuously for 12 months

   A. under this Policy; or

   B. under any Group Hospital & Surgical Insurance Policy issued in Singapore immediately prior to the Effective Date. This waiver is not applicable if You have less than 11 Insured Persons at the Policy Commencement Date.

2. Intentional, self-inflicted injury sustained as a result of a criminal act of the Insured Person, suicide or attempted suicide, whether the Insured Person is sane or insane; psychological, emotional, behavioural or mental problems or conditions of the Insured Person; alcoholism or over indulgence in alcohol, drug abuse or addiction of the Insured Person

3. Congenital anomalies or genetic defects, including hereditary conditions of the Insured Person present at or existing from the time of his birth irrespective of when the Insured Person discovered or underwent treatment or surgical procedure for the same.

4. Treatment relating to assisted reproduction, sterilization (or its reversal), birth control, infertility and impotency including treatment or surgical procedures done at fertility clinics, in-vitro fertilization clinics, reproductive medicine or assistance clinics or centres or any treatment or procedures occasioned by or resulting from pregnancy, childbirth ,abortion or termination of pregnancy, or any form of related hospitalisation or treatment including any complications arising from any of the above.

5. Any dental work or treatment, oral surgery, periodontics, endodontics, preventative dentistry, orthodontics and orthognathic surgery or temporo-mandibular joint disorder unless it is an accidental injury due to natural teeth caused by an external trauma

6. Eye examination, surgical procedure for any corrective treatment for refractive errors inclusive of but not limited to the following such as myopia, hypermetropia, visual stimulation, radial keratotomy, lasik, surgical correction of squint for reasons other than vision impairment, procurement or use of all corrective glasses or contact lenses, except monofocal non-toric intraocular lenses in cataract surgery, ((unless the Insured Person is below 8 years old) and plastic/cosmetic surgery or treatment including but not limited to double eyelids, acne, xanthelasma, syringoma, keloids, scars, skin tags, gynaecomastia, breast reduction mammoplasty, diffused alopecia / hair loss, etc., or treatment of their complications. The exclusions include surgical excision or reformation of any sagging skin on any part of the body, including, the eyelids, face, neck, abdomen, arms, legs or buttocks; and services performed in connection with the enlargement, reduction, implantation, or change in appearance of portion of the body, including, the breast, face, lips, jaw, chin, nose, ears or genital except to the extent that such surgery is necessary for the repair of damage caused solely by bodily injuries sustained in an Accident.

7. Treatment of xanthelasma, syringoma, acne, alopecia, cosmetic skin surgeries, inguinal hernia and hydrocele and all complications arising from any of the same; except where the Insured Person who is under treatment for inguinal hernia and hydrocele is more than five (5) years old

8. Hospitalisation primarily for investigatory purposes, routine physical examinations, health check-ups, genetic or health screening (irrespective of whether there is Hospital confinement), preventive treatments and

diagnostic tests not incidental to treatment or diagnosis of a covered Disability. Vaccination/immunization and any complications thereof are not payable. Alternative therapies such as but not limited to acupuncture, acupressure, chiropractic, osteopathy, reflexology, bone setting, massage, aroma therapy, herbal, podiatric, dietetic consultation and treatment, education services/therapies and traditional complimentary medicine and the like and other unconventional medical practices not normally practiced by a Registered Medical Practitioner are not payable.

9. Rest cures, sanatoria care or special nursing care or any treatment or services that are not medically necessary or reasonably required for Illness or bodily injury caused by an Accident.

10. Treatment of all sleep disorders, including sleep apnoea, sleep study test and insomnia. Treatment for all types of learning disorders, behavioural and developmental conditions including physical and psychological developments, this includes assessment and grading of such conditions. Treatment of obesity or any medical condition which arises from, or is related to, obesity in anyway including but not limited to the use of gastric banding or bypass or stapling, removal of fat or surplus tissue from any part of the body, weight control services including medical treatments, weight control/loss programs, dietary regimens and supplements, medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including severe obesity, or for the purpose of weight reduction, regardless of the existence of co-morbid conditions, medical or psychological reasons.

11. Circumcision (except where it is medically necessary) or treatment relating to the same.

12. Sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS), AIDS related complexes and all illnesses or diseases associated with the Human Immuno Deficiency Virus (HIV).

13. Injuries and disabilities sustained from direct participation in a strike, riot or civil commotion, insurrection, hostilities or any war-like operations (whether war be declared or not) or in the commission of any criminal offence.

14. Implants (homograft, heterograft, artificial) and prosthesis (except as provided under PART III – BENEFIT PROVISIONS, Section 2 - Benefits, Clause 2A(xiv) under Hospital Miscellaneous Services); procurement or use of wheel-chair, dialysis machine and any other hospital-type equipment.

15. Non-medical items such as, but not limited to, parking fees, Hospital Administration (such as General Admission procedure and admission assessment fee) and registration fees, laundry, rental of television, newspaper, medical report fees (for reports not requested by us). vitamins/supplements, herbal cures, anti-obesity / weight reducing agents, eye lubricants, soaps, shampoos, cleansers, moisturizers, scar creams, anti-aging, fairness cream and any over the counter purchases of supplements, medicines or outpatient prescribed and nonprescribed medical supplies.

16. Any charges made by Registered Medical Practitioner, Hospital, or any such medical service which are not reasonable and customary; including but not limited to inpatient treatment for medical condition which can be properly treated as an out-patient.

17. Experimental or pioneering medical or surgical techniques; and medical devices including medical treatments that were of an investigational or research nature, not approved by Health Sciences Authority or any other authority and the Centre of Medical Device Regulation; as well as clinical trials for medicinal products, whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority

18. Hormone therapy and hormone replacement therapy except for medical reasons or maintenance therapy post-surgery of approved medical condition.

19. 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.

Part B - Major Medical Rider

1. Pre existing Conditions which existed prior to the commencement of insurance coverage of the Insured Person under this Policy whether known or unknown to the Insured Person will be permanently excluded.

2. All other exclusions specified in the policy shall apply to this rider.

PART V - CLAIMS

Section 1 - Notice and Proof of Claim

1. We must be given written notice of any claim for Hospital Confinement or treatment or surgery within 30 days from the start of such Hospital Confinement, treatment or surgery.

2. Any written notice given by or on behalf of an Insured Person with sufficient particulars for us to identify the Insured Person will be considered a notice to us. If the notice is not given to us within the requisite time, We will still accept submission of a claim if it can be shown that it was not reasonably possible to give such notice and that notice was given to us as soon as it was reasonably possible.

3. For processing of claims under this Policy, We may require any or all of the following at Your cost:

    A. Certificates, medical reports, information and evidence in such form and nature as We may prescribe to be submitted to us within 30 days from the date of discharge from Hospital;

    B. The Insured Person to be examined by Our approved Registered Medical Practitioner;

    C. Proof of the Insured Person's date of birth and if the date of birth and/or age given to us is incorrect, then We will not be liable to pay more than the amount that We would have had to pay if the date of birth and/or age had been correctly stated to us.

Section 2 - Settlement of Claim

We will make payment under this Policy to the party by whom the services or treatment was rendered or to CPF Board or the governmental or statutory body or authority in charge of implementing an employee provident fund or to You or the Insured Person as We may in the circumstances deem appropriate and any such payment will effectively release us from Our liabilities under this Policy.

PART VI - PAYMENT OF PREMIUMS

1. It is a pre-condition to Our liability under this Policy that We must have been paid and have actually received in full all premium that is due before the Policy Commencement Date or Renewal Date whichever is applicable.

2. If there is any new Insured Person to be covered with effect from any other dates other than the Policy Commencement Date or Renewal Date, the cover for the Insured Person will only be effective if We have been paid and received in full the due premium before the Effective Date of this Insured Person.

3. Where You have confirmed Your intention to renew this Policy but have not provided us with all the information and data necessary for the renewal by the Renewal Date, then We will issue a premium tax invoice for the estimated renewal premium and You will pay the estimated renewal premium before the Renewal Date.

4. If any premium is not paid to us by the Policy Commencement Date or Renewal Date, whichever is applicable, We will have the right to terminate this Policy from the Policy Commencement Date or Renewal Date and We will be released from all liabilities under this Policy.

5. We will not be liable to pay any claim and also not pay any benefits unless and until We receive full payment of the premiums due under this Policy.

PART VII - TERMINATION, REINSTATEMENT & RENEWAL

1. Termination

    A. We may terminate this Policy on any Renewal Date by giving You at least 30 days' prior written notice.

    B. We may terminate this Policy on any Renewal Date if You have fewer than 2 employees to be insured under this Policy.

    C. You may terminate this Policy at anytime but We will charge premiums for the period for which We provided coverage based on the following Short Period Premiums:-

Insurance Period	Short Period Premiums
Up to 1 week	1 Month
More than 1 week and up to 1 month	3 Months
More than 1 month and up to 2 months	4 Months
More than 2 months and up to 3 months	6 Months
More than 3 months and up to 4 months	7 Months
More than 4 months and up to 6 months	9 Months
More than 6 months and up to 8 months	10 Months
More than 8 months	Full Annual Premium

D. Notwithstanding Clauses 1A or 1B above, We have the right to terminate this Policy at any time in the event of war or act of war (whether or not there has been a declaration of war) by giving You notice of termination and the date of termination will be solely determined by us.

E. Termination of this Policy or termination of insurance coverage in respect of any Insured Person will not affect any prior claim filed by You in accordance with Part V of this Policy, prior to such termination. However, Our liability under this Policy, in respect of such claim, will cease on the date of termination of this Policy or termination of insurance coverage in respect of any Insured Person, whichever is earlier.

2. Reinstatement

A. After this Policy is terminated, You may apply for reinstatement of this Policy subject to Our consent and to such terms and conditions as We may impose including the payment of any premiums due and not paid, together with interest at a rate which We may determine.

B. If any premium is paid to us after the termination of this Policy or any Insured Person's insurance coverage, Our receipt of the premium will not be deemed to be a continuation or reinstatement of this Policy or of the insurance coverage in respect of that Insured Person unless We have notified You in writing of such continuation or reinstatement.

