





PrimeShield Alteration Form

Warning: Under Section 23(5) of the Insurance Act 1966 (or any other future amendments to it), you must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise, the insurance policy may not be valid.

Section A: Policyholder's details (This section must be completed)

 Important Notes: You may update your contact details and access your policy information via My Income customer portal at income.com.sg/account . If your contact details are not updated prior to the submission of this application, any correspondences will be sent to your address, contact number and/or email address in our records.		
Full Name (as in NRIC/Long-Term Pass)	NRIC number/FIN	Policy number
Country of residence	Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (please give details): _____ <input type="checkbox"/> Others (please give details): _____	
Occupation	Name of organisation	

Section B: Details on Alterations (This section must be completed)

 Important Notes: 1. Changes can only be approved; i) If the policy duration is less than 2 years from policy inception; ii) If you submit this Alteration form before age 65; and iii) If you are applying for an increase in your monthly disability benefit amount, the increased monthly disability benefit amount does not exceed 2 times your initial monthly disability benefit amount for the above policy. 2. The increase or decrease of monthly disability benefit amount will be effective from the next renewal date. 3. Your new premium is based on your age last birthday, at the next renewal. Your premium payment term will remain unchanged. 4. Existing payment mode will apply. If you wish to change, please complete the Change of Premium Payment Method Form. 5. To pay the premium for PrimeShield, the maximum MediSave deduction is \$600 for each life to be insured in each calendar year only. You will have to pay any remaining premium amount by cash. 6. Your advisor is not allowed to collect any cash from you. All references to 'cash' payment in this and subsequent forms/notices refer to payments to be made to us via our ePayment services. Please make payment using these ePayment services. We will be sending you an SMS acknowledgement or official receipt once we have processed your application. Please call our hotline at 6788 1777 or send an email to csquery@income.com.sg if you did not receive any SMS acknowledgement or official receipt within five working days. For future payments we encourage you to pay via GIRO. You may refer to income.com.sg/ppm for the full list of payment methods accepted by us.	
<input type="checkbox"/> Decrease monthly disability benefit amount to \$ _____ (please proceed to Section D, E and F)	<input type="checkbox"/> Increase monthly disability benefit amount to \$ _____ (please proceed to Section C, D, E and F)

Section C: Health questionnaire

Please answer all the questions and provide details where applicable. Please attach a copy of medical report(s), if available.	
1. Please state your height and weight.	_____ metres (m) _____ kilograms (kg)
2. Have you ever had or been told that you have or been treated for: cancer, diabetes, stroke, heart disease, kidney disease, liver disease, lung disease, dementia, Parkinson's disease, multiple sclerosis, motor neurone disease, AIDS or HIV infection, arthritis or paralysis, or any other medical conditions not mentioned here? (If 'Yes', please provide details including exact diagnosis; date of onset; types of investigations done and the results; medications that you are taking; date of last consultation; name of attending doctor, clinic or hospital etc. Please furnish a copy of medical report(s), if available.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you need any help from another person or mechanical aids such as a cane, crutches, wheelchair or walker to carry out your daily activities such as washing (bathing), dressing, feeding (eating), walking, transferring from bed to chair, and using the toilet? (If 'Yes', please provide details including which activities of daily living is/are affected.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are there any day-to-day activities such as doing housework, preparing meals, shopping, using public transport, or any hobby which you have stopped doing in the last year due to your health conditions? (If 'Yes', please provide details.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Important Notes:**

For Singapore Citizens and Permanent Residents of Singapore:

- You need to disclose the result of a diagnostic genetic test done (i.e. test to confirm or rule out a diagnosis when you have symptoms).
- You do not need to disclose the result of a:
 - ✓ predictive genetic test (test done when you have no symptoms of a genetic disorder) such as Huntington’s disease (HTT), BRCA1 and BRCA2 unless your total coverage for a specific benefit exceeds the limits as set out in questions 5a.
 - ✓ genetic test obtained from Biomedical Research or Direct-to-Consumer (genetic test provided to consumer directly by manufacturer or supplier of the test).
- If a genetic test result is negative, we may take it into account to consider better underwriting terms.

5a. Is your total Long Term Care coverage with Income Insurance and other insurers more than S\$3,000 per month? If yes, please answer Question 5b.	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

5b. Have you undergone a genetic test for Huntington’s disease? If yes, please provide details below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Reasons for test	
Date of test	
Test results	

If you answered “Yes” to any of the above medical questions, please provide the details in the space below:

- When was the condition diagnosed.
- Medication that you are taking, if any.
- Date of your last consultation.
- Name and address of the doctor, clinic or hospital treating you for each condition declared above.

