

Singlife Shield Frequently Asked Questions

1 NEW BUSINESS ISSUANCE

1.1 Can I sign up for Singlife Shield if I do not have MediShield Life?

Yes. You are automatically covered for MediShield Life upon insuring for Singlife Shield. The exception is for non-Singaporeans or non-Singapore Permanent Residents who are not eligible for MediShield Life.

1.2 Will my MediShield Life be terminated when I buy Singlife Shield?

Singlife Shield is a MediSave-approved IP plan comprising coverage of the basic MediShield Life component, plus the additional private insurance coverage from Singlife. Hence, Singlife Shield is offered to enhance the benefits of MediShield Life and there will be no termination of MediShield Life. Should there be any special terms imposed, it will be applicable to Singlife Shield only.

Gross premium payable for a MediSave-approved IP is inclusive of MediShield Life's premium. Upon deduction from the MediSave account, CPF will retain the premium for MediShield Life and pay the private insurer the remaining additional coverage premium for Singlife Shield.

1.3 What happens to my IP from another private insurer if I sign up for Singlife Shield?

Your existing IP will be automatically cancelled upon commencement of Singlife Shield. The pro-rated premiums (if any) for the terminated plan will be refunded to your MediSave account.

In order to commence Singlife Shield, the premium has to be successfully deducted from the MediSave account. If the annual premium exceeds the Additional Withdrawal Limits ("AWLs") for Singapore citizens and PRs or MediSave Withdrawal Limits for foreigners, for a MediSave approved IP, or the balance in the MediSave Account is insufficient to pay the full annual premium, you can pay the balance of the annual premium via cash/cheque/GIRO.

1.4 If my spouse and I have existing Singlife Shield policies, do we have to wait until our policy's anniversary date before applying for coverage for our new-born child?

Parents can apply for coverage for the new-born child 15 days after birth or after discharge from hospital, whichever is later.

To sign up for Singlife Shield for your child, you can contact us at 6827 9933 or your Financial Adviser Representative for assistance.

1.5 Can I buy Singlife Shield only for my dependant(s) without getting one for myself?

Yes, you may buy Singlife Shield for your dependant(s) without getting Singlife Shield for yourself. In such cases, you shall be the proposer (assured) and your dependant shall be the life assured who is entitled to Singlife Shield coverage. You can contact us at 6827 9933 or your Financial Adviser Representative for assistance.

1.6 How will the policy documents be delivered?

You will receive your policy, any endorsements, and communications electronically after your insurance application is approved and policy is issued. We will inform you when the e-documents are available.

If the e-documents are not available, you will receive printed documents. The policy documents will be sent directly to you by post and it is deemed to have been delivered within 7 days from posting.

2 UNDERWRITING

2.1 What are the available underwriting options?

For Singlife Shield Plan 1, 2 and 3

For Singlife Shield application with the cover start date on or after 1 January 2019, there is only one underwriting option – full medical underwriting.

If the applicant is applying for Singlife Health Plus only and his/her existing Singlife Shield is under moratorium underwriting, the Singlife Health Plus will be under moratorium underwriting unless there is a new medical declaration.

For Singlife Shield Standard Plan

There is only full medical underwriting for Singlife Shield Standard Plan.

You can contact us at 6827 9933 or contact your Financial Adviser Representative for more details.

2.2 What is moratorium underwriting?

With moratorium underwriting, applicants are not required to submit any medical history records. This underwriting method is no longer available for new business application from 1 January 2019.

Under moratorium underwriting, no underwriting is required. Any new, unexpected medical conditions arising after commencement of life assured's coverage will be covered, subject to the terms and conditions of the policy.

Other than the list of permanently excluded pre-existing conditions, pre-existing conditions can be covered after a continuous period of 5 years from the cover start date or reinstatement date or date of upgrade, whichever is later, provided the life assured has NOT in respect of that particular pre-existing condition:

- experienced symptoms,
- sought advice or tests from a doctor or specialist or alternative medicine provider (including checkups for that medical condition),
- required treatment or medication, or
- received treatment or medication.

If at any time, during the 5-year moratorium, the life assured undergoes any of the above, then that particular pre-existing condition shall be permanently excluded under Singlife Shield policy.