3. Renewal

This Policy will be renewed for a further term of one Policy Period on each Renewal Date subject to such terms and conditions as We may require including any revision of the premium rate payable on any Renewal Date.

PART VIII - FULL DISCLOSURE OF INFORMATION

1. Information Required

A. You must provide Us the following information for the purposes of insurance coverage under this Policy before Policy Commencement Date and on each Renewal Date:

(i) Insured Person's name and NRIC or Passport number
(ii) Insured Person's sex, occupation and date of birth
(iii) Medical plan and Effective Date of insurance coverage
(iv) The date of termination of insurance coverage (if applicable)
(v) The change in benefits (if applicable)

B. You must also notify Us in writing within 3 months from the Effective Date of any addition of new Insured Persons or deletion of Insured Persons under this Policy and pay Us the proportionate premium before the Effective Date of such new Insured Persons.

C. You must provide Us with all information and documents which We may reasonably require with regard to any matters pertaining to this Policy. We will not be liable for any errors or omissions that arises directly or indirectly from errors or omissions in any information or documents You furnish. You will provide for Our inspection at any reasonable time and at Your cost, any of Your records as We may determine to affect the insurance coverage.

2. Full Disclosure

You must disclose all material facts and circumstances relating to any insurance coverage to be effected under this Policy in respect of any Insured Person up to the date full insurance coverage is provided to that Insured Person. If You fail to disclose, or mislead Us or attempt to defraud Us about any matter concerning this insurance either before or after a claim is made, We will be entitled to avoid Our liabilities under this Policy in respect of that Insured Person.

3. Change of Risks

You are to give Us immediate notice of any change in the nature of Your business or other changes in the risks being insured under this Policy. We will have the right either to continue cover for any or all the Insured Person on such terms and conditions as We consider appropriate or to decline to continue cover under this Policy.

PART IX - MISSTATEMENTS

If the age or date of birth or other relevant facts relating to any Insured Person is misstated and:

1. this affects the scale of benefits or other terms and conditions of this Policy, then We will use the true age and facts to determine whether insurance coverage is in force and the benefits payable under this Policy and if, in Our opinion is necessary, an equitable adjustment of premiums will be made and notice of the adjustment will be given to You; or
2. this has resulted in a person being insured under this Policy when he otherwise would not be eligible or that person being insured when he would otherwise be disqualified, then his entire insurance coverage will be void and We will refund the premiums paid for that person but where there is fraud on Your part or the Insured Person's part, then there will be no refund of premiums paid.

PART X - PRE-CONDITIONS TO OUR LIABILITY

1. When any Accident or Illness which is covered under this Policy occurs, the Insured Person must seek the services of a Registered Medical Practitioner and undergo any treatment the Registered Medical Practitioner advises as necessary.
2. Before We assume any liability under the Policy:
   A. You and the Insured Person must have complied with all the actions required of You/him under this Policy; and
   B. All statements and answers made by You and the Insured Person in the application for the insurance coverage or for the purposes of any claim must be true.

PART XI - GENERAL PROVISIONS

1. Whole Agreement

This Policy, with its Supplementary Contracts, schedules and endorsements, comprises the entire agreement between You and Us. No agent or broker is authorised to alter or amend this Policy, or to extend the date for payment of premium. This Policy can only be changed by a written endorsement which is issued and signed by Us.

2. Legal/Beneficial Owner

We will treat You as the absolute legal and beneficial owner of this Policy and We will not recognise any equitable or other claim or interest in this Policy.

3. Applicable Law

This Policy and all matters and issues arising under it will be governed and interpreted according to the laws of the Republic of Singapore.

4. Arbitration

A. Any dispute between Us arising out of this Policy must be referred to arbitration in Singapore but such referral can only take place at least 60 days after the proof of claim has been filed with Us in the prescribed form and manner.

B. The arbitration will be by an Arbitrator jointly agreed between Us or if We cannot agree on an Arbitrator, then the matter will be referred to the President of the Singapore International Arbitration Centre for his nomination of an Arbitrator. It is necessary for You to obtain an award from the Arbitrator(s) before bringing any legal action against Us.

C. If We deny liability for any claim made under this Policy, You must refer the dispute to arbitration within 12 months from the date of our denial. Otherwise, the claim shall be treated as abandoned and not recoverable.

D. In case of any other dispute, You must refer the matter to arbitration within 24 months from the date the dispute first arose otherwise the dispute shall be treated as abandoned.

5. Non-Waiver

A. Our rights under this Policy or the law are not waived by any of our acts, omissions or defaults or conduct nor are We thus prevented from relying on any of its rights under this Policy or at law.

B. Our acceptance of any premium with the knowledge (whether actual or implied) of any non-disclosure, misrepresentation, fraud and/or breach of the provisions of this Policy does not operate as a waiver of any of our rights under this Policy or at law, nor are We thus prevented from relying on any of its rights under this Policy or at law.

6. Assignment

You and the Insured Person(s) do not have the right to assign this Policy or any insurance coverage effected under this Policy.

7. Variation of Provisions

We may add to or vary, from time to time, the provisions of this Policy by giving You 30 days' prior written notice.

8. The Contracts (Rights of Third Parties) Act 2001

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

SURGICAL SCHEDULE OF FEES

For surgical procedures which are not described in this Schedule, the Company will determine a payment for such procedure which is consistent with the payments listed. Such determination will in each case take into account the nature and complexity of the procedure involved and the terms and conditions of this Policy.

PERCENTAGES OF THE MAXIMUM BENEFIT PER DISABILITY

TABLE 8	70%
TABLE 9	80%
TABLE 10	100%

SURGICAL SCHEDULE OF FEES

(I) THE ALIMENTARY SYSTEM

TABLE 8

i) Choledochojejunostomy
ii) Gastrectomy, partial
iii) Selective vagotomy/parietal cell vagotomy
iv) Wedge resection of liver

TABLE 9

i) Colon resection with or without colostomy
ii) High anterior resection of rectum
iii) Low anterior resection of rectum
iv) Splenectomy
v) Subtotal gastrectomy

TABLE 10

i) Abdomino-perineal excision of rectum
ii) All porto-systemic shunts
iii) Gastrectomy, total, quasi-total
iv) Pelvic Exenteration
v) Pull through operation for rectum (adult)
vi) Total oesophagectomy or oesophageal bypass
vii) Whipple's Operation

(II) THE CARDIOVASCULAR SYSTEM

TABLE 8

i) Coronary Angioplasty

TABLE 10

i) Coronary Artery Bypass Graft
ii) Graft Repairs of Dissecting Aneurysm
iii) Heart Transplantation
iv) Open Heart surgery for valvular disease

(III) EAR, NOSE & THROAT

TABLE 8

i) Glossectomy (Semi or Total)
ii) Stapedectomy

TABLE 9

i) Myringoplasty with Mastoidectomy
ii) Partial Excision of Larynx, Pharynx and Maxilla
iii) Staged Tympanoplasty
iv) Total Parotidectomy

SURGICAL SCHEDULE OF FEES

TABLE 10

i) Complete Excision of Larynx/pharynx/cervical oesophagus/maxilla tongue with block excision
ii) Major Head and Neck cancer surgery with block dissection and reconstruction
iii) Total Rhinoplasty, including correction of all bony and cartilaginous elements.

(IV) THE ENDOCRINE SYSTEM

TABLE 8

i) Excision of Parathyroid Tumours
ii) Hemi-thyroidectomy
iii) Partial-thyroidectomy (Lobectomy)

TABLE 9

i) Parathyroid lesions re-exploration
ii) Thymectomy
iii) Thyroidectomy (total, sub-total, without block excision)

TABLE 10

i) Adrenalectomy
ii) Pituitary gland lesions, Transsphenoidal Hypophysectomy with resection of nasal septum and grafting
iii) Thyroidectomy with block excision of lymph nodes of neck

(V) THE EYE

TABLE 9

i) Retina Detachment operation

TABLE 10

i) Orbit Reconstruction
ii) Vitrectomy

(VI) THE FEMALE REPRODUCTIVE SYSTEM

TABLE 8

i) Hysterectomy, total with or without bilateral salpingo - oophorectomy
ii) Vaginal Hysterectomy with or without pelvic floor repair
iii) Vaginal, Fistula repair
iv) Vaginal, colporrhaphy with amputation of cervix

TABLE 10

i) Pelvic exenteration
ii) Radical Vulvectomy
iii) Werthiem Operation

SURGICAL SCHEDULE OF FEES

(VII) THE INTEGUMENTS INCLUDING THE LYMPHATIC SYSTEM AND MAMMARY GLANDS

TABLE 9

i) Radical Mastectomy
ii) Simple Mastectomy with Axillary clearance
iii) Modified Radical Mastectomy

(VIII) THE MUSCULO-SKELETAL SYSTEM

TABLE 8

i) Open reduction and internal fixation of fracture and dislocation of lower limb
ii) Secondary repair of tendons
iii) Synovectomies of large joints

TABLE 9

i) Amputation of foot, knee
ii) Arthrodesis of large joints
iii) Corrective surgery for bone and joint deformities and contractures-osteotomy and fixation
iv) Decompression laminectomy for spinal stenosis and secondary tumours
v) Disectomy of spines
vi) Open reduction and wound debridement of compound fracture and dislocations

TABLE 10

i) Combination of various procedures, e.g. in major crush injuries of lower limbs requiring fixation of bones, arterila, neural and tendon repairs
ii) Forequarter amputation
iii) Hindquarter amputation
iv) Laminectomy and fusion
v) Major microsurgical reconstruction
vi) Major replantation surgery of limbs
vii) Open reduction and fixation of the spine, including fusion
viii) Total joint replacement e.g. Hip, Shoulder

(IX) THE NERVOUS SYSTEM

TABLE 9

i) Large cranioplasty
ii) Sympathectomy, cervical/Thoracic/Lumbar

TABLE 10

i) Craniectomy
ii) External Carotid – internal carotid bypass operation
iii) Hypophysectomy
iv) Intracranial and cervical operations for cerebrovascular disease
v) Laminectomy
vi) Operations on all intracranial and spinal tumours