Question number	Health details

Section D: Personal Data Use Statement

By providing the information and submitting this application or transaction, I consent and agree to Income Insurance Limited (“Income Insurance”), its representatives, agents, relevant third parties (referred to in Income Insurance’s Privacy Policy at income.com.sg/privacy-policy), Income Insurance’s appointed insurance intermediaries and their respective third party service providers and representatives (collectively “Income Insurance Parties”) to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my health or financial situation (collectively “personal data”) for the purposes of processing and administering my insurance application or transaction, managing my relationship and policies with Income Insurance including providing me with financial advice/financial planning services, sending me corporate communication and information on products and/or services related to my ongoing relationship with Income Insurance, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income Insurance, its affiliates, business partners and/or NTUC Enterprise group of social enterprises (“NE Group”) where required for Income Insurance, its affiliates, business partners and/or NE Group, to develop, improve and/or customise their products/services and/or to provide me with their respective products/services, and in the manner and for other purposes described in Income Insurance’s Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family member, employee, payee/payor or beneficiary) is provided by me (whether in this or subsequent submissions) or from other sources to Income Insurance Parties, I represent and warrant that:

- I have obtained their consent for the collection, use and disclosure of their personal data; and
- I am authorised to give any authorisation and approval on their behalf,

for the purposes as set out in this Personal Data Use Statement.

I agree that if my policy(ies) premiums are paid by third-party payor(s), I consent to the use and disclosure of my relevant policy(ies) information including the insured’s name, by Income Insurance to such third-party payor(s) for the purposes of processing and/or administering premiums payments for my policy(ies).

Please refer to Income Insurance’s Privacy Policy (income.com.sg/privacy-policy) for more information, including access and correction to personal data and consent withdrawal. I agree and understand that Income Insurance’s Privacy Policy available on its website may be amended, supplemented and/or substituted by Income Insurance from time to time.

Section E: Declarations (This section must be completed)

1. I cannot alter any of the wordings in this application form. Any attempt to do so will have no effect.
2. I wish to change the above policy according to the above request(s). I understand and agree that the changes:
 - a. may require medical evidence and I will pay any costs involved in providing the medical evidence you need;
 - b. are subject to Income Insurance's underwriting and acceptance;
 - c. if accepted, may be subject to terms, conditions and exclusions imposed by Income Insurance;
 - d. will take effect only when Income Insurance accepts and approves my request(s) and notifies me in writing of the effective date of the change(s) and provided that I have paid the premiums (and interest, if applicable) in full.
3. I agree to give you all significant and material information about my state of health from the date I signed this Alteration Form, up till the start of my altered policy that may influence your decision whether to accept or impose any further terms under the policy. This includes any facts I may not be sure is significant or material, and any information I have given to my advisor but was not included in this application. If I fail to give you the material information or misrepresent any such information, you may:
 - a. declare the policy as void from the start date of the altered policy;
 - b. end the policy and not pay any benefits; or
 - c. add extra terms and conditions to the policy.
4. I declare that the answers given in this application are true, correct and complete. I accept full responsibility for them, whether written by me or by anyone else on my behalf. I have not withheld any material information. If it is discovered later that material information is not disclosed in this form, I will not be entitled to rely on the defence that the information was disclosed for or in the records of other policies with Income Insurance. I agree that this application and other written answers, statements, information or declarations I have made or which have been made on my behalf will form the basis of the contract of insurance between the policyholder and Income Insurance. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.
5. I confirm that there has been no change in the information provided about me since the completion of the application and all additional declarations made in connection with the application. I will notify Income Insurance immediately if there is any change in the information provided about me such as any change in the state of health, financial information, any concurrent insurance policy applications with other insurers or if I plan to seek medical consultation, investigation, or treatment between the date of this application and the date this policy is in force. I am aware that Income Insurance may add special terms to the policy or declare the policy as void according to the information provided or if I fail to notify Income Insurance of any change in my information.
6. I am aware that a copy of this completed application will be provided upon my request to Income Insurance.
7. I am aware that I can refer to the specimen of the standard terms, conditions and exclusions of this plan to be issued at income.com.sg.
8. I agree that Income Insurance's legal responsibility will only begin when Income Insurance accepts this application and I have paid the first premium. The start date of the plan will be shown in the Policy Schedule.
9. I have confirmed that I am not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against me. If I am an undischarged bankrupt or a bankruptcy application has been made against me, I understand that this may also be taken into consideration by Income Insurance whether to accept this application.
10. I agree that the policy is issued as a Singapore Policy and agree that the policy will be entered in the Register of the Singapore policies.
11. I confirm:
 - a. that I understand and agree to the collection, use and disclosure of my personal data as stated in the "Personal Data Use Statement" (PDUS);
 - b. on the representation and warranty made in the PDUS.
12. For the purpose of this application, I authorise, consent and agree to:
 - a. the medical source, insurance office, reinsurer, organisation to release to Income Insurance any medical or relevant information to do with me or the Insured whether Income Insurance accepts this application or not;
 - b. Income Insurance and its relevant third parties stated in Income Insurance's Privacy Policy to collect from, use and/or disclose to any medical source, insurance office, reinsurer, or organisation any medical or relevant information to do with me or the Insured; and
 - c. Income Insurance or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income Insurance to underwrite and evaluate me or the Insured's health status or condition in relation to this application.
 I agree that a copy of this authorisation is valid and binding as an original copy.
13. I am aware that I can ask for a copy of Your Guide to Health Insurance from my advisor. Or, I can download one at income.com.sg.
14. I understand that I may receive correspondences for this application and my policy documents electronically (collectively "policy e-document"). I agree that Income Insurance can notify me by email or SMS to retrieve and read my policy e-documents via secure online access.
15. I understand that the policy e-documents are considered delivered and received, upon my receipt of your SMS or email notification on the availability of the policy e-documents via secure online access.
16. I agree that Income Insurance will not be responsible to me (or any other person) if I fail to:
 - a. provide Income Insurance my correct email address or mobile number;
 - b. inform Income Insurance of any update or change to my email address or mobile number; or
 - c. keep the password to access the policy e-documents confidential.
17. Where applicable, I further authorise, consent and agree to Income Insurance disclosing my personal data to the Government of Singapore and statutory boards and organisations approved by the Government of Singapore, for the purpose of determining my suitability and eligibility for public schemes (including, without limitation, schemes relating to healthcare, aged care, disability, social assistance, financial assistance, retirement, savings, insurance and/or disability insurance) when required.
18. I understand that the policy does not cover any pre-existing illness, disease or condition which the Life to be Insured may have suffered from before the start date of the policy to be issued.
19. I have fully read through the contents of the product summary and I understand them.
20. I can ask for advice from an advisor before I sign this application. I will make sure that this product is appropriate to my financial needs and insurance aims (this applies if the application is performed with no advice from an advisor).
21. This application is governed by and interpreted according to the laws of the Republic of Singapore.
22. I agree that if I or any #Relevant Person is found to be a +Prohibited Person:
 - a. Income Insurance is entitled not to accept this application; and
 - b. if any policy is issued, Income Insurance is entitled to end this policy, not pay any benefit or not allow any transaction, such as surrender and assignment, to be carried out under this policy. You will not refund any unutilised premium when this policy is ended.
 Income Insurance's decision in every respect of the above will be final. I will inform Income Insurance immediately if there is any change in my or any Relevant Person's identity, status or identity documents.
 # Relevant Person includes insured, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of this application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.
 + Prohibited Person means a person or entity who is, or who is ^Related to a person or entity:
 - i. subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict you from providing insurance or carrying out any transaction under this policy, or
 - ii. who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.
 ^ Related includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.
23. I agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