2.3 What is the list of pre-existing conditions that are permanently excluded under the policy if I have chosen the moratorium underwriting option prior to 1 December 2016?

- Heart attack, heart bypass, angioplasty
- Chronic obstructive lung disease, chronic cor pulmonale, pulmonary hypertension
- Stroke
- Liver cirrhosis
- Paralysis
- Osteoporosis
- AIDS or HIV infection
- Thalassaemia Intermediate/ major
- Diabetes with complications such as protein in urine or eye problem
- Kidney failure
- Organ transplantation
- Systemic lupus erythematosus (SLE)
- Muscular dystrophy
- Multiple sclerosis
- Alzheimer's disease
- Dementia
- Any form of Cancer (other than skin cancer)
- Autism

2.4 What is full medical underwriting?

Full medical underwriting is the common underwriting practice for health insurance plans.

With full medical underwriting, the applicant is required to declare his/her medical history by fully disclosing the medical history before the date of application for the policy.

3 PREMIUMS & POLICY SERVICING PROCEDURES

3.1 Will I be informed when Singlife Shield is due for renewal?

Singlife Shield is a guaranteed yearly renewal plan subject to premium payment. A renewal notice will be sent to inform you on the renewal premium due. There will be arrangement to deduct the annual premium from your MediSave account.

If the MediSave account has insufficient funds for the renewal premium, a notification letter will be sent to arrange for the necessary premium top-up.

3.2 If the renewal payment is not received in time, how will I be notified?

If the cash top up is not received by the premium due date, you will receive a renewal reminder notice.

3.3 How long is the grace period for renewal of Singlife Shield?

The grace period for payment is 60 days from the premium due date. If the full premium is not paid, the policy will lapse.

3.4 When is the MediSave deduction date?

The deduction takes place on the Monday following the policy renewal date, subject to receipt of payment for premiums in excess of the AWLs or MediSave Withdrawal Limits. Request for MediSave deduction will only be sent when the payment for premiums in excess of the AWLs or MediSave Withdrawal Limits are received.

3.5 How do I know if my policy has been renewed?

Upon collection of full renewal premium, a renewal confirmation letter will be sent to inform you that the policy is renewed.

The annual premium deduction from the MediSave account will also be reflected in your yearly CPF Statement.

3.6 Are the premium rates guaranteed?

Rates are not guaranteed and are subject to regular review, considering the portfolio's claim experience. However, individuals will not be penalised for individual poor claims experience or ill-health.

3.7 What is premium adjustment letter?

Premium adjustment letter is to notify you on the changes in the MediShield Life premiums due to adjustments in the subsidies and/or additional premium, following CPF's review.

3.8 Will the premium paid be refunded to me if I terminate my policy?

Yes. The paid annual premium for the unexpired period of coverage will be pro-rated and refunded to you.

3.9 How soon will the pro-rated premium refund be transferred back to my MediSave upon cancellation of policy?

The premium refund will take a week to up to 3 months' time to process.

3.10 What happens if the life assured has a change of citizenship?

You should inform us immediately when there is a change to the life assured's citizenship or permanent residency status and submit a copy of the life assured's new national registration identity card or other evidence of change acceptable to us to update our record. Failing to inform us on the citizenship or permanent residency change may result in duplicate Singlife Shield cover and premium payment for the life assured or non-renewal/termination of the policy.

We may also be notified by CPF Board on the change in life assured's citizenship. We will then adjust the renewal date and premium accordingly.

Below is the eligibility of the life assured and the plans:

Plans/Eligibility	Singaporean Citizen	Singapore Permanent Resident	Foreigner
Integrated Plan 1	Yes	Yes	No

Integrated Plan 2	Yes	Yes	No
Integrated Plan 3	Yes	Yes	No
Standard Plan	Yes	Yes	No
Non-integrated Plan 1	No	No	Yes
Non-integrated Plan 2	No	No	Yes
Non-integrated Plan 3	No	No	No

If the life assured changes his citizenship, there will be a change of plan from non-integrated plan to integrated plan and vice versa.