SURGICAL SCHEDULE OF FEES

(X) THE RESPIRATORY SYSTEM

TABLE 8

i) Resection of chest wall tumours and reconstruction
ii) Resection of mediastinal tumours and reconstruction

TABLE 9

i) Lung resection : segmental resection, lobectomy
ii) Lung resection with covering thoracoplasty

TABLE 10

i) Craniectomy
ii) External Carotid - internal carotid bypass operation
iii) Hypophysectomy
iv) Intracranial and cervical operations for cerebrovascular disease
v) Laminectomy
vi) Operations on all intracranial and spinal tumours

(XI) THE URO-GENITAL SYSTEM

TABLE 8

i) Open Prostatectomy
ii) Penis, Trauma (amputation), microvascular reattachment

TABLE 9

i) Bladder lesions, Total cystectomy
ii) Kidney Stone, Extra-Corporeal shockwave lithotripsy/ultrasound lithotripsy Nephrectomy
iii) Radical prostatectomy

TABLE 10

i) Kidney transplant
ii) Urinary conduit with total cystectomy (bladder)

SINGAPORE LIFE LTD

MYBENEFITS PLUS GROUP OUTPATIENT (GP + SP) SUPPLEMENTARY CONTRACT

GROUP OUTPATIENT (GP + SP)

This Supplementary Contract forms part of the Policy to which it is attached. It is valid only if the Policy is in force and is issued in consideration of the payment of the premium for this Supplementary Contract as stated in Group Basic Medical / Group Basic Medical + Major Medical.

The terms and conditions of the Policy (including the Definitions and Interpretation) apply to the provisions of this Supplementary Contract. In the event of any inconsistency between the Policy and the provisions of this Supplementary Contract, the latter shall prevail.

PART I - DEFINITIONS

The following words and expressions will have the following meanings unless they are defined in the specific provisions:

1. "Maximum Limit Per Policy Period" means the maximum amount of benefit payable to an Insured Person under this Supplementary Contract for the Policy Period.

2. "Maximum Limit Per Visit Per Day" means the maximum amount of benefit payable to an Insured Person under this Supplementary Contract for one calendar day regardless of the number of visits to one or more General Practitioner(s), the Insured Person made.

3. "Non-Preferred General Practitioner" means a Registered Medical Practitioner registered with the Singapore Medical Council, who is not on the Company's approved panel of Registered Medical Practitioners.

4. "Preferred General Practitioner" means a Registered Medical Practitioner registered with the Singapore Medical Council and who is on the Company's approved panel of Registered Medical Practitioners.

5. Polyclinics" means a clinic or health care facility that provides both general examinations and treatments for a wide variety of diseases and injuries to outpatients and is usually independent of a hospital.

6. "Specialist" means a Registered Medical Practitioner who

   A. Possesses a specialist qualification by the Singapore Medical Council; is a member of the Academy of Medicine; and

   B. Is registered with the Singapore Medical Council.

7. "Traditional Chinese Medicine (TCM) Practitioner" means a Registered TCM Practitioner registered with the Singapore TCM Practitioner Board.

PART II - BENEFITS PROVISIONS

Section 1 - Extent of Benefits

We will pay the benefits stated in the Benefit Schedule of this Supplementary Contract if an Insured Person visits any General Practitioner or Specialist for Medically Necessary consultation and treatment. All benefits are applicable to the Insured Person subject only to the limitation and exclusions specified under Part III below.

Section 2 - Benefits

1. General Practitioner (Primary Care Benefit)

We will pay for visits to a Preferred General Practitioner and Polyclinics in Singapore as specified in the Benefit Schedule and the fees incurred for Medically Necessary outpatient consultation, teleconsultation and medication including those prescribed via teleconsultation (delivery charges is excluded) and picked up at a designated clinic subject to the Maximum Limit Per Visit Per Day.

Any expenses incurred in respect of Medically Necessary outpatient consultation and medication prescribed by a Non-Preferred General Practitioner shall be reimbursable provided such benefit is specifically provided for under the Benefit Schedule and subject to the Maximum Limit Per Visit Per Day.

2. Specialist Care Benefit

We will pay the fees incurred for Medically Necessary consultation and medication prescribed by a Specialist if such specialist consultation has been recommended by a General Practitioner and such payment is subject to the Maximum Limit Per Policy Period as stated in the Benefit Schedule.

However, we will not pay for radiotherapy, immunotherapy, chemotherapy and kidney dialysis.

3. Traditional Chinese Medicine Practitioner

We will pay the fees incurred for Medically Necessary consultation and medication prescribed by a Traditional Chinese Medicine (TCM) Practitioner on an outpatient basis as specified in the Benefit Schedule subject to the Maximum Limit Per Visit Per Day.

4. X-ray and Laboratory Test

We will pay the fees incurred for Medically Necessary laboratory examination or outpatient basic radiologic procedure (general x-ray) including mammogram and ultrasound that is recommended by a General Practitioner or Specialist for the purpose of diagnosis subject to the Maximum Limit Per Policy Period stated in the Benefit Schedule.

5. Emergency Outpatient A&E Treatment in Singapore for Illness only

We will pay the fees incurred for an emergency outpatient treatment of an Illness at the Accident and Emergency Department of a Hospital subject to the Maximum Limit Per Visit Per Day specified in the Benefit Schedule.

6. Overseas Outpatient Treatment

We will pay the fee incurred for consultation and medication including the costs of all other diagnostic tests for an emergency outpatient treatment rendered by a Registered Medical Practitioner outside Singapore up to the Maximum Limit Per Visit as specified in the Benefit Schedule.

7. Cashless Facility

We may provide You with a cashless facility in the event the Insured Person seeks consultation with Our Preferred General Practitioner.

You shall fully reimburse Us for any amount advanced under the cashless facility, within thirty (30) days from the date of notice issued by Us, in the event that any amount paid by Us under the cashless facility is not payable as a benefit under the Policy, Any amount remaining unpaid after the stipulated period will accrue interest on the full amount payable at an interest rate determined by Us,

You are to notify Us immediately when the Eligible Person resigns, retires or terminates his employment with You or if the Eligible Person is retrenched or his employment with You is otherwise terminated, failing which You shall indemnify Us for all costs incurred in the use of the cashless facility by the said employee after his employment with You terminates.

We reserve the right to amend the terms of the cashless facility and/or discontinue with the cashless facility as Our sole discretion without any prior notice.

PART III - LIMITATION & EXCLUSIONS

Section 1 - Limitation

If an Insured Person is entitled to benefits under any employees' compensation legislation, government or public programme of medical benefits, or other group or individual insurance ("other insurances and benefits"), We will only pay for the balance of expenses not covered by the other insurances and benefits subject to the maximum limits set out in the Benefit Schedule.

Section 2 - Exclusions

1. All exclusions applicable to the Basic Medical Plan shall apply to this Supplementary Contract, except Exclusions Item 1 under Basic Medical Plan.

SINGAPORE LIFE LTD

MYBENEFITSPLUS GROUP DENTICARE SUPPLEMENTARY CONTRACT

GROUP DENTAL

This Supplementary Contract forms part of the Policy to which it is attached. It is valid only if the Policy is in force and is issued in consideration of the payment of the premium for this Supplementary Contract as stated in Group Basic Medical / Group Basic Medical + Major Medical.

The terms and conditions of the Policy (including the Definitions and Interpretation) apply to the provisions of this Supplementary Contract. In the event of any inconsistency between the Policy and the provisions of this Supplementary Contract, the latter shall prevail.

PART I - DEFINITIONS

"Preferred Dentist or Dental Surgeon" means a Registered Dentist or Dental Surgeon who is on the Company's approved panel of Registered Dentists or Dental Surgeons.

"Registered Dentist or Dental Surgeon" means a dentist or dental surgeon who possesses a degree in dentistry from a recognized university and is legally licensed by the Singapore Dental Council to practise as a dentist or dental surgeon in Singapore but should not be the Insured Person or the Insured Person's relative, sibling, spouse, child or parent.

"Schedule of Dental Benefits" means the schedule of dental benefits attached to this Supplementary Contract.

PART II - BENEFIT PROVISIONS

Section 1 - Extent of Benefits

The Company shall pay the benefits as provided in the Schedule of Dental Benefits if an Insured Person visits any Preferred Registered Dentist or Dental Surgeon for dental treatment subject to the limitations and exclusions specified in Part III below.

PART III - LIMITATIONS, EXCLUSIONS & CONDITIONS

Section 1 - Limitations

When an Insured Person is entitled to benefits payable under any employees' compensation legislation, government or public programme of medical benefits, or other group or individual insurance, the benefits payable under this Supplementary Contract shall be limited to the lesser of:

1. the balance of expenses not covered by benefits payable under such legislation, programme or other insurances; or
2. the amount computed in accordance with the Schedule of Dental Benefits.

Section 2 - Exclusions

No benefit shall be payable under this Supplementary Contract in respect of:

1. Any treatment for corrective purposes (such as crowns and bridges) or for the replacement of any lost or stolen denture, unless the Insured Person is covered under Superior Plan 2 or Superior Plan 3 as specified in the Schedule of Dental Benefits and such treatment is specifically covered under Superior Plan 2 or Superior Plan 3.
2. Any treatment provided before the commencement of insurance coverage for an Insured Person under this Supplementary Contract.
3. Any treatment provided after the termination of insurance coverage for an Insured Person under this Supplementary Contract.
4. Treatment or services not specified in the Schedule of Dental Benefits.
5. Reimbursement is strictly not allowed and Panel Card has to be presented to panel dental clinics on cashless basis.