WARNING:

I agree that if I do not reveal any significant facts in this application (which would have affected Income Insurance's decision to accept my application on standard terms), any policy issued may be invalid. This includes any facts I may not be sure is significant, and any information I have given to my advisor but was not included in the application.

Signature of policyholder	Date (dd/mm/yyyy)
---------------------------	-------------------

Section F: Product summary

Declaration

I agree that the contents of the product summary have been explained to me to my satisfaction by my advisor. I have fully read through the contents of the product summary and I understand them.

Full name of policyholder (as in NRIC/Long-Term Pass)	Signature and date (dd/mm/yyyy)
Full name of advisor (as in NRIC)	Signature and date (dd/mm/yyyy)

Product summary – PrimeShield

Product information

PrimeShield is an insurance plan which pays you a monthly sum if you become severely disabled. It is designed to work alongside Basic ElderShield and provides extra benefits to meet the needs of those who would like more cover.

As an example, we are using PrimeShield at a benefit level of \$1,000.

PrimeShield for policyholders under Basic ElderShield 300

Cover	Basic ElderShield 300 only	Basic ElderShield 300 and PrimeShield 1,000
Monthly disability benefit	\$300 for 60 months	\$1,000 (see note 1)
Lump-sum benefit	Nil	\$3,000 one-time payment
Dependant care benefit	Nil	\$250 for up to 36 months
Get-well benefit or death benefit	Nil	\$3,000 one-time payment
Total payout	\$18,000	Payout as long as you suffer from severe disability

Note 1: For the first 60 months - \$300 for Basic ElderShield and \$700 for PrimeShield.
From 61st month onwards - \$1,000 for PrimeShield.

PrimeShield for policyholders under Basic ElderShield 400

Cover	Basic ElderShield 400 only	Basic ElderShield 400 and PrimeShield 1,000
Monthly disability benefit	\$400 for 72 months	\$1,000 (see note 2)
Lump-sum benefit	Nil	\$3,000 one-time payment
Dependant care benefit	Nil	\$250 for up to 36 months
Get-well benefit or death benefit	Nil	\$3,000 one-time payment
Total payout	\$28,800	Payout as long as you suffer from severe disability

Note 2: For the first 72 months - \$400 for Basic ElderShield and \$600 for PrimeShield.
From 73rd month onwards - \$1,000 for PrimeShield.

PrimeShield provides the following benefits if you are certified to be severely disabled by a qualified assessor from the panel that we have appointed.

You can only buy PrimeShield if you have an existing Basic ElderShield plan.

Benefits we will pay

1. Lump-sum benefit

We will pay a one-time lump-sum benefit which is three times your monthly disability benefit. If you recover from the severe disability after we have paid this benefit but then become severely disabled again, you are not entitled to this benefit again.