For mid-term change of plan, the period of insurance for the new plan will be a 12-month term from the date on which the new plan takes effect and the limits shown in the benefits schedule, the annual deductible and co-insurance for the new plan will apply from the date on which the new plan takes effect. The benefits which we pay on a per lifetime basis will not be paid again in the new policy year if you have made a claim on these benefits and we have paid 100% of the limits shown in the benefits schedule for these benefits before your change of plan.

If the policyholder did not inform us when the life assured's citizenship or permanent residency status changes, we have the right to end the policy with effect from the date we first become aware of the change and refund the premium pro-rated for the remainder of the policy year.

3.11 Under what conditions will the policy be terminated?

The policy will terminate automatically on the date:

- the life assured dies,
 - we receive the written cancellation request,
 - we do not receive the premium after the grace period,
 - we do not receive the outstanding information/document (e.g. copy of NRIC for verification on the personal particulars by CPF Board),
 - policyholder fails or refuse to refund any amount owing to us,
 - fraud takes place,
 - policyholder do not reveal information or misrepresent to us,
 - policyholder or the life assured does not fulfil the eligibility requirements,
 - cover of this policy ends, or
 - the life assured is covered under another MediSave-approved IP,
- whichever is earlier.

3.12 What happens to the life assured's MediShield Life coverage after Singlife Shield is terminated?

The life assured will continue to be covered under MediShield Life as long as he is eligible under the Act or regulations. You can visit MOH website at <https://www.moh.gov.sg/cost-financing/healthcare-schemes-subsidies/medishield-life> for more details.

4 PANEL SPECIALISTS

4.1 How do I access my Singlife Shield Card?

The policyholder can login to our Singlife App or MySinglife Portal to retrieve the Singlife Shield Card.

4.2 Where can I use the Singlife Shield Card?

You can flash your Singlife Shield Card at any of our panel specialist clinics to identify yourself as a Singlife Shield customer.

5 CLAIMS

5.1 How will the claims be computed since CPF Board and multiple insurers are jointly insuring me?

The Ministry of Health (MOH) has set out the following claims protocol to avoid duplicative payouts:

- Employer, private insurance, and other third party pays first
- Followed by MediShield Life and Integrated Shield Plan (i.e. Singlife Shield)
- Then MediSave
- Then Cash

MediShield Life and Singlife Shield will pay for the portion of the bill that is not covered by your employer, private insurance and other third parties, subject to claim limits, deductible and co-insurance.

The final payout of the IP is based on the higher of benefits under Singlife Shield or MediShield Life. If MediShield Life payout is more than that of the Singlife Shield, claim is fully paid by MediShield Life.

There will only be a single point of contact with Singlife, and thus there is no need to file 2 separate claims.

5.2 If I am admitted into a hospital overseas, how do I submit the claim?

For Singlife Shield Plan 1, 2 and 3

You are covered for inpatient emergency overseas treatment and planned overseas treatment. An emergency refers to a medical condition that requires immediate attention by a doctor within 24 hours of an accident or illness taking place.

You have to first settle the bill with the hospital. Together with a medical report, you can seek reimbursement from us with the original bill.

However, any pre- & post-hospital treatment bills incurred under emergency overseas treatment are not covered, regardless of where the pre- and post-hospitalisation treatment is received.

Please note that we will only pay these benefits if the life assured is a Singapore resident on the date of his/her admission. We define residency in a country to mean being physically present in that country for a continuous period of at least 183 days. Please refer to the following for an explanation on our definition of residency.

To be eligible for Singlife Shield, the life assured must be:

- a Singapore citizen, or
- a Singapore permanent resident with a MediSave account, or
- a foreign dependant who holds an eligible pass.

As such, we will deem the life assured to be a Singapore resident at the point of inception. If the life assured leaves Singapore, travels to any other countries, but does not stay in that country for a continuous period of at least 183 days, he/she will still be deemed to be a Singapore resident. He/she will still be eligible for these benefits.

The following table illustrates possible scenarios that you may encounter:

Scenario	Did the life assured physically stay in a country for a continuous period of at least 183 days?	Eligible for benefits?
A Singapore resident leaves Singapore, travels to many other countries, but does not stay in any country for a continuous period of at least 183 days.	No	Yes
A Singapore resident leaves Singapore and stays in Country X for a continuous period of at least 183 days.	Yes	No

For Singlife Shield Standard Plan

You are not covered for any inpatient emergency overseas treatment and planned overseas treatment.