GROUP TERM LIFE+LIVINGCARE

PART I – DEFINITIONS

When used in this Policy, the following terms will have the meanings shown below:

1. "Accident" means an incident caused by accidental, violent, external and visible means.
2. "Actively at Work" means reporting at the assigned place of work and performing all the regular duties of his employment or being on approved annual leave for reasons other than on medical grounds.
3. "Activities of Daily Living (ADL)" are:
   A. 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;
   B. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
   C. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
   D. Mobility - the ability to move indoors from room to room on level surfaces;
   E. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
   F. Feeding - the ability to feed oneself once food has been prepared and made available.
4. "Age" means attained age.
5. "Critical Illness" means any of the critical illnesses specified and defined in PART IV of this Policy.
6. "Critical Illness Benefit" means the amount the Insured Person is covered for as specified in the Policy.
7. "Dependant" means an Eligible Person's:
   A. (i) legal spouse who is below 70 years old at Policy Commencement Date or at any Renewal Date, or
      (ii) 75 years old (Term Life Only) at any Renewal Date if he/she has been insured under this Policy the previous year,

      and who is not divorced or legally separated from the Eligible Person at the Policy Commencement Date or any Renewal Date; or
   B. unmarried and unemployed child between the age of 15 days and 25 years old at the Policy Commencement Date and any Renewal Date;

   whom We have agreed in writing to be eligible to participate in this insurance plan under this Policy.
8. "Effective Date" means
   A. the date on which We accept the Insured Person's insurance coverage under this Policy after We receive the Insured Person' s application and the full premium payable; or
   B. the date the Insured Person is first deemed to be Actively at Work after We receive the Insured's Person's application and the full premium payable,

   whichever is later.
9. "Eligible Person" means:
   A. Your full-time and permanent employee who is a
      (i) Singaporean citizen or
      (ii) Singapore Permanent Resident or
      (iii) who holds a valid employment pass in Singapore,

and who is below 70 years old at the Policy Commencement Date or at any Renewal Date or 75 years old (Term Life Only) at any Renewal Date if he/she has been insured under this policy the previous year;

B. whose relevant information You have provided us; and

C. whom We have agreed in writing to be eligible to participate in the insurance plan under this Policy.

10. "Insurance Period" means the period the Insured Person is covered under this Policy.

11. "Insured Person" means any Eligible Personor Dependant, as applicable, who is covered under this Policy.

12. "Non-Medical Limit" means the amount of insurance in respect of each Insured Person which We will accept without requiring evidence of insurability. The Non-Medical Limit is specified in Your policy and is further described in PART IV – NON-MEDICAL LIIMIT (NML).

13. "Permanent neurological deficit" means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Insured Person. 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.

14. "Policy" means the basic Term Life plan and the attached LivingCare Rider.

15. "Policy Commencement Date" is the date from which the insurance coverage under this Policy begins.

16. "Policy Period" shall mean a period of 1 year starting from:

    A. Policy Commencement Date for the first Policy Period; or

    B. the Renewal Dates.

    unless otherwise agreed in writing between Us.

17. "Pre-Existing Condition" means any injury, illness, condition or symptom

    A. for which treatment, or medication, or advice, or diagnosis has been sought or received or was foreseeable by the Insured Person prior to the Effective Date for the Insured Person concerned, or

    B. which originated or was known to exist by the Insured Person prior to the Effective Date whether or not treatment, or medication, or advice, or diagnosis was sought or received.

18. "Registered Medical Practitioner" means:

    A. a doctor with a degree in western medicine; and

    B. is legally and duly authorised to practise medicine and surgery in the geographical area of his country;

    but does not include the Insured Person himself, his relatives, siblings, spouse, children or parents.

19. "Renewal Date" means the anniversary date of the Policy Commencement Date or such other dates as may be agreed in writing between Us.

20. "Sum Assured" means the amount the Insured Person is covered for under this Policy

21. "The Company, We, Our, Us" means Singapore Life Ltd.

22. "Total and Permanent Disability" means that the disability is total and permanent such that at any point of time there is no work, occupation or profession the Insured Person can do in order to earn any wages, compensation or profit.

    We will accept any of the following ("Named TPD") as Total and Permanent Disability:

    A. Total and irrecoverable loss of sight of both eyes;

    B. Loss by severance of two or more limbs at or above the wrists or ankles; or

C. Total and irrecoverable loss of sight of one eye together with loss by severance of one limb above the wrist or ankle.

23. "You, Your, the Assured" means the Policy owner who is named on the page 1 of this Policy contract.

PART II - COMMENCEMENT & TERMINATION OF COVERAGE

Section 1 - Commencement of Coverage

1. Any Eligible Person who is Actively at Work on the Policy Commencement Date shall be covered under this Policy on such date, or on the date We accept in writing the Eligible Person's insurance coverage after We receive that Eligible Person's application and full premium payable, whichever is later.

2. Any Eligible Person who is not Actively at Work on the Policy Commencement Date is not covered under this Policy and will only be covered on the date they are Actively at Work, or on the date We accept in writing the Eligible Person's insurance coverage after We receive that Eligible Person's application and full premium payable, whichever is later.

3. A Dependant in Hospital Confinement on the date on which his coverage under this Policy would have been effective will not be covered under this Policy until he is no longer in Hospital Confinement.

4. A Dependant of an Eligible Person will not be covered under this Policy unless the Eligible Person is covered under this Policy.

Section 2 - Termination of Coverage

1. The insurance coverage in respect of an Insured Person will terminate on any of the following events:

   A. When this Policy is terminated in accordance with:

      (i) Clause 1A of Part VIII (our giving 30 days prior written notice)
      (ii) Clause 1B of Part VIII (if You have less than 2 employees to be covered under this Policy)
      (iii) Clause 1C of Part VIII (if You terminate the Policy)
      (iv) Clause 1D of Part VIII (in the event of war or act of war)

   B. When We pay the full Sum Assured on any claim(s).

   C. At the end of the Policy Period in which the Insured Person reaches the age of 75.

   D. When the Eligible Person resigns, retires or terminates his employment with You or if the Eligible Person is retrenched or his employment with You is otherwise terminated.

   E. If the Eligible Person is on temporary or no-pay leave or is on medical leave for more than 6 consecutive months.

   F. When the Dependant who is a spouse reaches age 75 at the end of the Policy Period or when the Dependant is divorced or legally separated from the Eligible Person, whichever is earlier.

   G. When the Dependant who is a child reaches age 25 or when the child gets married or becomes employed at the end of the Policy Period, whichever is earlier.

2. If You have given Us written notice of the event stated in Clause 1E within 14 days after the expiry of the 6 months and we have agreed to an extension in writing, then the insurance coverage in respect of that Eligible Person or any Dependant under the Policy, will not terminate.

3. For the avoidance of doubt, any Dependant's insurance coverage under this Policy will terminate upon the termination of the Eligible Person's termination of insurance coverage under this Policy, unless We have agreed otherwise in writing.

PART III - BENEFITS

Section 1 - Term Life Benefits

1. Death Benefit

When We receive due proof of death of an Insured Person in our prescribed form, We will pay to You an amount determined according to the attached Schedule(s).

2. Advanced Payment Benefit

If an Insured Person is diagnosed with any disease which

A. a specialist consultant at an approved hospital expresses an opinion that it is highly probable to lead to death within the next 12 months; and

B. any of our approved Registered Medical Practitioner confirms that opinion; and

C. no other benefit has been paid to the Insured Person under this Policy

then We will make an advanced payment equal to 100% of the Sum Assured, up to a maximum amount of S$200,000. We will pay the balance of the Sum Assured, if any, in one lump sum upon the death of the Insured Person in the next 12 months from the date of diagnosis by the specialist consultant mentioned in Clause 2(A).

This benefit will not apply in the event a claim for Terminal Illness under the LivingCare Benefit Rider.

This benefit is not extended to any Insured Person who is suffering from any Critical Illness or terminal illness prior to the Effective Date.

3. Total and Permanent Disability Benefit (TPD)

A. If an Insured Person becomes totally and permanently disabled under PART I – DEFINITIONS of this Policy before age seventy (70), We will upon receipt of satisfactory proof of such Total and Permanent Disability, pay the Sum Assured or the remaining Sum Assured after payment of any benefit under Advanced Payment Benefit of this Policy in the following manner:

(i) Where the Sum Assured or the remaining Sum Assured does not exceed $300,000, We will pay the benefit in a lump sum;

(ii) Where the Sum Assured or the remaining Sum Assured exceeds $300,000, We will pay a lump sum of $300,000 as the first payment and the balance in 3 equal annual instalments. The first of such annual instalment will be paid 12 months after the first lump sum payment.

(iii) If the Insured Person dies while the instalments stated in (ii) are being paid, then We will pay the balance of the instalments in a lump sum to You.

B. If an Insured Person suffers a Named TPD, upon receipt of due proof of such Named TPD, We will pay in one lump sum, the Sum Assured or the remaining Sum Assured after payments of any benefit under Advanced Payment Benefit of this Policy.

C. If TPD Benefit is fully paid, Death Benefit is no longer payable.

4. Extended Benefit

If an Eligible Person's employment with You is terminated on medical grounds, We will continue to cover him and any Dependant for Term Life Benefits under this Policy for a period of 12 months beginning from the date his employment is terminated provided:

A. he has not received any benefits under this Policy;

B. he remains continuously unemployed from the date his employment is terminated;

C. he resides in Singapore during the extended 12 months period;

D. his coverage under this Policy had not been provided by Us on special terms or conditions as a sub-standard risk;

E. You have given Us notice in writing of such termination of employment within 14 days from the date of termination of employment, failing which no such extension of cover is granted; and

F. this Policy continues to be in-force during the extended 12-months period.

The insurance coverage in respect of benefits under all other Supplementary Contracts attached to the Term Life Plan shall terminate once this extended benefit is effected.

5. Cover for Age beyond Seventy (70)

Insured Persons who are accepted and insured under this Policy before attaining their seventieth (70) birthday shall be eligible for continuation of coverage beyond age seventy (70) at the Renewal Date, subject to the following conditions:

A. Participation shall be on a compulsory basis;

B. Insured Person shall be covered for Death Benefit only; and

C. Evidence of insurability is required at each Renewal Date and the cost of medical examination is borne by the Insured Person. There shall be no coverage until We accept the coverage of the Insured Person in writing.