2. Monthly disability benefit

We will pay a monthly disability benefit as well as the monthly payout under your Basic ElderShield plan. This monthly disability benefit continues even after your Basic ElderShield plan has been fully paid out, as long as you are still severely disabled. We will pay the first monthly disability benefit on the day immediately after the deferment period. We will then pay it on the same day every month. The deferment period is a 90-day period from the claim date.

The monthly disability benefit we will pay depends on the type of Basic ElderShield plan you own at the start date of your cover under PrimeShield.

This benefit ends immediately on the date you recover from the severe disability or die (as the case may be). If you have recovered but become severely disabled again, you are entitled to a further payment of this benefit.

3. Dependant care benefit

If you have at least one child who has not reached the age of 21 and you become severely disabled, we will pay a dependant care benefit which is 25% of your monthly disability benefit. We will pay this benefit to you every month for up to 36 months in your lifetime.

This benefit ends immediately on the date you recover from the severe disability or die (as the case may be). If you have recovered but become severely disabled again, you are entitled to a further payment of this benefit as long as we have not paid you this benefit for more than 36 months in your lifetime.

4. Get-well or death benefit

We will pay a get-well or death benefit which is three times your monthly disability benefit as a one-time payment if:

- you recover from the severe disability while receiving the monthly disability benefit under this policy; or
- you die while receiving the monthly disability benefit under this policy.

If you have recovered and received the get-well benefit but become severely disabled again or die, you (or your beneficiaries) are not entitled to a further payment of this benefit.

Definition of severe disability or severely disabled

Severe disability or severely disabled means your inability to perform at least three of the following activities of daily living, even with the aid of special equipment, and always to require the physical assistance of another person throughout the entire activity.

The assessment and the definition of activities of daily living are the same for Basic ElderShield plan.

- Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash by other means.
- Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical or medical appliances.
- Feeding – the ability to feed oneself food after it has been prepared and made available.
- Toileting – the ability to use the lavatory or manage bowel and bladder function through the use of

protective undergarments or surgical appliances if appropriate.

- Mobility – the ability to move indoors from room to room on level surfaces.
- Transferring – the ability to move from a bed to an upright chair or wheelchair, and vice versa.

PrimeShield 300 yearly premium rates table (Premiums include GST.)

Entry age last birthday	Paid until you reach	Monthly disability benefit													
		Male													
		500	600	700	800	900	1000	1100	1200	1300	1400	1500	2000	2500	3000
40	65	270.36	331.38	391.38	452.40	513.42	573.42	634.44	695.46	756.48	816.48	877.50	1181.58	1484.64	1788.72
41	65	282.38	346.66	410.94	475.32	539.60	603.88	668.26	732.54	796.82	861.10	925.48	1246.98	1568.58	1890.08
42	65	295.42	364.08	431.72	500.38	567.92	636.58	704.22	772.88	840.42	909.08	976.72	1317.88	1659.04	1999.08
43	65	309.58	382.62	454.54	527.58	599.50	671.52	744.56	816.48	888.40	961.44	1033.36	1395.20	1757.14	2118.98
44	65	325.98	403.30	479.60	557.02	633.32	710.74	787.04	864.46	941.78	1018.08	1095.50	1480.26	1865.02	2249.78
45	65	343.40	425.10	506.90	588.60	671.52	753.22	835.02	916.72	998.52	1081.34	1163.04	1572.96	1982.78	2392.60
46	65	361.94	450.26	537.46	624.66	711.86	800.08	887.28	974.48	1062.80	1150.00	1237.20	1674.32	2112.46	2549.58
47	66	370.60	461.16	551.62	643.10	733.66	824.12	914.58	1005.04	1095.50	1185.96	1276.42	1729.84	2182.24	2635.66
48	67	380.48	474.20	567.92	661.64	755.46	849.18	942.90	1036.62	1130.34	1224.16	1317.88	1786.58	2255.28	2725.00
49	68	389.14	486.22	584.32	681.30	778.28	875.36	972.34	1069.32	1166.30	1263.38	1361.48	1846.48	2332.60	2818.82
50	69	399.02	500.38	600.62	701.98	802.32	902.56	1003.92	1104.26	1204.50	1305.86	1406.10	1909.74	2413.28	2916.92
51	70	409.92	514.54	619.16	723.78	827.38	932.00	1036.62	1141.24	1244.84	1349.46	1454.08	1976.26	2498.34	3019.30
52	71	421.84	529.82	637.70	746.70	854.58	962.56	1071.56	1179.44	1287.32	1396.32	1504.20	2045.94	2587.68	3129.42
53	72	432.74	546.12	658.38	770.64	882.90	995.26	1108.54	1220.80	1333.16	1445.42	1557.68	2120.10	2682.52	3244.94
54	73	445.88	562.52	680.18	796.82	913.46	1030.10	1147.86	1264.40	1381.04	1497.68	1615.44	2199.66	2783.88	3368.10
55	74	460.04	582.08	703.10	825.14	946.16	1068.20	1189.22	1311.36	1432.28	1554.42	1676.46	2283.60	2891.86	3500.02
56	75	475.32	601.74	728.16	854.58	981.00	1108.54	1235.06	1361.48	1487.90	1615.44	1741.86	2375.18	3008.40	3641.72
57	76	490.50	623.54	755.46	887.28	1019.20	1151.12	1284.06	1415.98	1547.80	1679.72	1812.76	2473.28	3133.80	3794.32
58	77	509.04	646.46	784.80	922.22	1060.66	1199.00	1336.42	1474.86	1613.20	1750.62	1889.06	2579.02	3268.98	3958.94
59	78	527.58	672.54	816.48	961.44	1105.28	1250.24	1394.18	1539.14	1682.98	1827.94	1971.88	2694.54	3417.20	4138.74
60	79	549.38	700.96	852.44	1003.92	1155.40	1306.98	1458.46	1609.94	1761.52	1913.00	2064.48	2820.96	3578.56	4336.06
61	80	572.30	731.42	890.54	1049.76	1208.88	1368.00	1527.12	1686.24	1845.46	2004.58	2163.70	2960.52	3756.22	4551.92
62	81	598.48	766.36	933.12	1100.90	1268.78	1436.66	1603.42	1771.30	1939.18	2107.06	2273.82	3112.00	3950.18	4788.46
63	82	626.80	803.34	981.00	1157.64	1334.18	1510.82	1688.48	1865.02	2041.66	2218.20	2395.86	3279.88	4163.80	5047.82
64	83	658.38	845.92	1032.24	1219.78	1407.22	1593.64	1781.08	1968.62	2154.94	2342.48	2529.92	3465.18	4400.34	5336.72