5.3 How does the pro-ration factor work?

It is the percentage as expressed in the Benefit Schedule which will be applied on the hospital bills (including pre- and post-hospital treatment) incurred. It will be used If the life assured is admitted to a ward/hospital higher than what he/she is entitled to under his/her policy. The pro-ration factor is not applicable to Plan 1.

Example 1 (Singlife Shield Plan 2 without Singlife Health Plus)

Madam Tan was hospitalised for 10 days for surgery. She was admitted to Thomson Medical Centre. A 50% pro-ration factor is applied to the bill before deductible and co-insurance:

Admission	Private Hospital - Thomson Medical Centre	
Benefits	Pro-ration Factor	Singlife Shield Plan 2 (S\$)
Inpatient hospital treatment (Incurred Amount: S\$20,000)	50%	10,000
Less: Singlife Shield Deductible	-	3,500
Less: 10% Singlife Shield Co-insurance (10% of S\$6,500)	-	650

Singlife pays	-	5,850
You pay	-	14,150

Example 2 (Singlife Shield Standard Plan)

Madam Goh was hospitalised for 4 days and had surgery done (MOH Surgical Table 1A). She was admitted to a B1 ward of Singapore General Hospital. No pro-ration factor is applied as Madam Goh stayed within her entitled ward:

Admission	Public Hospital – Singapore General Hospital	
Benefits	Limit of Benefits (S\$)	Singlife Shield Standard Plan (S\$)
Daily room, board and medical related services (Incurred Amount: S\$2,600 for 4 days)	2,250 per day (2,550 per day for first 2 days of hospitalisation)	2,600
Surgical benefit (Incurred Amount: S\$400)	Table 1A - 590 per surgery	400
Total (Incurred Amount: S\$3,000)	-	3,000
Less: Singlife Shield Deductible	-	2,500
Less: 10% Singlife Shield Co-insurance (10% of S\$500)	-	50
Singlife pays	-	450
You pay	-	2,550

Example 3 (to illustrate pro-ration factor & limit of benefits) - Singlife Shield Standard Plan)

Madam Chan was hospitalised for 4 days and had surgery done (MOH Surgical Table 1A). She was admitted to Thomson Medical Centre. A 50% pro-ration factor is applied to the bill before deductible and co-insurance:

Admission	Private Hospital - Thomson Medical Centre		
Benefits	Pro-ration Factor	Limit of Benefits (S\$)	Singlife Shield Standard Plan (S\$)
Daily room, board and medical related services (Incurred Amount: S\$8,000 for 4 days)	50%	2,250 per day (2,550 per day for first 2 days of hospitalisation)	4,000
Surgical benefit (Incurred Amount: S\$2,000)	50%	Table 1A - 590 per surgery	590
Total (Incurred Amount: S\$10,000)	-	-	4,590
Less: Singlife Shield Deductible	-	-	2,500
Less: 10% Singlife Shield Co-insurance (10% of S\$2,090)	-	-	209
Singlife pays	-	-	1,881
You pay	-	-	8,119

If the life assured is admitted to a ward/hospital that is the same or lower than what the life assured is entitled to under the policy but their pre- and/or post-hospital treatment is in a hospital or clinic higher than what the life assured is entitled to, we will apply the pro-ration factor to the pre- and/or post-hospital treatment as specified in the Benefits Schedule.

If, during hospitalisation, there is a change of ward, we will base on the ward immediately before the discharge to determine whether the pro-ration factor should be applied to the hospital bills.

For avoidance of doubt, the pro-ration factor is only **not** applicable to expenses incurred in:

- a Singapore public hospital for major outpatient treatment, day surgery, pre-hospital treatment and post-hospital treatment, or
- a subsidised dialysis or cancer centre in Singapore for major outpatient treatment.