Section 2 – LivingCare Rider Benefit

1. We will pay the Critical Illness Benefit when an Insured Person is diagnosed by a Registered Medical Practitioner as suffering from a Critical Illness.

2. If there is an increase in the Critical Illness Benefit, We will pay the increased Critical Illness Benefit only in respect of any Critical Illness, the cause or pathology of which occurred after 30 days from the date of such increase.

3. The Critical Illness Benefit is payable only once for each Insured Person.

4. Once an Insured Person receives a Critical Illness Benefit under this Policy, his insurance coverage under the Policy, will terminate. For the avoidance of doubt, the termination of insurance coverage under the Policy includes the Term Life Benefits under Part III, Section 1.

5. If an Insured Person has received any benefit payment under the Term Life Benefits of this Policy , only the remaining Sum Assured under the Policy, if any, will be payable under the LivingCare Rider Benefit of this Policy subject to Part III, Section 2, Clause 6.

6. The maximum amount an Insured Person may receive under the LivingCare Benefit of this Policy and other group insurance policies issued by Us providing similar coverage cannot exceed $300,000. If the Sum Assured of the Policy is above $300, 000, the amount in excess of $300,000 will be payable under the Term Life Benefits.

7. In the event of death of an Insured Person due to natural or accidental causes, upon receipt of due proof of death of the Insured Person in the form prescribed by Us, the death benefit of $1,000 shall be payable.

PART IV – NON-MEDICAL LIMIT (NML)

1. We will provide insurance coverage in respect of each Insured Person up to the Non-Medical Limit (NML) as specified under this Policy without requiring evidence of insurability.

2. The Sum Assured for any Insured Member above the NML stated in this Policy may be accepted by Us, upon terms acceptable to Us, subject to You providing Us with satisfactory evidence of insurability on the Insured Member. If We do not accept this amount, We will inform You in writing.

3. Any increase in the Sum Assured in respect of an Insured Person to an amount not exceeding the NML shall take effect automatically. This is not applicable for any Insured Person whose Sum Assured has been accepted by Us on special terms or conditions as a substandard risk.

4. Any increase in the Sum Assured in respect of an Insured Person to an amount exceeding the NML is subject to Our written acceptance of the evidence of insurability and shall take effect on such date as determined by Us.

   The medical fees associated with providing the evidence of insurability will be borne by Us if the Insured Person is below sixty-five (65). The amount We will reimburse for each medical test will be up to the standard fee charged by Our medical panel.

5. We may revise the NML at each Renewal Date of this Policy.

PART V - DEFINITIONS OF CRITICAL ILLNESS

1. Major Cancer

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

The term Major Cancer includes, but 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:

A. All tumours which are histologically classified as any of the following:

   (i) Pre-malignant;
   (ii) Non-invasive;
   (iii) Carcinoma-in-situ (Tis) or Ta;
   (iv) Having borderline malignancy;
   (v) Having any degree of malignant potential;
   (vi) Having suspicious malignancy;
   (vii) Neoplasm of uncertain or unknown behavior; or
   (viii) All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;

B. Any Non-Melanoma Skin Carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;

C. Malignant melanoma that has not caused invasion beyond the epidermis;

D. All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;

E. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

F. All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;

G. All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;

H. 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;

I. Chronic Lymphocytic Leukaemia less than RAI Stage 3; and

J. 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

K. 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:

A. History of typical chest pain;

B. 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;

C. 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;

D. 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:

A. Angina;

B. Heart attack of indeterminate age; and

C. 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:

A. Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and

B. Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

(i) Transient Ischaemic Attacks;
(ii) Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
(iii) Vascular disease affecting the eye or optic nerve;
(iv) Ischaemic disorders of the vestibular system; and
(v) 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:

A. Blood product transfusion;

B. Bone marrow stimulating agents;

C. Immunosuppressive agents; or

D. Bone marrow or 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:

A. FEV1 test results which are consistently less than 1 litre;

B. Permanent supplementary oxygen therapy for hypoxemia;

C. Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($PaO_2 \leq 55mmHg$); and

D. Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

8. End Stage Liver Disease

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

A. Permanent jaundice;

B. Ascites; and

C. 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:

A. No response to external stimuli for at least 96 hours;

B. Life support measures are necessary to sustain life; and

C. 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 Insured Person's body.

14. Major Organ / Bone Marrow Transplantation

The receipt of a transplant of:

A. Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or

B. 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:

A. Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; and

B. 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 Insured Person 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:

A. The disease cannot be controlled with medication; and

B. Inability of the Insured Person 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 Insured Person. 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:

A. Non-organic diseases such as neurosis and psychiatric illnesses; and

B. 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:

A. Rapid decreasing of liver size as confirmed by abdominal ultrasound;

B. Necrosis involving entire lobules, leaving only a collapsed reticular framework

C. Rapid deterioration of liver function tests

D. Deepening jaundice; and

E. 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 :

(i) The blood transfusion was medically necessary or given as part of a medical treatment;

(ii) 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

(iii) 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:

(i) Proof that the accident involved a definite source of the HIV infected fluids;

(ii) 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

(iii) 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:

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

B. 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:

A. Cysts;

B. Abscess;

C. Angioma;

D. Granulomas;

E. Vascular Malformations;

F. Haematomas; and

G. Tumours of the pituitary gland, spinal cord and skull base.

25. Severe Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection 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:

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

B. 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 Supplementary Contract subject to a S$25,000 maximum sum payable. This benefit is payable once only and shall be deducted from the amount of this Supplementary Contract, thereby reducing the amount of the Sum Assured which may be payable herein.

Diagnostic angiography is excluded.

28. Blindness (Irreversible Lost 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 procedure, implants or any other means.

29. Major Head Trauma

Accidental head injury resulting in permanent neurological deficit with persisting clinical symptoms 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:

A. Spinal cord injury; and

B. 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 Insured Person 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:

A. Localised scleroderma (linear scleroderma or morphea);

B. Eosinophilic fascitis; and

C. CREST syndrome.

33. Persistant Vegetable 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 with 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 arteriography, 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:

A. Poliovirus is identified as the cause,

B. 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 Insured Person 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.

PART VI - LIMITATION & EXCLUSIONS

Section 1 - Waiting Period Limitation

For an insured Person, there is a “Waiting Period” of 90 days from the date that his coverage commences or his coverage being reinstated under this Supplementary Contract. This means that for each Insured Person, the Company will not pay any Major Illness Benefit for severe stages of Major Cancer, Coronary Artery By-Pass Surgery, Heart Attack of Specific Severity, Angioplasty and Other Invasive Treatments for Coronary Artery and Other Serious Coronary Artery Disease diagnosed during this Waiting Period unless these named illnesses are caused solely and directly by Accident.

Section 2 – Exclusions

1. Exclusions under Term Life Benefits

We will not pay any Term Life Benefits under this Policy if the claim is due to or arising directly or indirectly, wholly or partly, from any Pre-Existing Condition unless:

A. the Pre-Existing Condition was declared by the Insured Person and specifically accepted by Us in writing to be covered under this Policy; or

B. the Pre-Existing Condition was not excluded from the Policy by Us in writing and the Insured Person has been insured under this Policy continuously for at least 18 months from the Effective Date.

2. Exclusions under LivingCare Benefit

We will not pay any LivingCare benefit under this Policy for any Critical Illness caused directly or indirectly, wholly or partly, by any of the following:-

A. Pre-Existing Condition unless the Pre-Existing Condition was declared by the Insured Person and specifically accepted by Us in writing to be covered under this Policy; or

B. sexually transmitted diseases or viruses, Acquired Immune Deficiency Syndrome (AIDS), AIDS related complexes and all illnesses or diseases associated with the Human Immuno Deficiency Virus (HIV), except AIDS due to blood transfusion as provided in this Policy;

C. invasion, riot, civil commotion or rebellion, any war (declared or undeclared) or act of war; violation or attempted violation of the law or resistance to arrest;

D. suicide or any attempted suicide or self-inflicted injury or illness, whether the Insured Person is sane or insane unless such suicide occurs 12 months after the Effective Date.

E. over-indulgence in alcohol;

F. drug-taking unless taken under the direction of a Registered Medical Practitioner.

PART VII - CLAIMS

Section 1 - Notice and Proof of Claim/Loss

1. We must be given written notice of the death or Critical Illness of any Insured Person within 30 days of death.

2. If an Insured Person is totally and permanently disabled, We must be:

A. Notified of the whereabouts of the Insured Person and full particulars of his disability as soon as reasonably possible; and

B. Given satisfactory proof of his disability within 120 days after the commencement of the disability.

3. Any written notice given by or on behalf of the Insured Person containing sufficient particulars for us to identify the Insured Person will be considered sufficient notice. If the notice is not given to Us within the requisite time, We will still accept submission of a claim if it can be shown that it was not reasonably possible to give such notice and that notice was given to Us as soon as it was reasonably possible.

4. For processing of such claims on Critical Illness or Total and Permanent Disability, We may require any or all of the following at Your cost:-

A. Certificates, medical reports, information and evidence in such form and nature as We may prescribe;

B. Evidence to establish the continuing health condition of the Insured Person and to show that he is not engaged in any form of employment;

C. That the Insured Person be available for examination by our approved Registered Medical Practitioner when required and if the Insured Person is residing outside Singapore, We may still require him to come to Singapore for such medical examination;

D. Proof of the Insured Person's date of birth and if the date of birth and/or age given to Us is incorrect, then We will not be liable to pay more than the amount that We would have had to pay if the date of birth and/or age had been correctly stated to Us.

5. We will have the right to demand, at reasonable intervals, proof of the Insured Person's continued disability before making any payment under this Policy for any Total and Permanent Disability Benefit. If such proof cannot be provided or the Insured Person becomes able to perform any work or engage in any occupation or profession to earn wages, compensation or profits, then We will not be liable for any further payments under this Policy in respect of this claim.

