



APPLICATION FORM

WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966, YOU ARE TO DISCLOSE IN THIS APPLICATION FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE INSURANCE EFFECTED MAY BE VOID.

This policy is underwritten by Singapore Life Ltd. and will be entered into the register of Singapore policies. The terms and conditions of this policy shall be governed by and construed in accordance with the laws of Singapore.

IMPORTANT:

Please attach the following documents to your application:

- Copy of Identity Card/Eligible Valid Passes (for non-Singaporeans)
- If address is not available in the Identity Card, a copy of fixed line telephone, utility or tax bill or any documents issued by a local government body.

Particulars of Financial Adviser Representative

Name

Source Code

Name of Firm

Contact No. (HP) (O)

Email Address

For Financial Adviser Representative Use Only

Referral ID

Select the person(s) to be insured:

- Proposer
- Dependant 1
- Dependant 2
- Dependant 3
- Dependant 4

For Official Use Only

	Singlife Shield	Singlife Health Plus	Singlife Cancer Cover Plus II
Contract No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contract No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contract No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contract No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contract No.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please complete in capital letters and tick boxes as appropriate.

SECTION A: PARTICULARS OF PROPOSER (ASSURED)

Full Name as shown in Identity Card: Salutation Mr Mrs Mdm Miss Dr

Family Name Given Name

Gender Male Female Marital Status Single Married Widowed Divorced

Identity Card No. Race Chinese Malay Indian Others

CPF Account No. Date of Birth (DD/MM/YY)

Nationality (Please list your nationalities) Nationality ID Type Singaporean Singapore PR

Contact No. (HP) (O) (H)

(Please provide at least mobile number)

Email Address

Occupation

SECTION A: PARTICULARS OF PROPOSER (ASSURED) (continued)

Residential Address Block/Street No. Street Name

Unit No. Building Name Postal/Zip Code Country

Correspondence Address Block/Street No. Street Name
(if different from address above)

Unit No. Building Name Postal/Zip Code Country

For existing policyholder with Singapore Life Ltd.:
 (Not applicable to MINDEF/MHA/POGIS)

If the correspondence address differs from our existing records, do you wish to update the correspondence address for all your life and health policy(ies)?

Yes No

SECTION B: PARTICULARS OF DEPENDANT(S) (LIFE ASSURED(S))**DEPENDANT 1**

Full Name as shown in Identity Card/Eligible Valid Pass: Salutation Mr Mrs Mdm Miss Dr

Family Name Given Name

Gender Male Female Marital Status Single Married Widowed Divorced

Identity Card No. Race Chinese Malay Indian Others

Date of Birth (DD/MM/YY) Nationality (Please list your nationalities)

Nationality ID Type Singaporean Singapore PR Others

Relationship to Proposer Spouse Parent Child Grandparent Sibling *(only Singaporean/Singapore PR can apply as Grandparent/Sibling Dependant)*

Occupation

DEPENDANT 2

Full Name as shown in Identity Card/Eligible Valid Pass: Salutation Mr Mrs Mdm Miss Dr

Family Name Given Name

Gender Male Female Marital Status Single Married Widowed Divorced

Identity Card No. Race Chinese Malay Indian Others

Date of Birth (DD/MM/YY) Nationality (Please list your nationalities)

Nationality ID Type Singaporean Singapore PR Others

Relationship to Proposer Spouse Parent Child Grandparent Sibling *(only Singaporean/Singapore PR can apply as Grandparent/Sibling Dependant)*

Occupation

SECTION B: PARTICULARS OF DEPENDANT(S) (LIFE ASSURED(S)) (continued)

DEPENDANT 3

Full Name as shown in Identity Card/Eligible Valid Pass: Salutation Mr Mrs Mdm Miss Dr

Family Name Given Name

Gender Male Female Marital Status Single Married Widowed Divorced

Identity Card No. Race Chinese Malay Indian Others

Date of Birth (DD/MM/YY) Nationality (Please list your nationalities)

Nationality ID Type Singaporean Singapore PR Others

Relationship to Proposer Spouse Parent Child Grandparent Sibling (only Singaporean/Singapore PR can apply as Grandparent/Sibling Dependant)

Occupation

DEPENDANT 4

Full Name as shown in Identity Card/Eligible Valid Pass: Salutation Mr Mrs Mdm Miss Dr

Family Name Given Name

Gender Male Female Marital Status Single Married Widowed Divorced

Identity Card No. Race Chinese Malay Indian Others

Date of Birth (DD/MM/YY) Nationality (Please list your nationalities)

Nationality ID Type Singaporean Singapore PR Others

Relationship to Proposer Spouse Parent Child Grandparent Sibling (only Singaporean/Singapore PR can apply as Grandparent/Sibling Dependant)

Occupation

SECTION C: DECLARATION OF OCCUPATION (Please complete this Section if you are purchasing Singlife Health Plus)

If the answer to the following question on occupation is 'Yes', only Singlife Shield will be offered and application for Singlife Health Plus will be declined.

Does your occupation involve any of the following:

- work in heights above 15 metres (excluding those who work indoors of completed buildings, military and commercial aircrew and pilot);
- professional diving;
- offshore oil and gas environment;
- motorcycle dispatch;
- scaffolding; or
- welding?

Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

SECTION D: PLAN TYPE

Singlife Shield:

- 1) A dependant child up to age 20 years old at age next birthday will be eligible for Family Discount for Child(ren) (FDC) under Singlife Shield Plan 2 if both parents are covered under Singlife Shield Plan 1 or Plan 2. This benefit is applicable to a maximum of four (4) children, including children that enjoy existing coverage under Free Cover for Children (FCC).
- 2) If any applicant crosses the age band while the application is being processed, we will charge the higher premium according to the age next birthday.

Please tick the box according to your plan selection.