PrimeShield 300 yearly premium rates table (Premiums include GST.)

Entry age last birthday	Paid until you reach	Monthly disability benefit													
		Female													
		500	600	700	800	900	1000	1100	1200	1300	1400	1500	2000	2500	3000
40	65	340.14	418.58	497.12	576.68	655.12	733.66	812.10	891.66	970.10	1048.64	1127.08	1520.60	1914.12	2307.54
41	65	356.44	439.36	523.20	606.12	690.06	772.88	856.82	939.64	1023.58	1106.40	1190.34	1606.68	2023.12	2439.46
42	65	373.96	462.18	550.50	638.82	727.04	815.36	904.70	993.02	1081.34	1169.66	1257.88	1699.38	2140.78	2583.30
43	65	393.52	487.24	581.06	674.78	768.50	862.22	955.94	1049.76	1143.48	1237.20	1332.04	1800.74	2269.44	2739.26
44	65	414.20	514.54	613.76	714.00	813.22	913.46	1012.68	1112.92	1212.14	1312.38	1412.72	1910.86	2410.02	2909.28
45	65	437.12	543.98	649.72	756.48	862.22	969.08	1075.84	1181.58	1288.44	1394.18	1500.94	2031.78	2563.74	3095.60
46	65	462.18	576.68	690.06	803.34	916.72	1030.10	1143.48	1257.88	1371.26	1484.64	1598.02	2165.84	2733.76	3300.56
47	66	474.20	591.96	709.62	826.26	944.02	1061.68	1178.32	1296.08	1413.74	1531.50	1648.14	2235.62	2823.10	3409.56
48	67	486.22	608.26	729.28	850.20	972.34	1093.36	1215.40	1336.42	1458.46	1579.48	1700.40	2307.54	2915.80	3522.94
49	68	499.26	624.66	749.96	875.36	1001.78	1127.08	1252.48	1377.78	1504.20	1629.60	1754.90	2382.82	3011.76	3639.58
50	69	512.30	642.08	771.76	901.44	1032.24	1162.02	1291.70	1421.38	1552.18	1681.96	1811.64	2461.26	3110.88	3761.62
51	70	525.44	660.62	794.68	928.74	1063.92	1197.98	1333.16	1467.22	1601.28	1736.46	1870.52	2543.06	3215.50	3888.04
52	71	539.60	679.16	818.62	958.18	1096.62	1236.08	1375.64	1515.10	1653.54	1793.10	1932.66	2629.14	3325.62	4021.08
53	72	554.88	699.84	843.68	987.62	1132.58	1276.42	1420.36	1565.32	1709.16	1853.00	1998.06	2719.60	3440.12	4161.66
54	73	571.18	720.52	869.86	1020.32	1169.66	1318.90	1468.24	1617.58	1768.04	1917.38	2066.72	2814.44	3562.16	4309.88
55	74	588.60	743.44	899.30	1054.04	1208.88	1364.74	1519.48	1674.32	1830.18	1984.92	2139.76	2915.80	3691.84	4467.98
56	75	607.14	768.50	928.74	1090.00	1251.36	1412.72	1573.98	1735.34	1896.60	2056.84	2218.20	3024.80	3830.28	4635.86
57	76	626.80	794.68	962.56	1129.32	1297.10	1464.98	1632.86	1800.74	1967.50	2135.38	2303.26	3141.44	3979.62	4817.80
58	77	648.60	823.00	998.52	1172.92	1347.32	1521.72	1697.14	1871.54	2045.94	2220.34	2395.86	3268.98	4142.00	5015.12
59	78	672.54	855.70	1037.74	1219.78	1402.84	1584.88	1766.92	1950.08	2132.12	2314.16	2497.22	3408.44	4320.78	5232.00
60	79	699.84	890.54	1082.46	1273.16	1463.96	1654.66	1845.46	2036.16	2226.96	2417.66	2609.48	3563.28	4518.10	5471.80
61	80	730.30	930.88	1130.34	1330.92	1531.50	1732.08	1932.66	2132.12	2332.60	2533.18	2733.76	3735.44	4736.10	5737.78
62	81	764.12	974.48	1185.96	1396.32	1606.68	1818.16	2028.52	2240.00	2450.36	2661.84	2872.20	3926.24	4980.28	6034.32
63	82	802.32	1024.60	1246.98	1469.36	1691.74	1915.14	2137.52	2359.90	2582.28	2804.66	3028.06	4140.98	5253.80	6366.72
64	83	844.80	1080.22	1315.64	1552.18	1787.60	2024.14	2259.66	2495.08	2731.62	2967.04	3202.46	4381.80	5561.24	6740.58