Section 2 - Settlement of Claim

1. We will make payment of the benefits under this Policy when We are satisfied that the claim has been proven.

2. We will make payment under this Policy by cheque drawn to Your order, unless You notify Us otherwise in writing and any such payment will effectively release Us from our liabilities with respect to this claim.

PART VIII - PAYMENT OF PREMIUMS

1. It is a pre-condition to our liability under this Policy that We must have been paid and have actually received in full all premium that is due before the Policy Commencement Date or Renewal Date whichever is applicable.

2. If there is any new Insured Person to be covered with effect from any other dates other than the Policy Commencement Date or Renewal Date, the cover for the Insured Person will only be effective on the Effective Date.

3. Where You have confirmed Your intention to renew this Policy but have not provided Us with all the information and data necessary for the renewal by the Renewal Date, then We will issue a premium tax invoice for the estimated renewal premium and You will pay the estimated renewal premium before the Renewal Date.

4. If any premium is not paid to Us by the Renewal Date, We will have the right to terminate this Policy from the Renewal Date and We will be released from all liabilities under this Policy.

5. We will not be liable to pay any claim unless and until We receive full payment of the premiums due under this Policy.

PART IX - TERMINATION, REINSTATEMENT & RENEWAL

1. Termination

A. We may terminate this Policy on any Renewal Date if You have fewer than 2 employees to be insured as the Insured Persons under this Policy.

B. Notwithstanding Part VIII, (1)(A), We may terminate this Policy on any Renewal Date by giving You at least 30 days' prior written notice of termination.

C. You may also terminate this Policy at anytime but We will charge premiums for that period of insurance coverage based on the following Short Period Premiums:

Insurance Period	Short Period Premiums
Up to 1 week	1 Month
More than 1 week and up to 1 month	3 Months
More than 1 month and up to 2 months	4 Months
More than 2 months and up to 3 months	6 Months
More than 3 months and up to 4 months	7 Months
More than 4 months and up to 6 months	9 Months
More than 6 months and up to 8 months	10 Months
More than 8 months	Full Premium

D. Notwithstanding Clauses 1A or 1B above, We have the right to terminate this Policy at any time in the event of war or act of war (whether or not there has been a declaration of war) by giving You a notice of termination and the date of termination will be solely determined by Us.

E. Termination of this Policy or termination of insurance coverage in respect of any Insured Person will not affect any prior claim filed by You in accordance with Part VI of this Policy.

2. Reinstatement

A. After this Policy is terminated, You may apply for reinstatement of this Policy but such reinstatement will be subject to our approval and to such terms and conditions as We may impose including the payment of any premiums due and not paid together with interest at a rate determined by Us.

B. If any premium is paid to Us after the termination of this Policy or of the insurance coverage in respect of any Insured Person, our receipt of the premium will not be deemed to be a continuation or reinstatement of this Policy or of the insurance coverage in respect of that Insured Person unless We have notified You in writing of such continuation or reinstatement.

3. Renewal

This Policy may be renewed for a further term of one Policy Period on each Renewal Date subject to such terms and conditions as We may require including any revision of the premium rate payable on any Renewal Date.

PART X - FULL DISCLOSURE OF INFORMATION

1. Information Required

A. You must provide Us the following information for the purposes of insurance coverage under this Policy before the Policy Commencement Date and on each Renewal Date:-

(i) Insured Person's name and NRIC or Passport number
(ii) Insured Person's sex, occupation and date of birth
(iii) Amount of insurance coverage
(iv) Effective Date of insurance coverage
(v) The date of termination of insurance coverage (if applicable)
(vi) The change in benefits (if applicable)

You must also notify Us in writing within 3 months of any addition of new employees or deletion of employees as the Insured Persons under this Policy and We will charge or refund a proportionate premium as may be appropriate.

B. You must provide Us with all information and documents which We may reasonably require with regard to any matters pertaining to this Policy. We will not be liable for any errors or omissions that arise directly or indirectly from errors or omissions in any information or documents You furnish. You will provide for our inspection at any reasonable time and at Your cost, any of Your records as We may determine to affect the insurance coverage.

2. Full Disclosure

You are to disclose all material facts and circumstances relating to any insurance coverage to be effected under this Policy in respect of any Insured Person up to the date full insurance coverage is provided to that Insured Person. If You fail to disclose or mislead Us or attempt to defraud Us about any matter concerning this insurance either before or after a claim is made, We will be entitled to avoid our liabilities under this Policy in respect of that Insured Person.

3. Change of Risks

You are to give Us immediate notice of any change in the nature of Your business or other changes in the risks being insured under this Policy. We will have the right either to continue cover for any or all the Insured Person on such terms and conditions as We consider appropriate or to decline to continue cover under this Policy.

PART XI - MISSTATEMENTS

If the age or date of birth or other relevant facts relating to any Insured Person is misstated and:

1. this affects the scale of benefits or other terms and conditions of this Policy, then We will use the true age and facts to determine whether insurance coverage is in force and the benefits under this Policy apply and if, in our opinion is necessary, an equitable adjustment of premiums will be made and notice of the adjustment will be given to You; or
2. this has resulted in a person being insured under this Policy when he otherwise would not be eligible or that person remaining insured when he would otherwise be disqualified, then his entire insurance coverage will be void and We will refund the premiums paid for that person but where there is fraud on Your part or that person's part, then there will be no refund of the premiums paid.

PART XII - PRE-CONDITIONS TO OUR LIABILITY

1. When any accident or illness which is covered under this Policy occurs, the Insured Person must seek the services of a Registered Medical Practitioner and undergo any treatment he advises as necessary.
2. Before We assume any liability under this Policy:

   A. You and the Insured Person must have complied with all the actions required of You/him under this Policy; and

   B. All statements and answers made by You and the Insured Person in the application form for insurance coverage or for the purposes of any claim must be true.

PART XIII - GENERAL CONDITIONS

1. Whole Agreement

This Policy, with its, amendments, schedules and endorsements, comprise the entire agreement between You and Us. No agent or broker is authorised to alter or amend this Policy, or to extend the date for payment of premium. This Policy can only be changed by a written endorsement which is issued and signed by Us.

2. Legal/Beneficial Owner

We will treat You as the absolute legal and beneficial owner of this Policy and We will not recognise any equitable or other claim or interest in this Policy.

3. Applicable Law

This Policy and all matters or issues arising under it will be governed and interpreted according to the laws of the Republic of Singapore.

4. Arbitration

A. Any dispute between Us arising out of this Policy must be referred to arbitration but such referral can only take place at least 60 days after the proof of claim has been filed with Us in the prescribed form and manner.

B. The arbitration will be by an Arbitrator jointly agreed between Us or if We cannot agree on an Arbitrator, then the matter will be referred to the President of the Singapore International Arbitration Centre for his nomination of an Arbitrator. It is necessary for You to obtain an award from the Arbitrator(s) before bringing any legal action against Us.

C. If We deny liability for any claim made under this Policy, You must refer the dispute to arbitration within 12 months from the date of our denial. Otherwise, the claim shall be treated as abandoned and not recoverable.

D. In case of any other dispute, You must refer the matter to arbitration within 24 months from the date the dispute first arose otherwise the dispute shall be treated as abandoned.

5. Legal Action Against Us

No one may sue Us under this Policy unless:

A. a final award by the Arbitrator mentioned in Clause 4 of this Part XI has been obtained; and

B. the legal action is brought within 12 months from the date of the Arbitrator's award.

6. Non - Waiver

A. Our rights under this Policy or the law are not waived by any of Our acts, omissions, defaults or conduct nor are We thus prevented from relying on any of our rights under this Policy or at law.

B. Our acceptance of any premium with the knowledge (whether actual or implied) of any non-disclosure, misrepresentation, fraud and/or breach of the provisions of this Policy does not operate as a waiver of any of our rights under this Policy or at law, nor are We thus prevented from relying on any of our rights under this Policy or at law.

7. Assignment

You and the Insured Person(s) do not have the right to assign this Policy or any insurance coverage effected under this Policy.

8. Variation of Provisions

We may add to or vary, from time to time, the provisions of this Policy by giving You 30 days' prior written notice of our intention.

9. The Contracts (Rights of Third Parties) Act 2001

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

SINGAPORE LIFE LTD

MYBENEFITS PLUS GROUP PERSONAL ACCIDENT

GROUP PERSONAL ACCIDENT

PART I – DEFINITIONS

When used in this Policy, the following terms will have the meanings shown below:

1. "Accident" means an incident caused by accidental, violent, external and visible means and includes suffocation by smoke, poisonous fumes, gas and drowning, provided that such event did not arise as a result of an Insured Person's wilful and intentional act.

2. "Accidental Injury" means any bodily injury caused solely and directly by Accident, and independantly of any other cause, and such injury shall result in the death or disability of the Insured Person within 12 months from the date of the Accident.

3. "Actively at Work" means reporting at the assigned place of work and performing all the regular duties of his employment or being on approved annual leave for reasons other than on medical grounds.

4. "Age" means attained age.

5. "Dependant" means an Eligible Person's:

   A. (i) legal spouse who is below 70 years old at Policy Commencement Date or at any Renewal Date, or
      (ii) 75 years old at any Renewal Date if he/she has been insured under this Policy the previous year,

      and who is not divorced or legally separated from the Eligible Person at the Policy Commencement Date or any Renewal Date; or

B. unmarried and unemployed child between the age of 15 days and 25 years old at the Policy Commencement Date and any Renewal Date;

C. whom We have agreed in writing to be eligible to participate in this insurance plan under this Policy.

6. "Effective Date" means:

   A. the date on which We accept in writing the Insured Person's insurance coverage under this Policy after We receive the Insured Person' s application and the full premium payable; or

   B. the date the Insured Person is first deemed to be Actively at Work after We receive the Insured's Person's application and the full premium payable,

   whichever is later.