Singlife Shield Please do not tick if you have an existing Singlife Shield Plan. Each individual to select one option only and this is not applicable for upgrading/downgrading of plan.	Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4
Plan 1					
Plan 2					
Plan 2 (FDC if applicable)	Not Eligible				
Plan 3 (For Singaporean and Singapore PR only)					

Singlife Health Plus:

- 1) The dependant child will be eligible for FCC under Singlife Health Plus Plan 2 Public Lite if both parents are covered under Singlife Shield Plan 1 or Plan 2 and Singlife Health Plus Private Lite, Public Lite, Private Cover, Private Prime or Public Prime.
- 2) The dependant child will be eligible for Preferred Rate for Children under Singlife Health Plus Plan 2 Public Prime if both parents are covered under Singlife Shield Plan 1 or Plan 2 and Singlife Health Plus Private Lite, Public Lite, Private Cover, Private Prime or Public Prime.
- 3) If any applicant crosses the age band while the application is being processed, we will charge the higher premium according to the age at next birthday.
- 4) We will process as Private Prime or Public Prime if both Private Lite or Public Lite and Private Prime or Public Prime are ticked.
- 5) If any applicant has an existing Deductible Cover (Covers Deductible) and selects to add Private Lite or Public Lite (Covers Co-Insurance), we will process the application as change of option to Private Prime or Public Prime (Covers Co-Insurance & Deductible).
Note: Deductible Cover benefit is not available for new business application.
- 6) The same method of underwriting Singlife Shield will apply to your Singlife Health Plus unless there is a new medical declaration which will be subjected to full medical underwriting.

Please tick the box accordingly and select either Private Lite or Public Lite or Private Prime or Public Prime.

Singlife Health Plus Singlife Health Plus Plan Type will follow Singlife Shield	Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4
Private Lite (Co-Insurance)					
Private Prime (Deductible and Co-Insurance)					
Public Lite (Co-Insurance)					
Public Prime (Deductible and Co-Insurance)					
Public Lite (Co-Insurance) (FCC if applicable)	Not Eligible				
Public Prime (Deductible and Co-Insurance) (Preferred Rate for child(ren) if applicable)	Not Eligible				

Singlife Cancer Cover Plus II:

- 1) This plan is eligible for Singapore Citizens or Singapore Permanent Residents only.
- 2) If any applicant crosses the age band while the application is being processed, we will charge the higher premium according to the age at next birthday.

Please tick the box according to your selection.

	Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4
Singlife Cancer Cover Plus II					

Please tick <input checked="" type="checkbox"/> the box accordingly if you are applying for a change of option from your existing Singlife Health Plus to Private Prime or Public Prime.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4

FDC / FCC or Preferred Rate for child(ren) if applied, please complete the following for our processing:

Other parent's name: NRIC No./FIN No.:

SECTION E: PAYMENT DETAILS

Note:

- For Singlife Shield, please refer to the Product Summary for the Additional Withdrawal Limits (AWLs) for Singaporeans and Permanent Residents and refer to singlife.com for the MediSave Withdrawal Limits (MWLs) for foreigners. We will attempt to deduct the maximum withdrawal amount from the designated CPF MediSave account. **Premium in excess of the applicable withdrawal limits and/or balance premium will be paid by your selected payment method(s) below.**
- For payment by Interbank GIRO, please complete the attached Application for Interbank GIRO form. For initial premium via GIRO, **the bank account must be a DBS or POSB account**, a single or joint/or account, not a trust/minor account, belongs to the payor of the policy (who is also the policyholder) and the payer's identification number (e.g. NRIC) in our record must be the same as the bank's record.
- For payment by Credit Card, please complete the section on Visa/Mastercard Authorisation.

Singlife Shield

Payment Frequency: Yearly

Singlife Health Plus

Payment Frequency: Yearly Monthly (subsequent payment method must be by GIRO)

Singlife Cancer Cover Plus II

Payment Frequency: Yearly Monthly (subsequent payment method must be by GIRO)

Please tick ONE option for both initial and subsequent premium payments

Payment Method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial Premium	Credit Card	Interbank GIRO	Cash	Cash
Subsequent Premium	Interbank GIRO	Interbank GIRO	Interbank GIRO	Cash

VISA/MASTERCARD AUTHORISATION

I authorise Singapore Life Ltd. to charge the initial premium(s) to my credit card account for this insurance policy.

Name of Cardholder (as shown in Identity Card/Eligible Valid Pass)

Identity Card/FIN No.

Card Number

Card Expiry Date (MM/YY)

 - - - /

Signature of Cardholder

Visa Mastercard

Issuing Bank

SECTION F: THIRD PARTY PAYER

Name of Payer (if different from Assured/Life Assured)

Identity Card/Passport No.*

Payer's Relationship to Assured

Please provide reason for paying for this policy

*Please provide a copy of Identity Card/Passport (whichever applicable)

SECTION G: REPLACEMENT OF EXISTING PLAN(S)/DECLARATION

(Please complete this Section if you are purchasing Singlife Shield and/or Singlife Cancer Cover Plus II)

Please tick the appropriate boxes.

1. Is this application intended to replace an existing Integrated Shield Plan and/or any Health Plan(s) for yourself or your dependant(s)?

If 'Yes', please complete the table below.

Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

<input type="checkbox"/> Proposer	<input type="checkbox"/> Dependant 1	<input type="checkbox"/> Dependant 2	<input type="checkbox"/> Dependant 3	<input type="checkbox"/> Dependant 4
Name of Insurer	<input type="text"/>			
Name of Plan	<input type="text"/>			
<input type="checkbox"/> Proposer	<input type="checkbox"/> Dependant 1	<input type="checkbox"/> Dependant 2	<input type="checkbox"/> Dependant 3	<input type="checkbox"/> Dependant 4
Name of Insurer	<input type="text"/>			
Name of Plan	<input type="text"/>			
<input type="checkbox"/> Proposer	<input type="checkbox"/> Dependant 1	<input type="checkbox"/> Dependant 2	<input type="checkbox"/> Dependant 3	<input type="checkbox"/> Dependant 4
Name of Insurer	<input type="text"/>			
Name of Plan	<input type="text"/>			
<input type="checkbox"/> Proposer	<input type="checkbox"/> Dependant 1	<input type="checkbox"/> Dependant 2	<input type="checkbox"/> Dependant 3	<input type="checkbox"/> Dependant 4
Name of Insurer	<input type="text"/>			
Name of Plan	<input type="text"/>			
<input type="checkbox"/> Proposer	<input type="checkbox"/> Dependant 1	<input type="checkbox"/> Dependant 2	<input type="checkbox"/> Dependant 3	<input type="checkbox"/> Dependant 4
Name of Insurer	<input type="text"/>			
Name of Plan	<input type="text"/>			

2. If you are replacing an existing Integrated Shield Plan for the proposer and/or any of the dependant(s), please tick to confirm the declaration below:

- I confirm that my Financial Adviser Representative has explained to my satisfaction the implications associated with this switch/replacement and, based on his/her recommendation, I agree to proceed with the switch/replacement of my existing Integrated Shield Plan. I am aware that each Life Assured can only have one Integrated Shield Plan. Once this policy commences, the existing Integrated Shield Plan covering the Life Assured will be automatically terminated.
- My Financial Adviser Representative has explained to me the implications associated with this switch/replacement. I am aware that the implications that may arise from a switch/replacement could outweigh any potential benefit(s) such as:
 - The new policy may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at higher cost and, the new policy may be less suitable for me.
 - If I am switching to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may lose coverage for those conditions.
 - If I am replacing my existing plan by upgrading to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may not be given the enhanced benefits for those conditions.