PrimeShield 400 yearly premium rates table (Premiums include GST.)

Entry age last birthday	Paid until you reach	Monthly disability benefit													
		Male													
		500	600	700	800	900	1000	1100	1200	1300	1400	1500	2000	2500	3000
40	65	221.36	282.38	342.28	403.30	464.42	524.32	585.34	646.46	707.48	767.38	828.40	1132.58	1435.54	1739.72
41	65	230.02	294.30	358.68	422.96	487.24	551.62	615.90	680.18	744.56	808.84	873.12	1194.72	1516.22	1837.82
42	65	240.92	308.56	377.22	444.76	513.42	581.06	649.72	717.26	785.92	853.56	922.22	1262.26	1603.42	1944.58
43	65	251.82	323.74	395.76	468.70	540.72	612.64	685.68	757.60	830.64	902.56	974.48	1336.42	1698.26	2060.10
44	65	262.72	340.14	417.56	493.86	571.18	647.48	724.90	802.32	878.62	955.94	1032.24	1417.00	1801.86	2186.62
45	65	276.88	358.68	440.38	522.18	603.88	686.70	768.50	850.20	932.00	1013.70	1096.62	1506.44	1916.26	2326.08
46	65	291.04	378.24	465.44	553.76	640.96	728.16	815.36	903.68	990.88	1078.08	1166.30	1603.42	2040.54	2478.68
47	66	296.54	387.00	477.46	569.04	659.50	749.96	840.42	930.88	1021.34	1111.80	1202.36	1655.78	2108.08	2561.50
48	67	303.06	396.78	490.50	584.32	678.04	771.76	865.48	959.20	1053.02	1146.74	1240.46	1710.28	2178.98	2647.68
49	68	309.58	406.66	503.64	600.62	698.72	795.70	892.78	989.76	1086.74	1183.82	1280.80	1766.92	2253.04	2738.14
50	69	316.10	417.56	517.80	618.04	719.40	819.74	921.10	1021.34	1121.68	1223.04	1323.28	1826.92	2330.46	2832.98
51	70	323.74	428.46	533.08	636.58	741.20	845.92	950.54	1054.04	1158.76	1263.38	1368.00	1890.08	2412.26	2933.22
52	71	331.38	440.38	548.36	656.24	765.24	873.12	981.00	1090.00	1197.98	1306.98	1414.86	1956.60	2498.34	3038.96
53	72	340.14	452.40	564.66	676.92	790.30	902.56	1014.82	1127.08	1239.34	1351.60	1464.98	2026.38	2588.80	3151.22
54	73	348.80	465.44	582.08	699.84	816.48	933.12	1049.76	1167.42	1284.06	1400.70	1517.34	2101.56	2686.90	3271.12
55	74	358.68	479.60	601.74	723.78	844.80	966.84	1087.86	1209.90	1330.92	1453.06	1573.98	2182.24	2790.40	3398.66
56	75	368.46	496.00	622.42	748.84	875.36	1001.78	1129.32	1255.74	1382.16	1508.58	1635.00	2269.44	2902.76	3535.98
57	76	380.48	512.30	644.22	776.14	909.08	1041.00	1172.92	1304.74	1436.66	1569.60	1701.52	2362.04	3022.66	3683.18
58	77	392.40	530.84	668.26	806.60	945.04	1082.46	1220.80	1358.22	1496.66	1635.00	1772.42	2462.38	3153.46	3843.42
59	78	406.66	550.50	695.46	839.30	984.36	1128.20	1273.16	1417.00	1562.06	1705.90	1850.86	2572.40	3295.16	4017.82
60	79	420.82	572.30	723.78	875.36	1026.84	1178.32	1329.80	1481.38	1632.86	1784.34	1935.92	2693.42	3451.02	4208.52
61	80	438.24	597.36	756.48	915.60	1074.82	1233.94	1393.06	1552.18	1711.30	1870.52	2029.64	2825.34	3621.04	4416.74
62	81	456.78	623.54	791.42	959.20	1127.08	1293.84	1461.72	1629.60	1797.48	1964.24	2132.12	2970.30	3807.46	4645.64
63	82	476.34	652.98	830.64	1007.18	1183.82	1360.36	1538.02	1714.66	1891.20	2067.74	2245.40	3129.42	4013.44	4898.48
64	83	499.26	686.70	873.12	1060.66	1246.98	1434.52	1621.96	1808.38	1995.82	2183.36	2369.68	3306.06	4241.22	5176.48