7. "Eligible Person" means:

   A. Your full-time and permanent employee who is a

      (i) Singaporean citizen or
      (ii) Singapore Permanent Resident or
      (iii) who holds a valid employment pass in Singapore,

      and who is below 70 years old at the Policy Commencement Date or at any Renewal Date or 75 years old at any Renewal Date if he/she has been insured under this Policy the previous year;

   B. whose relevant information You have provided us; and

   C. whom We have agreed in writing to be eligible to participate in the insurance plan under this Policy.

8. "Insurance Period" means the period the Insured Person is covered under this Policy.

9. "Insured Person" means any Eligible Person or Dependant, as applicable, who is covered under this Policy.

10. "Limb" shall mean a hand at or above the wrist or a foot at or above the ankle.

11. "Loss" means total, permanent and irrecoverable loss of use or loss by physical severance.

12. "Policy Commencement Date" is the date from which the insurance coverage under this Policy begins.

13. “Policy Period” shall mean a period of 1 year starting from:

    A. Policy Commencement Date for the first Policy Period; or

    B. the Renewal Dates;

    unless otherwise agreed in writing between Us.

14. “Registered Medical Practitioner” means

    A. a doctor with a degree in western medicine; and

    B. is legally and duly authorised to practise medicine and surgery in the geographical area of his country;

    but does not include the Insured Person himself, his relatives, siblings, spouse, children or parents.

15. “Renewal Date” means the anniversary date of the Policy Commencement Date or such other dates as may be agreed in writing between Us.

16. “Schedule of Indemnities” means the schedule attached to this Policy.

17. “Sum Assured” means the amount the Insured Person is covered for under this Policy.

18. “Third Degree Burns” shall mean major burns which result in full thickness skin destruction as determined by a Registered Medical Practitioner.

19. “The Company, We, Our, Us” means Singapore Life Ltd.

20. “Total and Permanent Disability” means that the disability is total and permanent such that at any point of time there is no work, occupation or profession the Insured Person can do in order to earn any wages, compensation or profit.

21. “You, Your, the Assured” means the Policy owner as stated on the page 1 of this Policy contract.

PART II - COMMENCEMENT & TERMINATION OF COVERAGE

Section 1 - Commencement of Coverage

1. Any Eligible Person who is Actively at Work on the Policy Commencement Date shall be covered under this Policy on such date, or on the date We accept in writing the Eligible Person’s insurance coverage after We receive that Eligible Person’s application and full premium payable, whichever is later.

2. Any Eligible Person who is not Actively at Work on the Policy Commencement Date is not covered under this Policy and will only be covered on the date they are Actively at Work, or on the date We accept in writing the Eligible Person’s insurance coverage after We receive that Eligible Person’s application and full premium payable, whichever is later.

3. A Dependant in Hospital Confinement on the date on which his coverage under this Policy would have been effective will not be covered under this Policy until he is no longer in Hospital Confinement.

4. A Dependant of an Eligible Person will not be covered under this Policy unless the Eligible Person is covered under this Policy.

Section 2 - Termination of Coverage

1. The insurance coverage in respect of an Insured Person will terminate on any of the following events:

    A. When this Policy is terminated in accordance with:

    (i) Clause 1A of Part VII (Our giving 30 days prior written notice)
    (ii) Clause 1B of Part VII (if You have less than 2 employees to be covered under this Policy)
    (iii) Clause 1D of Part VII (if You terminate the Policy)
    (iv) Clause 1C of Part VII (in the event of war or act of war)

B. When We pay the full Sum Assured on any claim(s).

C. At the end of the Policy Period in which the Insured Person reaches the age of 75.

D. When the Eligible Person resigns, retires or terminates his employment with You or if the Eligible Person is retrenched or his employment with You is otherwise terminated.

E. If the Eligible Person is on temporary or no-pay leave or is on medical leave for more than 6 consecutive months.

F. When the Dependant who is a spouse reaches age 75 at the end of the Policy Period or when the Dependant is divorced or legally separated from the Eligible Person, whichever is earlier.

G. When the Dependant who is a child reaches age 25 or when the child gets married or becomes employed at the end of the Policy Period, whichever is earlier.

2. If You have given Us written notice of the event stated in Clause 1E within 14 days after the expiry of the 6 months and We have agreed to an extension in writing, then the insurance coverage in respect of that Eligible Person or any Dependant under the Policy, will not terminate.

3. For the avoidance of doubt, any Dependant's insurance coverage under this Policy will terminate upon the termination of the Eligible Person's termination of insurance coverage under this Policy, unless We have agreed otherwise in writing.

PART III - BENEFITS

Section 1 - Amount of Benefits

1. Subject to Part IV, if an Insured Person sustains an Accidental Injury resulting in death, We will, upon receipt of due proof of death in Our prescribed form, pay the Sum Assured.

2. Subject to Part IV, if an Insured Person sustains an Accidental Injury and suffers any of the permanent disabilities described in the Schedule of Indemnities, we will upon receipt of satisfactory proof, pay according to the percentage of Sum Assured as stated in the said Schedule.

3. Except for the loss of the senses of taste and smell for which no benefits are payable, for any permanent disability not specified in the Schedule of Indemnities, We will at Our discretion, pay an amount of benefit determined by:

   A. Comparing with the percentages shown in the said Schedule; and

   B. in proportion to the degree of disability as assessed by Our approved Registered Medical Practitioner; but

   C. without reference to the Insured Person's profession and occupation.

   Our decision on the amount of benefit payable is final and conclusive and not subject to review.

Section 2 - Disappearance

1. If an Insured Person:

   A. disappears as a result of the sinking or wrecking of the ship, aeroplane or vehicle in which he was travelling at the time of the Accident; and

   B. his body is not found within 1 year from the date of his disappearance; and

   C. there is sufficient evidence leading to the conclusion that the Insured Person sustained Accidental Injury which caused his death,

   then We will pay the Sum Assured. However, the person(s) to whom the benefit is paid shall sign an undertaking to refund this sum to Us if the Insured Person is subsequently found to be living.

PART IV - LMITATIONS & EXCLUSIONS

Section1 - Limitations

1. Subject to Clause 3 of this Section, where any Accidental Injury forms part of another Accidental Injury for which a greater amount of benefit is payable, then We will only pay the greater amount.

2. Subject to Clause 3 of this Section, during any one Policy Period where an Insured Person suffers from more than one Accidental Injury described in items 2, 3, 4A, 5, 6 and 7 of the Schedule of Indemnities, We will only pay the benefit for the Accidental Injury with the greater amount of benefit and once an Insured Person receives any such benefit, he is not eligible for any more benefits during that Policy Period.

   Where an Insured Person has received any benefit in respect of an Accidental Injury, any future claim for

3. benefits for any Accidental Injury suffered during that same Policy Period will be reduced by a corresponding percentage of the Sum Assured that he has received, subject always that the total amount of benefits that an Insured Person may receive in any one Policy Period cannot exceed in Aggregate 100% of the Sum Assured except where an Insured Person suffers from an Accidental Injury described in items 2, 3, 4A, 5, 6 or 7 of the Schedule of Indemnities.

Section 2 - Exclusions

This Policy does not cover any Accidental Injury caused directly or indirectly, wholly or partly, by any one of the following occurrences:

1. Suicide or any attempted suicide or self-injury whether the Insured Person is sane or insane.

2. War, any acts of terrorism involving, directly or indirectly, the use of nuclear radiation and/or biological and/or chemical agents, hostilities or any warlike operations (whether war be declared or not) or civil war; military or naval or airforce service while under orders for warlike operations.

3. Participation in a riot; commission of an assault or criminal offence.

4. Participation in competitive racing of any kind other than on foot; travelling in any type of aircraft other than as a fare-paying passenger on a regularly scheduled flight of a commercial airline.

PART V - CLAIMS PROCEDURE

Section 1 - Notice and Proof of Claim/Loss

1. We must be given written notice of any claim for Accidental Injury within 30 days of the date of Accident.

2. Any written notice given by or on behalf of the Insured Person containing sufficient particulars for Us to identify the Insured Person will be considered sufficient notice. If the notice is not given to Us within the requisite time, We will still accept submission of a claim if it can be shown that it was not reasonably possible to give such notice and that notice was given to Us as soon as it was reasonably possible.

3. For processing of such claims for Accidental Injury, We may require any or all of the following at Your cost:

   A. Certificates, medical reports, information and evidence in such form and nature as We may prescribe;

   B. Evidence to establish the continuing health condition of the Insured Person and to show that he is not engaged in any form of employment;

   C. That the Insured Person be available for examination by our approved Registered Medical Practitioner when required and if the Insured Person is residing outside Singapore, We may still require him to come to Singapore for such medical examination;

   D. Proof of the Insured Person’s date of birth and if the date of birth and/or age given to Us is incorrect, then We will not be liable to pay more than the amount that We would have had to pay if the date of birth and/or age had been correctly stated to Us.

4. For processing of a claim for death as a result of Accidental Injury, We will have the right to require an autopsy to be performed provided that such autopsy is not forbidden by law.

Section 2 - Settlement of Claim

1. We will make payment of the benefits under this Policy when We are satisfied that the claim has been proven.
2. We will make payment under this Policy by cheque drawn to Your order, unless You notify Us otherwise in writing and any such payment will effectively release Us from Our liabilities with respect to this claim.

PART VI - PAYMENT OF PREMIUMS

1. It is a pre-condition to Our liability under this Policy that We must have been paid and have actually received in full all premium that is due before the Policy Commencement Date or Renewal Date whichever is applicable.
2. If there is any new Insured Person to be covered with effect from any other dates other than the Policy Commencement Date or Renewal Date, the cover for the Insured Person will only be effective on the Effective Date.
3. Where You have confirmed Your intention to renew this Policy but have not provided Us with all the information and data necessary for the renewal by the Renewal Date, then We will issue a premium tax invoice for the estimated renewal premium and You will pay the estimated renewal premium before the Renewal Date.
4. If any premium is not paid to Us by the Policy Commencement Date or Renewal Date, whichever is applicable, We will have the right to terminate this Policy from the Policy Commencement Date or Renewal Date and We will be released from all liabilities under this Policy.
5. We will not be liable to pay any claim unless and until We receive full payment of the premiums due under this Policy.