If the life assured receives inpatient treatment in a luxury or deluxe suite or any other special room of a hospital, we will calculate the pro-rated amount of the actual charges which the life assured has to pay for each type of plan as follows:

For plan 1:

$$\frac{\text{Charge for a standard room in the hospital that the life assured is admitted to}}{\text{Room Charge which the life assured had to pay}} \times \text{total bill}$$

For plan 2:

$$\frac{\text{Charge for a standard A1 ward in Singapore General Hospital}}{\text{Room Charge which the life assured had to pay}} \times \text{total bill}$$

For plan 3:

$$\frac{\text{Charge for a standard B1 ward in Singapore General Hospital}}{\text{Room Charge which the life assured had to pay}} \times \text{total bill}$$

We pay the minimum of reasonable expenses or the pro-rated amount of the total bill, whichever is lower.

5.4 My company provides me with a group medical insurance cover, can I still claim under Singlife Shield or MediShield Life? What is the process?

If you are eligible for a Letter of Guarantee from your company insurer, you can inform the hospital to claim from your company insurer first and the balance from the Singlife Shield policy. The hospital will be able to submit the claim directly to your company insurer since the Letter of Guarantee is used.

If you are ineligible for a Letter of Guarantee from your company insurer, the hospital/clinic can still e-file the claim for the Singlife Shield policy to us and we will process the claim accordingly. Then, you can submit the original final tax invoice to claim from your company insurer. Your company insurer will reimburse Singlife for our share. We will adjust the Singlife Shield claim limit for the rest of your policy year based on the claim amount recovered by us.

If you have your own private medical insurance (i.e not company/employer insurance), the reimbursement process is similar. For every claim, the total reimbursement to be made must not exceed the actual expenses incurred.

5.5 Should the claim still be filed if the condition is excluded under Singlife Shield?

As Singlife Shield is an IP, which is an additional private insurance coverage on top of the basic MediShield Life, MediShield Life's coverage may not be affected by Singlife Shield coverage. You should still file the claim at the hospital/clinic for hospitalisation or surgery to allow the CPF Board to assess the MediShield Life claim which is payable if the condition is not excluded under MediShield Life.

5.6 How do I make a claim?

The guide below shows how a claim can be made when you are hospitalised or need a day surgery.

- On the day of hospital admission/surgery, inform the hospital/clinic of the intention to file a claim under Singlife Shield.
- You will be asked to complete the consent in the "Medical Claims Authorisation Form" (Single or Multiple version) at the hospital/clinic. The hospital/clinic will usually E-file your claim to us within 2 weeks after hospital discharge. We will administer all payouts and inform you on the outcome of the claim including that of the MediShield Life claim. We will be the single point of contact and service.
- Once Singlife receives your claim, we will do our assessment to decide if it is payable, not payable or requires further information.
- From the assessment, you may be informed by Singlife that you need to provide additional documents/information. Please provide us with the required documents/information as soon as possible so that we can process the claim.
- After we complete the assessment, we will pay the claimable amount to the hospital/clinic. If you have made any payment to the hospital/clinic, the relevant refund will be made by the hospital/clinic to you or your MediSave account (if applicable).

If you are covered under Singlife Health Plus, Singlife will automatically assess this benefit together with Singlife Shield and pay the relevant claimable amount to you or the hospital/clinic, where applicable.

5.7 If the life assured is not a Singapore citizen or PR, how do I make a claim?

You will have to settle the bill with the hospital first, then seek reimbursement from Singlife with the original final hospitalisation bill, discharge summary/available medical reports and complete the "Medical Claim Form" obtained from our website singlife.com/claims.

5.8 How do I submit a pre/post hospitalisation claim?

For Pre/Post-Hospitalisation claims, Singlife Shield policyholders can submit them via the Singlife App or MySinglife Portal under the 'Services' section.

For a better payment experience, SGD payments to the Assured (Policyholder) will be credited to the bank account linked to the Assured (Policyholder)'s PayNow-NRIC/FIN. Please check that you have registered for PayNow with your bank, using your NRIC/FIN.

5.9 What are the eligibility criteria for Singlife's eLOG?

To be eligible, the estimated bill size has to be above deductible and reason for the hospitalisation or surgery does not fall within general exclusions listed in the Product Summary.

Do note that if your admission is for a condition that was specifically excluded (substandard terms) by Singlife after underwriting, the eLOG can still be issued. After we have done our assessment, we will reject the claim as it is excluded. If the admission was for a different condition, the claim will be admitted (assuming it is not a pre-existing condition).