PrimeShield 400 yearly premium rates table (Premiums include GST.)

Entry age last birthday	Paid until you reach	Monthly disability benefit													
		Female													
		500	600	700	800	900	1000	1100	1200	1300	1400	1500	2000	2500	3000
40	65	278.00	356.44	434.98	514.54	592.98	671.52	749.96	829.52	908.06	986.50	1064.94	1458.46	1851.98	2245.40
41	65	291.04	373.96	456.78	540.72	623.54	707.48	790.30	874.24	957.06	1041.00	1123.82	1540.26	1957.72	2374.06
42	65	304.18	392.40	480.72	569.04	657.36	745.58	833.90	922.22	1011.56	1099.88	1188.10	1629.60	2071.00	2513.62
43	65	319.46	413.18	506.90	600.62	694.34	788.16	881.88	975.60	1069.32	1163.04	1256.86	1726.58	2195.28	2663.98
44	65	334.64	434.98	535.22	634.44	734.68	833.90	934.14	1033.36	1133.60	1232.82	1333.16	1832.32	2330.46	2829.72
45	65	353.18	458.92	565.78	671.52	778.28	884.02	990.88	1097.64	1203.38	1310.24	1415.98	1947.84	2479.80	3011.76
46	65	372.84	486.22	599.50	712.88	826.26	939.64	1054.04	1167.42	1280.80	1394.18	1507.56	2075.38	2643.30	3211.22
47	66	380.48	498.14	615.90	732.54	850.20	967.96	1085.72	1202.36	1320.02	1437.78	1554.42	2141.90	2729.38	3315.84
48	67	389.14	511.28	632.20	753.22	875.36	996.28	1118.42	1239.34	1361.48	1482.40	1603.42	2210.56	2818.82	3425.96
49	68	399.02	524.32	649.72	775.02	900.42	1026.84	1152.14	1277.54	1402.84	1529.36	1654.66	2282.48	2910.30	3539.24
50	69	407.68	537.46	668.26	797.94	927.62	1057.30	1188.10	1317.88	1447.56	1577.24	1707.02	2357.76	3007.38	3657.00
51	70	417.56	551.62	686.70	820.86	955.94	1090.00	1225.18	1359.24	1493.30	1628.48	1762.54	2435.08	3107.62	3780.16
52	71	428.46	566.80	706.36	845.92	985.38	1123.82	1263.38	1402.84	1542.40	1680.84	1820.30	2516.88	3213.36	3908.82
53	72	439.36	583.20	727.04	872.00	1015.94	1159.78	1304.74	1448.68	1592.52	1737.48	1881.42	2602.96	3323.48	4045.02
54	73	450.26	599.50	749.96	899.30	1048.64	1197.98	1347.32	1496.66	1647.02	1796.36	1945.70	2693.42	3441.14	4188.96
55	74	462.18	618.04	772.88	927.62	1083.48	1238.32	1394.18	1548.92	1703.76	1859.62	2014.36	2790.40	3565.42	4341.56
56	75	476.34	636.58	797.94	959.20	1120.56	1281.92	1443.18	1604.54	1764.78	1926.04	2087.40	2894.00	3699.48	4505.06
57	76	490.50	658.38	825.14	993.02	1160.90	1328.78	1496.66	1663.42	1831.20	1999.08	2166.96	3005.14	3843.42	4681.60
58	77	505.78	681.30	855.70	1030.10	1204.50	1380.02	1554.42	1728.82	1903.22	2078.64	2253.04	3126.16	3999.28	4873.42
59	78	524.32	706.36	888.40	1071.56	1253.50	1435.54	1618.70	1800.74	1982.78	2165.84	2347.88	3259.10	4171.44	5083.78
60	79	543.98	734.68	925.48	1116.18	1306.98	1497.68	1689.50	1880.30	2071.00	2261.80	2452.50	3407.42	4361.12	5315.94
61	80	565.78	766.36	966.84	1166.30	1366.88	1567.46	1768.04	1967.50	2168.08	2368.66	2569.14	3570.92	4572.60	5574.28
62	81	590.84	801.20	1012.68	1223.04	1433.40	1644.88	1855.24	2066.72	2277.08	2487.44	2698.92	3752.96	4806.90	5860.94
63	82	618.04	840.42	1063.92	1286.20	1508.58	1730.96	1954.46	2176.74	2399.12	2621.50	2843.88	3956.70	5070.74	6183.66
64	83	649.72	885.14	1121.68	1357.10	1593.64	1829.06	2064.48	2301.02	2536.44	2771.96	3008.40	4186.72	5366.16	6545.50

The Total Distribution Cost of this product is 50.8% of the premium for first year, 13.8% of the premium for second year and 6.9% of the premiums for third to sixth year. Total Distribution Cost is each year's expected distribution-related costs, without interest. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.