Please Note:

If you are switching/replacing your existing policy with this new application, please be informed that:

- a) You may incur transaction costs without gaining any real benefit from the switch/replacement.
- b) You may incur penalties for terminating the existing policies.
- c) You may not be insurable at standard terms.
- d) The switch/replacement policy may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at a higher cost.
- e) The switch/replacement policy may be less suitable and the terms and conditions may differ.
- f) There may be other options available besides switching/policy replacement.

You are advised to consult your present Financial Adviser Representative and consider the possible disadvantages of switching/policy replacement such as fees and changes in level of benefits before making a final decision.

SECTION H: UNDERWRITING HISTORY

(Please complete this Section if you are purchasing Singlife Shield and/or Singlife Health Plus)

This section must be fully completed.

If you are applying for Singlife Health Plus and your existing Singlife Shield is under Moratorium underwriting, your Singlife Health Plus will be subjected to Moratorium underwriting if the selection is 'No' to Question 1 and 2 below.

1. Have you had an application of a Life, Critical Illness, Health, Accident, Disability policy deferred, declined or required to pay Additional Premiums for MediShield Life?

If 'Yes', please complete the table below.

Note: If you are required to pay Additional Premiums for MediShield Life, please also provide a copy of the CPF MediShield Life Additional Premium Letter.

Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

<input type="checkbox"/> Proposer	<input type="checkbox"/> Dependant 1	<input type="checkbox"/> Dependant 2	<input type="checkbox"/> Dependant 3	<input type="checkbox"/> Dependant 4
Name of Insurer			Type of Policy	
Reason				
<input type="checkbox"/> Proposer	<input type="checkbox"/> Dependant 1	<input type="checkbox"/> Dependant 2	<input type="checkbox"/> Dependant 3	<input type="checkbox"/> Dependant 4
Name of Insurer			Type of Policy	
Reason				
<input type="checkbox"/> Proposer	<input type="checkbox"/> Dependant 1	<input type="checkbox"/> Dependant 2	<input type="checkbox"/> Dependant 3	<input type="checkbox"/> Dependant 4
Name of Insurer			Type of Policy	
Reason				
<input type="checkbox"/> Proposer	<input type="checkbox"/> Dependant 1	<input type="checkbox"/> Dependant 2	<input type="checkbox"/> Dependant 3	<input type="checkbox"/> Dependant 4
Name of Insurer			Type of Policy	
Reason				
<input type="checkbox"/> Proposer	<input type="checkbox"/> Dependant 1	<input type="checkbox"/> Dependant 2	<input type="checkbox"/> Dependant 3	<input type="checkbox"/> Dependant 4
Name of Insurer			Type of Policy	
Reason				

2. Have you **ever** experienced **symptoms** or received **medical advice** or had **treatment** for any of the following conditions **(whether diagnosed or not)**?

- | | |
|---|---|
| <ul style="list-style-type: none"> • AIDS or HIV infection • Alzheimer's disease • Angioplasty • Any form of Cancer • Atherosclerosis • Autism • Bipolar Disorder • Chronic cor pulmonale • Chronic Kidney disease • Chronic Obstructive lung disease • Coronary Artery Disease (CAD) • Dementia • Diabetes Mellitus / Impaired Glucose tolerance • Down syndrome • Heart attack | <ul style="list-style-type: none"> • Heart bypass • Hepatitis C/D • Ischaemic Heart Disease (IHD) • Kidney failure • Liver cirrhosis • Multiple sclerosis • Muscular Dystrophy • Organ transplant • Osteoporosis • Paralysis • Polycystic Kidney disease • Pulmonary hypertension • Schizophrenia • Stroke • Systemic Lupus Erythematosus (SLE) • Thalassaemia intermediate/major |
|---|---|

Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

SECTION I: UNDERWRITING QUESTIONS

(Please complete this Section if you are purchasing Singlife Shield and/or Singlife Health Plus)

This section must be fully completed.

Any disease or condition of health, which existed before the date of application, will not qualify for benefit unless it is fully disclosed to and accepted by us. You must, therefore, ensure that each question below is answered clearly and fully and that all material information, including any new disease or condition of health or any change in state of health, which arises or becomes known to you prior to the policy commencement date is declared. Should you require more space for your answers, please continue on a separate sheet, sign and date it.

If you are unsure whether any information is material or not, you are advised to disclose it.

	Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4
1. What is your height?	<input type="text"/> metres	<input type="text"/> metres	<input type="text"/> metres	<input type="text"/> metres	<input type="text"/> metres
2. What is your weight?	<input type="text"/> kg	<input type="text"/> kg	<input type="text"/> kg	<input type="text"/> kg	<input type="text"/> kg
3. Have you ever experienced symptoms or received medical advice or had treatment for any of the following conditions (whether diagnosed or not)?					
a) Heart attack, chest pain or discomfort, irregular heart beat, heart valve disorder, heart murmur, palpitations or any other blood vessel or heart disease or disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) High blood pressure or high cholesterol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Cancer, or malignant tumour/growth/lump/nodule/polyp/cyst of any kind including cancer screening tests that were not normal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Benign tumour/growth/lump/nodule/polyp/cyst?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Diabetes, elevated or raised blood sugar, thyroid disorders or any other endocrine disease or disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Asthma, bronchitis, pneumonia, tuberculosis, emphysema or any other breathing or lung disease or disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Depression, anxiety, stress or any other mental or nervous disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) Drug or alcohol addiction or abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) Arthritis, gout or any other disorder, pain or injury to the muscles, bones, tendons, limbs, joints, spine (back or neck)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j) Stroke, epilepsy, fits, paralysis or weakness of limb, head injury or any other neurological disease or disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
k) Crohn's disease, ulcerative colitis, stomach or duodenal ulcers, or any other bowel, stomach or intestinal disease or disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
l) Hepatitis B or C, fatty liver, jaundice, abnormal or elevated liver function, gallstones or any other liver or gallbladder disease or disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
m) AIDS, HIV or sexually transmitted disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
n) Anaemia, thalassaemia, haemophilia or any other blood disease or disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
o) Kidney stones, kidney infection, urine abnormalities or any other kidney, bladder, prostate or gynaecological disease or disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
p) Eye, ear, nose or throat disease or disorder (excluding sight problems corrected by prescription lenses)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
q) Any other illness, disorder, operation, physical disability, injury or hospitalisation not mentioned above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. For application of life assured who is a dependant child (aged one year and below), please answer the following questions:					
a) Were there any significant events during pregnancy or delivery of the child including but not limited to difficulties during or at birth, congenital mental developmental issues, respiratory distress syndrome, prolonged neonatal jaundice, respiratory disorder?	Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Was the child a premature baby (i.e. less than 37 weeks of gestation)?	Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Has the child been advised or been told to go for further follow up or further evaluation after each routine assessment?	Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION I: UNDERWRITING QUESTIONS *(continued)*

(Please complete this Section if you are purchasing Singlife Shield and/or Singlife Health Plus)

If you answered 'Yes' to either Question 3 or 4 above, please complete the following:

<input type="checkbox"/> Proposer <input type="checkbox"/> Dependant 1 <input type="checkbox"/> Dependant 2 <input type="checkbox"/> Dependant 3 <input type="checkbox"/> Dependant 4		
Question no.	Medical condition and exact diagnosis	Date of first symptoms, diagnosis or recurrence <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> > 5 yrs
Have you made a full recovery with no further treatment, recurrence of condition, ongoing symptoms or complications? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How long since your full recovery ? <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> > 5 yrs		
What treatment or medication did you take? <input style="width: 90%;" type="text"/>		
Name and address of doctor consulted <input style="width: 90%;" type="text"/>		
<input style="width: 90%;" type="text"/>		
<input type="checkbox"/> Proposer <input type="checkbox"/> Dependant 1 <input type="checkbox"/> Dependant 2 <input type="checkbox"/> Dependant 3 <input type="checkbox"/> Dependant 4		
Question no.	Medical condition and exact diagnosis	Date of first symptoms, diagnosis or recurrence <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> > 5 yrs
Have you made a full recovery with no further treatment, recurrence of condition, ongoing symptoms or complications? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How long since your full recovery ? <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> > 5 yrs		
What treatment or medication did you take? <input style="width: 90%;" type="text"/>		
Name and address of doctor consulted <input style="width: 90%;" type="text"/>		
<input style="width: 90%;" type="text"/>		
<input type="checkbox"/> Proposer <input type="checkbox"/> Dependant 1 <input type="checkbox"/> Dependant 2 <input type="checkbox"/> Dependant 3 <input type="checkbox"/> Dependant 4		
Question no.	Medical condition and exact diagnosis	Date of first symptoms, diagnosis or recurrence <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> > 5 yrs
Have you made a full recovery with no further treatment, recurrence of condition, ongoing symptoms or complications? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How long since your full recovery ? <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> > 5 yrs		
What treatment or medication did you take? <input style="width: 90%;" type="text"/>		
Name and address of doctor consulted <input style="width: 90%;" type="text"/>		
<input style="width: 90%;" type="text"/>		
<input type="checkbox"/> Proposer <input type="checkbox"/> Dependant 1 <input type="checkbox"/> Dependant 2 <input type="checkbox"/> Dependant 3 <input type="checkbox"/> Dependant 4		
Question no.	Medical condition and exact diagnosis	Date of first symptoms, diagnosis or recurrence <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> > 5 yrs
Have you made a full recovery with no further treatment, recurrence of condition, ongoing symptoms or complications? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How long since your full recovery ? <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> > 5 yrs		
What treatment or medication did you take? <input style="width: 90%;" type="text"/>		
Name and address of doctor consulted <input style="width: 90%;" type="text"/>		
<input style="width: 90%;" type="text"/>		

SECTION I: UNDERWRITING QUESTIONS *(continued)*

(Please complete this Section if you are purchasing Singlife Shield and/or Singlife Health Plus)

If you answered 'Yes' to either Question 3 or 4 above, please complete the following:

<input type="checkbox"/> Proposer	<input type="checkbox"/> Dependant 1	<input type="checkbox"/> Dependant 2	<input type="checkbox"/> Dependant 3	<input type="checkbox"/> Dependant 4
Question no.	Medical condition and exact diagnosis	Date of first symptoms, diagnosis or recurrence		
		<input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> > 5 yrs		
Have you made a full recovery with no further treatment, recurrence of condition, ongoing symptoms or complications? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How long since your full recovery ? <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> > 5 yrs				
What treatment or medication did you take? <input style="width:90%;" type="text"/>				
Name and address of doctor consulted <input style="width:90%;" type="text"/>				
<input style="width:90%;" type="text"/>				

5. In the **last 5 years**, have you had any **medical test(s) with abnormal results**, such as x-ray, ultrasound, imaging scan, biopsy, electrocardiogram (ECG), blood or urine test, Covid-19 PCR, pap smear or mammogram?

Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

If 'Yes', please complete the table below:

<input type="checkbox"/> Proposer	<input type="checkbox"/> Dependant 1	<input type="checkbox"/> Dependant 2	<input type="checkbox"/> Dependant 3	<input type="checkbox"/> Dependant 4
Name of medical test			Date of initial test	
			<input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> > 5 yrs	
Have you had a follow-up test? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', what was the result? <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Don't know				
Date since last follow-up test <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> > 5 yrs				
Have you been prescribed treatment or been advised to have any further test or required follow-up/monitoring? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If 'Yes', please provide details <input style="width:90%;" type="text"/>				
Name and address of doctor whom you consulted <input style="width:90%;" type="text"/>				
<input style="width:90%;" type="text"/>				

<input type="checkbox"/> Proposer	<input type="checkbox"/> Dependant 1	<input type="checkbox"/> Dependant 2	<input type="checkbox"/> Dependant 3	<input type="checkbox"/> Dependant 4
Name of medical test			Date of initial test	
			<input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> > 5 yrs	
Have you had a follow-up test? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', what was the result? <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Don't know				
Date since last follow-up test <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> > 5 yrs				
Have you been prescribed treatment or been advised to have any further test or required follow-up/monitoring? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If 'Yes', please provide details <input style="width:90%;" type="text"/>				
Name and address of doctor whom you consulted <input style="width:90%;" type="text"/>				
<input style="width:90%;" type="text"/>				

SECTION I: UNDERWRITING QUESTIONS (continued)

(Please complete this Section if you are purchasing Singlife Shield and/or Singlife Health Plus)

6. Are you currently experiencing **symptoms** or **considering** seeking medical advice or treatment for your health other than minor illnesses such as cold and flu?