PART VII - TERMINATION, REINSTATEMENT & RENEWAL

1. Termination

A. We may terminate this Policy on any Renewal Date if You have fewer than 2 employees to be insured as the Insured Persons under this Policy

B. Notwithstanding Clause 1A, Part VII, We may terminate this Policy on any Renewal Date by giving You at least 30 days' prior written notice of termination.

C. You may also terminate this Policy at anytime but We will charge premiums for that period of insurance coverage based on the following Short Period Premiums:

Insurance Period	Short Period Premiums
Up to 1 week	1 month
More than 1 week and up to 1 month	3 months
More than 1 month and up to 2 months	4 months
More than 2 month and up to 3 months	6 months
More than 3 month and up to 4 months	7 months
More than 4 month and up to 6 months	9 months
More than 6 month and up to 8 months	10 months
More than 8 months	Full Annual Premium

D. Notwithstanding Clauses 1A or 1B above, We have the right to terminate this Policy at any time in the event of war or act of war (whether or not there has been a declaration of war) by giving You notice of termination and the date of termination will be solely determined by Us.

E. Termination of this Policy or termination of insurance coverage in respect of any Insured Person will not affect any prior claim filed by You in accordance with Part V of this Policy.

2. Reinstatement

A. After this Policy is terminated, You may apply for reinstatement of this Policy but such reinstatement will be subject to Our consent and on such terms and conditions as We may impose including the payment of any premiums due and not paid together with interest at a rate determined by Us.

B. If any premium is paid to Us after the termination of this Policy or of the insurance coverage in respect of any Insured Person, Our receipt of the premium will not be deemed to be a continuation or reinstatement of this Policy or of the insurance coverage in respect of that Insured Person unless We have notified You in writing of such continuation or reinstatement.

3. Renewal

This Policy will be renewed for a further term of one Policy Period on each Renewal Date subject to such terms and conditions as We may require including any revision of the premium rate payable on any Renewal Date.

PART VIII - FULL DISCLOSURE OF INFORMATION

1. Information Required

A. You must provide Us the following information for the purposes of insurance coverage under this Policy before the Policy Commencement Date and on each Renewal Date:

(i) Insured Person's name and NRIC or Passport number
(ii) Insured Person's sex, occupation and date of birth
(iii) Amount of insurance coverage
(iv) Effective Date of insurance coverage
(v) The date of termination of insurance coverage (if applicable)
(vi) The change in benefits (if applicable)

B. You must also notify Us in writing within 3 months of any addition of new Insured Persons or deletion of Insured Persons under this Policy and pay Us the proportionate premium before the Effective Date of each of such new Insured Persons.

C. You must provide Us with all information and documents which We may reasonably require with regard to any matters pertaining to this Policy. We will not be liable for any errors or omissions that arises directly or indirectly from errors or omissions in any information or documents You furnish. You will provide for Our inspection at any reasonable time and at Your cost, any of Your records as We may determine to affect the insurance coverage.

2. Full Disclosure

You are to disclose all material facts and circumstances relating to any insurance coverage to be effected under this Policy in respect of any Insured Person up to the date full insurance coverage is provided to that Insured Person. If You fail to disclose or mislead Us or attempt to defraud Us about any matter concerning this insurance either before or after a claim is made, We will be entitled to avoid Our liabilities under this Policy in respect of that Insured Person.

3. Change of Risks

You are to give Us immediate notice of any change in the nature of Your business or other changes in the risks being insured under this Policy. We will have the right either to continue cover for any or all the Insured Person on such terms and conditions as We consider appropriate or to decline to continue cover under this Policy.

PART IX - MISSTATEMENTS

If the age or date of birth or other relevant facts relating to any Insured Person is misstated and:

1. this affects the scale of benefits or other terms and conditions of this Policy, then We will use the true age and facts to determine whether insurance coverage is in force and the benefits payable under this Policy and if, in

Our opinion is necessary, an equitable adjustment of premiums will be made and notice of the adjustment will be given to You; or

2. this has resulted in a person being insured under this Policy when he otherwise would not be eligible or that person remaining insured when he would otherwise be disqualified, then his entire insurance coverage will be void and We will refund the premiums paid for that person but where there is fraud on Your part or the Insured Person's part, then there will be no refund of the premiums paid.

PART X - PRE-CONDITIONS TO OUR LIABILITY

1. When any Accident which is covered under this Policy occurs, the Insured Person must seek the services of a Registered Medical Practitioner and undergo any treatment he advises as necessary.

2. Before We assume any liability under this Policy:

   A. You and the Insured Person must have complied with all the actions required of You/him under this Policy; and

   B. All statements and answers made by You and the Insured Person in the application form for insurance coverage or for the purposes of any claim must be true.

PART XI - GENERAL CONDITIONS

1. Whole Agreement

This Policy, with its amendments, schedules and endorsements, comprise all the entire agreement between you and Us. No agent or broker is authorised to alter or amend this Policy, or to extend the date for payment of premium. This Policy can only be changed by a written endorsement which is issued and signed by Us.

2. Legal/Beneficial Owner

We will treat you as the absolute legal and beneficial owner of this Policy and We will not recognise any equitable or other claim or interest in this Policy.

3. Applicable Law

This Policy and all matters or issues arising under it will be governed and interpreted according to the laws of the Republic of Singapore.

4. Arbitration

A. If there are any disputes between Us arising out of this Policy then either party will refer it to arbitration but such referral can only take place after a 60 day period after the proof of claim has been filed with Us in the prescribed form and manner.

B. The arbitration will be by an Arbitrator jointly agreed between Us or if We cannot agree on an Arbitrator, then the matter will be referred to the President of the Singapore International Arbitration Centre for his nomination of an Arbitrator. It is necessary for You to obtain an award from the Arbitrator(s) before bringing any legal action against Us.

C. If We deny liability for any claim made under this Policy and You have not within 12 calendar months from the date of Our denial referred the matter to arbitration, then the claim shall be treated as abandoned and not recoverable.

D. In case of any other dispute, You must refer the matter to arbitration within 24 months from the date the dispute first arose otherwise the dispute shall be treated as abandoned.

5. Legal Action Against Us

No one may sue Us under this Policy unless:

A. a final award by the Arbitrator mentioned in Clause 4 of this Part XI has been obtained; and

B. the legal action is brought within 12 months from the date of the Arbitrator's award.

6. Non - Waiver

A. Our rights under this Policy or the law are not waived by any of Our acts, omissions, defaults or conduct nor are We thus prevented from relying on any of Our rights under this Policy or at law.

B. Our acceptance of any premium with the knowledge (whether actual or implied) of any non-disclosure, misrepresentation, fraud and/or breach of the provisions of this Policy does not operate as a waiver of any of our rights under this Policy or at law, nor are We thus prevented from relying on any of Our rights under this Policy or at law.

7. Assignment

You and the Insured Person(s) do not have the right to assign this Policy or any insurance coverage effected under this Policy.

8. Variation of Provisions

We may add to or vary, from time to time, the provisions of this Policy by giving you 30 days' prior written notice of Our intention.

9. The Contracts (Rights of Third Parties) Act 2001

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

10. Treatment of Unclaimed Monies

The Company shall take all reasonable steps to notify and/or return any monies or premiums due under the Policy (other then monies due pursuant to a valid claim which shall be paid in accordance with the Company's existing claims process) to the Assured or such proper claimant (as applicable) based on the Company's records. If our attempts to return the monies are unsuccessful or if our cheques are not presented for payment after a period of six (6) years from the date of payment due, you shall have no further claim against such monies and we shall no longer be liable to you.

11. Free-Look Period

Within fourteen (14) days of receiving the Policy, you may write to us to cancel the Policy. We will refund the premiums you paid (without interest) after deducting any expenses incurred in issuing the Policy and any claims paid out after we have received the original Policy for cancellation.

If the Policy was sent to you by post, you are considered to have received it seven (7) days after posting. This option of free-look shall not apply to renewals of your policy with us.

SINGAPORE LIFE LTD

MYBENEFITS PLUS GROUP PERSONAL ACCIDENT

SCHEDULE OF INDEMNITIES

		Percentage of Sum Assured (%)
1.	Death	100
2.	Total and Permanent Disability	150
3.	Any other injuries resulting in total paralysis or in being permanently bedridden	150
4.	A. Total and irrecoverable loss of sight of both eyes	150
	B. Total and irrecoverable loss of sight of one eye	100
	C. Irrecoverable loss of sight except for perception of light of one eye, each	50
	D. Total and irreplaceable loss of lens of one eye, each	50
5.	Loss of two limbs	150
6.	Loss of one limb	125
7.	Loss of one limb and loss of sight of one eye	150
8.	A. Loss of four fingers and thumb of one hand	50
	B. Loss of four fingers	40
	C. Loss of thumb	
	- both phalanges	25
	- one phalanx	10
	D. Loss of index finger	
	- three phalanges	15
	- two phalanges	8
	- one phalanx	4
	E. Loss of middle finger	
	- three phalanges	10
	- two phalanges	4
	- one phalanx	2
	F. Loss of ring finger	
	- three phalanges	10
	- two phalanges	4
	- one phalanx	2
	G. Loss of little finger	
	- three phalanges	7
	- two phalanges	3
	- one phalanx	2
9.	A. Loss of all toes of one foot	17
	B. Loss of great toe - one or two phalanges	5
	C. Loss of toes other than the great toe, if more than one toe is lost, each	3
10.	Loss of hearing (excluding Noise-Induced Deafness)	
	A. Both ears	75
	B. One ear	15

SCHEDULE OF INDEMNITIES

11.	Loss of speech		50
12.	Loss of speech and hearing		100
13.	Third Degree Burns Area		
	Area	Damage as a percentage of total body surface area	
	Head	equals to or greater than 2% but less than 5%	50
		equals to or greater than 5% but less than 8%	75
		equals to or greater than 8%	100
	Body	equals to or greater than 10% but less than 15%	50
		equals to or greater than 15% but less than 20%	75
		equals to or greater than 20%	100