The product conditions – what you need to know

This is only a brief summary of the product. Please read the policy contract for the actual terms, conditions and exclusions of this product. Please contact your advisor if you have more questions.

Lifetime cover

We guarantee to provide cover under your policy for your lifetime. We will not end your policy for any reason other than those shown in the clause on ending the policy and the clause on the waiting period.

Premium

The premium that you have to pay us to receive the benefits is shown in the premium rates table. You must pay the premium every year up to the age shown in the premium rates table. You may choose to either pay the premium using a MediSave account, up to a limit of \$600 a calendar year in line with the Central Provident Fund Act 1953 and its Regulations, or in cash, or both.

You can pay the premium, or any part of it, using cash if the premium due is more than the maximum amount which is allowed to be taken from your MediSave account or there are not enough funds in your MediSave account to pay the premium due.

The premium that you pay for this policy can change. If we change the premium for your policy, we will write to you at your last-known address. We will do this at least 30 days before the change is to take place. We will tell you what your new premium will be.

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

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

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

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

Waiver of premium

We will allow you to stop paying premiums if you are severely disabled and eligible to receive benefit payments under your policy. You will have to start paying premiums again after you are no longer severely disabled and benefit payments have ended.

Exclusions

Your policy does not cover any severe disability arising directly or indirectly from:

- deliberately injuring yourself or attempted suicide, whether you are sane or insane;
- war, whether declared or not; or
- alcoholism or drug addiction.

We do not pay any benefit for pre-existing disability or severe disability arising from pre-existing conditions unless you have told us about the pre-existing conditions and we have accepted them before the start date of your cover.

Claim

To claim under your policy, you must complete a claim form and make an appointment for a medical examination by an assessor from the panel we have appointed. A certification report by the assessor that you are suffering from severe disability is a pre-requisite to a successful claim. You will have to pay the costs and expenses of the first medical examination. We will refund you the costs and expenses of the first medical examination if we accept your claim. If the assessor states on the certification report that you need further examination, we will pay the costs and expenses of a further medical examination. We may also ask you to have a further medical examination which we will pay for.

Waiting period

During the first 90 days from the start date of your cover, we do not pay any claim except claims resulting from an accident. If you become severely disabled during this waiting period (other than due to an accident), your policy will end and you will receive a full refund of your premium.

Deferment period

Deferment period means the 90-day period from the claim date (inclusive). We will pay the first benefit payment immediately after the deferment period. We treat the claim date as the date on which your disability is certified (confirmed) by our appointed panel assessor who will assess your ability to carry out the activities of daily living.

Guaranteed renewable

We guarantee to renew your policy every year as long as none of the conditions in the clause on ending the policy apply.

Cancellation

You may cancel your policy by giving us written notice. Your policy will be cancelled from the next renewal date for your policy and there will be no refund of any unused premium.

Ending the policy

This policy will end when:

- you die;
- we do not receive your premium after the grace period of 75 days after the premium due date;
- we receive your written notice to end the policy;
- your Basic ElderShield plan is cancelled, unless your Basic ElderShield plan is cancelled as a result of you having received the last benefit payment under it; or
- you commit any act of fraud or we find out you misrepresented information.

Free-look period

You will have 60 days from the date you receive the policy documents to be sure that you want to keep the policy. If we deliver the policy by email or any other electronic means to you, the 60 days will start 7 days after the date of delivery. If we deliver the policy both by post and email or any other electronic means to you, the 60 days will start 7 days after the date of delivery by post.

During this time, if you choose to cancel the policy, we will refund you the premiums you have paid, less any medical fees and other expenses such as payments for medical check-ups and medical reports incurred by us.

Changes to policy terms or conditions

We may change the benefits, terms, conditions or name of your policy at any time. However, we will write to you at your last- known address at least 30 days before doing so. The change will take effect from the next renewal date.

No cash-in value

This policy has no cash-in value.

Policy Owner's Protection Scheme

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Income Insurance Limited (Income Insurance) or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Disclaimer

This product summary does not form a part of the contract of insurance. It is only meant to be a simplified description of the product features which apply to this plan and does not explain the whole contract. The contents of this product summary may be different from the terms of cover we eventually issue. Please read the policy contract for the precise terms, conditions and exclusions. Only the terms, conditions and exclusions in the policy contract will be enforceable by the policyholder and Income Insurance.