If 'Yes', please complete the table below:

Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

<input type="checkbox"/> Proposer	<input type="checkbox"/> Dependant 1	<input type="checkbox"/> Dependant 2	<input type="checkbox"/> Dependant 3	<input type="checkbox"/> Dependant 4
What are the symptoms or conditions?	Date of first symptoms		Date of any planned medical consultation	
	<input type="checkbox"/> 0 to 6 months <input type="checkbox"/> 7 to 12 months <input type="checkbox"/> 1 year or more			
<input type="checkbox"/> Proposer	<input type="checkbox"/> Dependant 1	<input type="checkbox"/> Dependant 2	<input type="checkbox"/> Dependant 3	<input type="checkbox"/> Dependant 4
What are the symptoms or conditions?	Date of first symptoms		Date of any planned medical consultation	
	<input type="checkbox"/> 0 to 6 months <input type="checkbox"/> 7 to 12 months <input type="checkbox"/> 1 year or more			
<input type="checkbox"/> Proposer	<input type="checkbox"/> Dependant 1	<input type="checkbox"/> Dependant 2	<input type="checkbox"/> Dependant 3	<input type="checkbox"/> Dependant 4
What are the symptoms or conditions?	Date of first symptoms		Date of any planned medical consultation	
	<input type="checkbox"/> 0 to 6 months <input type="checkbox"/> 7 to 12 months <input type="checkbox"/> 1 year or more			

SECTION J: UNDERWRITING QUESTIONS (Please complete this Section if you are purchasing Singlife Cancer Cover Plus II)

1. Have you ever had or are you currently under investigation for:

a. Cancer, carcinoma in situ of any kind, Hepatitis B (other than healthy carriers*), Hepatitis C, Cirrhosis, liver disease due to alcohol, Crohn's disease, Ulcerative Colitis, Barrett's Oesophagus or HIV/AIDS?
**Never been on medication and liver function normal in the last 12 months.*

b. Benign growth(s)? (Please complete the following):

i. The following growth(s) which doctors have advised that no treatment or referral to a specialist is needed - adenomyosis, cervical cyst, chalazion, dermoid cyst, endometriosis, keratinous cyst, nabothian cyst, sebaceous cyst, or spinal synovial cyst. *For simple breast cyst, please refer to (ii).*

ii. The following growth(s) which has been removed with no recurrence and no further follow-up needed - simple breast cyst, congenital brain cyst (arachnoid/colloid), endometrial polyp, gallbladder polyp, hemangioma, lipoma, ovarian cyst, pilonidal cyst, rhabdomyoma, or uterine fibroid.

iii. Breast growth (fibroadenoma, fibrocystic breast disease, etc.)

iv. Colon polyp (removed, no recurrence and no further treatment or follow-up needed)

v. Other than the above

Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION J: UNDERWRITING QUESTIONS *(continued)*

(Please complete this Section if you are purchasing Singlife Cancer Cover Plus II)

	Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4
<p>2. Have you been advised (other than routine screening by age, where results are normal) or intend to undergo any of the following: biopsy, tumour markers, endoscopy, colonoscopy, ultrasound, CT/MRI/PET scan, mammography, pap smear OR had any investigations/tests which were abnormal and/or required monitoring? *For scans done due to injury or heart disease (e.g. heart valve disorder, etc.), please answer No.</p> <p>If you answer 'Yes' to Q2, please select ONE option from (a) to (c).</p> <p>a. Result is normal b. Abnormal result or require monitoring c. Awaiting result</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c
<p>3. Did you have any of these symptoms in the last 6 months:</p> <p>a. weight loss of more than 5 kgs without diet or lifestyle modification; or b. coughing with blood; or c. unusual bleeding or discharge from any body part for more than one week continuously; or d. persistent change in bowel or bladder habits; or e. a mole or skin blemish which has changed in appearance.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION K: PERSONAL DATA CONSENT

- Let's stay in touch – on your terms!**
Experience better ways to financial freedom with our exclusive offers and news via email, mail, calls and messaging platforms. Simply tell us if you're interested:

Yes please, I want to hear about offers and news just for me.

No thanks, I don't want to hear about offers and news just for me.

Update your preference anytime, anywhere at MySinglife (www.singlife.com/mysinglife) or contact Singlife at +65 6827 9933.
- I/We, for and on behalf of myself and all proposed Lives Assured, consent to Singapore Life Ltd. ("Singlife") collecting, using and/or disclosing my/our personal data (whether contained in this form or obtained from other sources; existing data in Singlife's record or to be collected in future) for the following purposes:

 - to issue and administer my/our existing and/or new policy(ies) and/or account(s) with Singlife and such other purpose ancillary or related to the administering of the policy(ies) and/or account(s), including the processing of my/our personal data for underwriting purposes, payment of premiums (including, where applicable, the deduction of premiums due from the MediSave accounts of the proposed Lives Assured) and/or claims purposes;
 - for statistical, research, compliance, audit and regulatory purposes;
 - to provide general information on product enhancements and services relevant to my/our needs or policies (including increasing benefits, adding riders/supplements and/or Lives Assured) as well as to provide financial advice or product recommendations to me/us, where applicable; and
 - where applicable, to provide me with information about Singlife's and Singlife related group of companies' products and services (including marketing offers and promotions).
- I/We, for and on behalf of myself and all proposed Lives Assured, also consent to Singlife disclosing and/or transferring my/our personal data to Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my/our financial adviser, where applicable), whether located in Singapore or elsewhere, for the above purposes and such other purposes as described in Singlife's Data Protection Notice.
- Where applicable, I/we, for and on behalf of myself and all proposed Lives Assured, confirm that for the personal data of other individuals (contained in this form) that I/we have disclosed to Singlife, that I/we have prior to disclosing such personal data to Singlife, obtained the appropriate consent from the individual(s) to:

 - permit me/us to collect, use and/or disclose the individual's(s') personal data to Singlife for the above purposes;
 - permit Singlife to collect, use and/or disclose the individual's(s') personal data for the above purposes; and
 - permit Singlife to disclose and/or transfer the individual's(s') personal data to Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my/our financial adviser, where applicable), whether located in Singapore or elsewhere, for the above purposes.
- I/We, for and on behalf of myself and all proposed Lives Assured, confirm that I/we have read, understood and agree to be bound by the terms of Singlife's Data Protection Notice (which may be found on <https://singlife.com/en/pdpa>) as may be amended, supplemented and/or substituted by Singlife from time to time, and confirm that I/we am/are aware that the latest version of such terms (amended, supplemented and/or substituted version) will be posted on Singlife's website and such version shall bind me/us upon posting and/or where I/we continue to use the relevant products and services offered by Singlife to which such terms relate to.

SECTION L: E-DOCUMENTS

Let's work together to save the trees.

You will receive your policy, any endorsements and communications electronically once they are ready. Please provide us with your mobile number and email address, and we will inform you when e-documents are ready for viewing online at www.singlife.com/MyDocuments. If e-documents are not available, you will receive printed documents. This will apply to all your individual life and health policies with Singapore Life Ltd. You may log on to MySinglife to opt for your preferred document option and may switch between e-documents and printed documents.

Please tick here if you wish to continue to receive hard copies of your policy, any endorsements and communications. This will apply to all your individual life and health policies with Singapore Life Ltd.

SECTION M: DECLARATION

AUTHORISATION & DECLARATION BY PROPOSER (CPF ACCOUNT HOLDER)

1. I authorise the Central Provident Fund Board (the "CPFB") to deduct premium(s) due for the Life/Lives to be Insured as named under this application (the "**Life/Lives to be Insured**") from my MediSave account (including any new MediSave account(s) which I may have arising from obtaining Singapore Permanent Resident status or otherwise) in accordance with the provisions of the Central Provident Fund Act 1953, the MediShield Life Scheme Act 2015 and the respective subsidiary legislation made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the CPFB from time to time for the purposes of the Private Medical Insurance Scheme (or by such other name as it may be referred to from time to time) (PMIS).
2. I authorise the CPFB to disclose information/seek information on a confidential basis to/from any Insurer(s) for the PMIS in respect of the insurance cover issued following this application. Such information includes but is not limited to:
 - (i) payment and amount of premiums due, including the deduction of premiums from my MediSave account and my MediSave account balance;
 - (ii) the making of refunds under the PMIS, as the CPFB shall reasonably consider appropriate; and
 - (iii) the amount of premium subsidies for the Life/Lives to be Insured and the amount of additional premium applicable to the Life/Lives to be Insured.
3. (Applicable if Life Assured is the Proposer's sibling) I confirm, warrant and represent that I am responsible for bearing the healthcare costs, including the costs to be covered in respect of the Life/Lives to be insured and I will suffer direct financial loss if any of the events to be insured under this application occurs. Accordingly, I acknowledge and agree that I have an interest in the subject matter and the events to be insured.
4. Subject to the relevant laws and terms and conditions, I understand that:
 - (i) Upon the commencement of this Singlife Shield cover, any other existing Integrated Shield Plan (if any) under the PMIS in favour of the Life/Lives to be Insured shall automatically terminate; and
 - (ii) Upon the commencement of another Integrated Shield Plan in favour of the Life/Lives to be Insured, this Singlife Shield cover of the Life/Lives to be Insured shall automatically terminate.
5. I confirm that the contents of (a) Your Guide to Health Insurance and Infographic "Evaluating My Health Insurance Coverage"; (b) Interim Cover Terms & Conditions; (c) Product Summary; (d) Fact Find Form; and (e) Infographic "Moratorium on Genetic Testing and Insurance" have been explained to my satisfaction. I have received a copy of (c) and (d) and have been informed and directed to view or download a copy of Your Guide to Health Insurance and Infographic "Evaluating My Health Insurance Coverage", and Infographic "Moratorium on Genetic Testing and Insurance" from singlife.com.
6. I am aware that I can seek advice from a qualified Financial Adviser Representative before I sign this Application Form. Should I choose not to, I take sole responsibility to ensure that this product is appropriate for my financial needs and insurance objectives. I have read a copy and understand the contents of the Your Guide to Health Insurance and Infographic "Evaluating My Health Insurance Coverage" which are found at singlife.com. I understand that if I decide that the Policy is not suitable for me after purchasing the Policy, I have the right to cancel the Policy and obtain a refund of any premium paid (less any expenses incurred in assessing the risk under the Policy), by giving written notice to Singapore Life Ltd. within 21 days (free-look period) from the date of receipt of the Policy. If the Policy was sent to me by post, I will be considered to have received it seven (7) days from the date of posting. (Applicable to Direct Marketing)
7. I am aware that the product I am applying for is authorised for sale in Singapore and I acknowledge that I am responsible for ensuring that the laws and regulations applicable to my nationality and country of residence allows my purchase of this product. I understand that no liability can be accepted by Singapore Life Ltd. for any legal consequences under the laws of any other country or any tax implications that may arise in connection with my purchase of this product. I am also responsible for my own tax affairs and hereby declare that I have not been convicted of any serious tax crimes.
8. I declare that I have not been the subject of any proceedings of a criminal nature or have been notified of any potential proceedings or of any investigation which might lead to those proceedings, or have been convicted of a criminal offence, or am being subject to any pending proceedings which may lead to such a conviction, under any law in any jurisdiction.
9. I further declare that I am not an undischarged bankrupt and that I have committed no act of bankruptcy within the last twelve months and no receiving order or adjudication order in bankruptcy has been made against me during that period.
10. I am aware and agree that I make/provide these declarations and authorisations on behalf of myself and all dependants who are below 16 years old. (where applicable)