If the life assured is a foreigner, he/ she will not be eligible for Singlife's eLOG.

5.10 How does the eLOG facility work? With eLOG, does it mean that the hospitalisation will be cashless?

If the proposer (payer)/assured is unable to pay the upfront cash deposit or the MediSave account of the assured or family member is insufficient to cover the deposit required by the hospital, the LOG will be used to request the participating hospital to waive the admission deposit based on the following table:

Hospital Type	Waiver of Admission Deposit (with effect from 1 January 2022)
Public hospital	Up to S\$80,000
Panel specialist in a private hospital	Up to S\$50,000
Non-panel specialist in a private hospital	Up to S\$15,000

Upon admission or on the day of surgery, the hospital staff will check whether you are eligible for LOG by verifying through the eLOG system. eLOG allows the waiver of admission deposit required by the hospital for hospitalisation or surgery at participating hospitals if the claimant's estimated medical bill is above the plan deductible.

If the life assured is covered under Singlife Shield only (without Singlife Health Plus), the annual deductible and co-insurance will not be included in the eLOG. Upon issuance of the eLOG, the assured is still required to bear the deductible and co-insurance.

Do note that the eLOG is subject to acceptance by the hospital and does not guarantee a waiver of deposit. At the time of discharge, the hospital may require the assured to fully settle the hospital bill despite eLOG being issued.

While we provide this facility to our customers to ease the admission process (so no upfront cash is required up to the eligible amount approved by the eLOG system), Singlife has the right to review each claim submitted after discharge. If the claim is payable, Singlife will be responsible for the eligible claim amount. If the claim is not payable, Singlife or the hospital will request any amount not covered under the policy.

5.11 Which are the participating Hospitals providing eLOG?

Public Hospital	Private Hospital
Alexandra Hospital	Aptus Surgery Centre
Changi General Hospital	Crawford Hospital
Jurong Medical Centre	Farrer Park Hospital
Khoo Teck Puat Hospital	Gleneagles Hospital
KK Women's and Children's Hospital	HMI Medical Centre
National Cancer Centre	Mount Alvernia Hospital
National Heart Centre	Mount Elizabeth Novena Hospital
National University Hospital	Mount Elizabeth Orchard Hospital
Ng Teng Fong General Hospital	Novena Surgery Pte Ltd
Sengkang General Hospital	Novaptus Surgery Centre
Singapore General Hospital	Orchard Surgery Center
Singapore National Eye Centre	Parkway East Hospital
Tan Tock Seng Hospital	Raffles Hospital
Woodlands Health	Thomson Medical Centre

The list of participating hospitals and clinics will be updated from time to time. Please refer to our website at singlife.com/en/medical-insurance/shield/log.

This eLOG service is subject to these key terms and conditions:

- The hospital may require the patient to fully settle the bill despite eLOG being issued
- eLOG will not be issued if the patient's estimated medical bill is below the plan's annual deductible amount or the medical condition to be treated is an exclusion defined in the policy document.
- Annual deductible and/or co-insurance would not be included in the eLOG, unless the patient is also covered under Singlife Health Plus.
- eLOG is not a policy benefit and is not part of the Singlife Shield policy document.
- The issuance of an eLOG is subject to Singlife's review and discretion. It does not mean that Singlife approves or admits any claim made under the Singlife Shield and/or Singlife Health Plus policy contract. Singlife will assess the claim upon receipt of the bill from the hospital.

5.12 How long does it take for Singlife to process the eLOG request?

The hospital staff can generate Singlife eLOG instantly by logging into eLOG system.

5.13 Does Singlife provide eLOG for non-participating hospitals?

No, we do not provide eLOG for non-participating hospitals. It will be solely on reimbursement basis. However, the hospital can still help to E-file the claim for you.

5.14 How do I file an Interim Cover claim?

You have to submit the original hospital bills together with the fully completed "Medical Claim Form" for us to assess the Interim Cover claim. A copy of the Claim Form may be downloaded from our website singlife.com/claims. Alternatively, you can obtain from our Customer Service at 6827 9933.