AUTHORISATION & DECLARATION BY PROPOSER AND/OR DEPENDANTS

1. I/We, the Life/Lives to be Insured named under this application, hereby consent to the transfer and disclosure, at any time and without notice to me/us, of any medical information on me/us, in the Insurer's possession, between the Insurer and other Insurers administering or operating the PMIS, for the purpose of assessing my/our insurability and/or the making of a claim under the PMIS.
2. I/We, the Life/Lives to be Insured named under this application, hereby consent to the transfer and disclosure of my/our medical information in the Insurer's or the CPF Board's possession, at any time and without notice, between the Insurer and CPF Board for the purpose of assessing my/our insurability and or the making of claims under the PMIS.
3. I/We understand that the insurance shall not become effective until it is accepted and confirmed in writing by Singapore Life Ltd.
4. I/We declare that:
 - (a) all the information on this Application Form is true and complete and no material fact likely to influence the assessment and acceptance of this application, has been withheld to the best of my/our knowledge and understand that any misrepresentation or concealment of facts shall render the policy to be issued and any other policy which I/we have with Singapore Life Ltd. to which the information applies null and void.
 - (b) I/We agree to inform Singapore Life Ltd. ("Singlife") if there is any change in my/our and/or any dependant's health or other disclosures, statements, information or declarations that I/we have made in this Application Form between the date of this application and the date the policy is issued. This includes but is not limited to any change in the state of my/the proposed life assured's health, or if I/the proposed life assured plan to seek medical consultation, investigation, or treatment, or any change to my coverage under my existing insurance policies or concurrent insurance applications that I/we have. If any information disclosed to Singlife (whether on this Application Form or otherwise) disagrees with any information disclosed to Singlife on another application form or otherwise, I/we shall answer all questions and provide all documentation which Singlife may require; and if a Pre-Existing Condition is found, Singlife may, in its absolute discretion, impose conditions (including but not limited to permanent exclusion of the Pre-Existing Condition), void or terminate my/our policy or reject my/our application. I/We understand the terms of accepting me/us and/or any dependant as a risk for insurance coverage may vary accordingly to such information received.
5. I/We have fully read and understood and accept the Singlife Shield Interim Terms and Conditions (Accidental Medical Reimbursement) ("**Interim Terms & Conditions**") and am/are aware that I/we can download a copy of the Interim Terms & Conditions at www.singlife.com/singlifeshield-interim-tnc.
6. I/We authorise any medical source, insurance office, or organisation to release to Singapore Life Ltd. and Singapore Life Ltd. to release to any medical source, insurance office or organisation, to the extent permitted by law, all relevant information concerning me/us and/or any proposed life assured at any time, regardless of whether the application is accepted by Singapore Life Ltd. A photographic or electronic copy of this authorisation shall be as valid as the original.
7. I/We understand and agree that:
 - (a) Singapore Life Ltd. ("**Singlife**") is entitled not to accept or process this application should I/we, or a person connected with the relevant Policy, be found to be a Prohibited Person. A Prohibited Person means a person or entity (including any director or direct/indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, beneficiaries, or my/our beneficial owners or beneficiaries' beneficial owners) who is/are subject to any laws, regulations and/or sanctions administered by any regulatory authorities in any country, which have the effect of prohibiting Singlife from providing insurance coverage, transacting business with or otherwise offering any economic benefits to me/us or any other beneficiaries or assignees under the relevant Policy. As an ongoing obligation, I/we shall immediately inform Singlife if there are any changes to my/our or the identities, status/constitution/establishment, particulars and identification documents of these persons. If an application is accepted or processed by Singlife despite a person connected with the relevant Policy being a Prohibited Person, Singlife shall be entitled to block or terminate the relevant Policy at any time, whether with effect from inception of the relevant Policy or otherwise; and
 - (b) Singlife shall act in accordance with the economic sanctions laws, regulations, prohibitions, resolutions, embargoes, restrictions or rules relating to individuals, entities and/or countries, that are applicable to its business operations, including but not limited to those imposed, enacted, administered or enforced by the United Nations, the United States, including without limitation, (i) the Office of Foreign Assets Control of the US Department of Treasury (**OFAC**); (ii) the United Nations; (iii) the European Commission; (iv) the United Kingdom including without limitation, His Majesty's Treasury (**HMT**); (v) Singapore, including but not limited to the Monetary Authority of Singapore (**MAS**); (vi) any other trade or economic sanctions authority or regime in any country that Singlife considers applicable; (together "**Sanctions**"). Accordingly, Singlife shall not enter into or continue with a contract or business arrangement that could potentially cause Singlife to incur risks of violating, or cause Singlife to violate, Sanctions. Singlife shall have the right to take all action that it deems appropriate to act in accordance with Sanctions, including but not limited to blocking, reporting, suspending and/or terminating Singlife's relationship with me/us and/or any sanctioned person connected with the relevant Policy, and not making or receiving payments under the relevant Policy, without any obligation to notify me/us and/or any sanctioned person under the relevant Policy in advance of taking such actions, or obtain licences from any government to enable the continuance of Singlife's relationship with me/us and or any such individual or entity.
 - (c) Singlife's decision in sub-paragraphs (a) and (b) above shall be final.
8. I/We declare that my/our Financial Adviser Representative has advised me/us that:
All Singapore Citizens and Permanent Residents will be covered by MediShield Life, regardless of my/our decision on an Integrated Shield Plan. An Integrated Shield Plan comprises two parts - a MediShield Life portion provided by the Central Provident Fund Board (CPF Board) and an additional private insurance coverage provided by Singapore Life Ltd. I/We am/are aware and have considered the long-term financial commitments to pay the premiums. As Integrated Shield Plan premiums are higher than MediShield Life premiums, there should be sufficient monies in my/our MediSave account(s) or I/we should have enough cash to pay for MediShield Life premiums on an ongoing basis before I/we consider purchasing an Integrated Shield Plan.
9. If I/we opt to receive my/our policy, endorsements and communications electronically ("**e-docs**"), I/we agree that:
 - (a) my/our e-docs will be made available in my/our MySinglife account; and
 - (b) an e-doc is deemed to have been received by me/us upon my receipt of the SMS and/or email that it is accessible on MySinglife. The SMS or email will be sent to the last known mobile number and/or email address notified to Singapore Life Ltd.

SECTION M: DECLARATION *(continued)*

- 10. If my/our policy, any endorsements or communications is mailed, I/we am/are deemed to have received it 7 days from the date of posting to the last known address notified to Singapore Life Ltd.
- 11. I/We represent, warrant and undertake that:
 - (a) my/our mobile number, address and email address notified to Singapore Life Ltd. is correct and complete;
 - (b) I/we will notify Singapore Life Ltd. immediately of any change to my/our mobile number, address or email address; and
 - (c) I/we shall indemnify Singapore Life Ltd. for any losses, damages or other consequences arising from or in connection with any incomplete or incorrect mobile number, address and email address.

WARNING:

Anyone who pays for, or is insured under Singlife Shield/Singlife Health Plus 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 Singlife Shield/Singlife Health Plus policy, you will stop receiving APS. This applies even if you are not the person paying for this Singlife Shield/Singlife Health Plus policy.

In addition, if you choose to be insured under this Singlife Shield/Singlife Health Plus policy, the person paying for Singlife Shield/Singlife Health Plus 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.**

Important Notes:

If a material fact is not disclosed in this application, any policy issued and any policy which you have with Singapore Life Ltd. to which the material fact applies may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Financial Adviser Representative but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.

Additionally and without prejudice to the parties' rights and obligations whether under law or otherwise, following the submission of your proposal, you must continue to disclose any and all material facts that may arise or which have changed from the information you had provided.

Signed and declared in SINGAPORE on (DD/MM/YYYY)

Signature of Proposer	Signature of Financial Adviser Representative
Name	I confirm that I have sighted the original(s) of my customer's identification document(s)

Signature of all Dependants who are 16 years old and above.

Signature of Dependant 1	Signature of Dependant 2	Signature of Dependant 3	Signature of Dependant 4
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PRODUCT SUMMARY

Date	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD/MM/YYYY)		
Presented to	<input type="text"/>	Name of Financial Adviser Representative	<input type="text"/>
	(Name of Proposer)		
Signature of Proposer	<input type="text"/>	Signature of Financial Adviser Representative	<input type="text"/>

'You/Your' means the owner of the policy who is named as the assured in the policy schedule. 'Life assured' means the person named as the life assured in the policy schedule. 'We/Us/Our' means Singapore Life Ltd.

Warning:

Anyone who pays for, or is insured under Singlife Shield 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 Singlife Shield policy, you will stop receiving APS. This applies even if you are not the person paying for this Singlife Shield policy.

In addition, if you choose to be insured under this Singlife Shield policy, the person paying for Singlife Shield 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.

DESCRIPTION OF PRODUCT

Singlife Shield is a medical insurance plan covering the life assured for costs associated with:

- hospital stay,
- surgery, and
- selected outpatient treatment.

If your policy is integrated with MediShield Life, it adds to the MediShield Life tier operated by CPF (Central Provident Fund) Board and gives extra benefits for those who would like more cover and medical insurance protection. For more details on MediShield Life and how it works with Singlife Shield, you can visit <https://www.medishieldlife.sg>

All benefits only pay reimbursement for reasonable expenses for necessary medical treatment received by the life assured due to illness or injury and depend on:

- the terms and conditions in your policy,
- the limits shown in the benefits schedule, and
- the exclusions in your policy.

Treatment must be provided by a hospital or licensed medical centre or clinic.

Product At-a-glance

- Guaranteed renewability and unlimited lifetime cover.
- Receive higher policy coverage and benefits under Singlife Shield plan 1 when you seek treatment at our panel specialists.
- Family Discount for Child(ren) under plan 2 coverage for up to 4 children until age 20 at age next birthday if both parents are covered under Singlife Shield plan 1 or 2.

1. Comparison of Benefits between MediShield Life and Singlife Shield plan

A Singlife Shield policy is made up of 2 parts:

- the MediShield Life portion provided by the CPF Board, and
- additional private insurance coverage provided by us.

The full Singlife Shield premium comprises the MediShield Life premium and your Singlife Shield's additional coverage premium.

In the event of hospitalisation / medical treatment, your final payout will comprise the MediShield Life payout and the Singlife Shield additional coverage payout. For example, if the payout computed based on the full Singlife Shield benefits is S\$2,000, and the payout based on MediShield Life benefits is S\$500, the policyholder will receive S\$2,000, which comprises S\$500 from the MediShield Life payout, and S\$1,500 from the Singlife Shield additional coverage payout. In the case where the payout based on MediShield Life benefits is higher than that from the Singlife Shield benefits, the eventual payout will be based on the MediShield Life benefits.

Benefits	Singlife Shield (Payout includes MediShield Life payout)			MediShield Life (as of 1st April 2025)		
	Plan 1	Plan 2	Plan 3			
Hospital ward type	Any single bedded standard ward of a private hospital	Any A1 standard ward of a public hospital	Any B1 standard ward of a public hospital	Any 6-bed (B2/C) standard ward of a public hospital		
Inpatient hospital treatment						
Daily room, board and medical related services ¹	As charged			S\$830 per day (S\$1,630 per day for first 2 days of hospitalisation)		
Intensive care unit (ICU) ¹				S\$5,140 per day (S\$5,940 per day for first 2 days of hospitalisation)		
Surgical benefit² (per surgery)	As charged			A	B	C
Table 1 A/B/C (less complex procedures)				S\$240	S\$420	S\$490
Table 2 A/B/C				S\$760	S\$1,120	S\$1,120
Table 3 A/B/C				S\$1,390	S\$1,740	S\$1,920
Table 4 A/B/C				S\$2,310	S\$2,370	S\$2,460
Table 5 A/B/C				S\$2,700	S\$3,270	S\$3,270
Table 6 A/B/C				S\$3,540	S\$3,540	S\$3,540
Table 7 A/B/C (more complex procedures)				S\$3,900	S\$3,900	S\$3,900
Surgical implants ³	As charged			S\$7,000 per treatment		
Radiosurgery ^{4, 5}				S\$15,700 per treatment course (including Proton Beam Therapy - Category 4) ⁴		
Major organ transplant benefit ⁶				Covered under inpatient hospital treatment		
Stem cell transplant benefit ⁵				Covered under inpatient hospital treatment (S\$6,000 per treatment for continuation of autologous bone marrow transplant treatment for multiple myeloma)		
Accident inpatient dental treatment ⁷				Covered under inpatient hospital treatment		
Pre-hospital treatment ⁹ (Accident and Emergency (A&E) treatment within 24 hours before an inpatient treatment for the same injury or illness is covered.)	As charged up to 180 days before admission (A&E unit or preferred medical provider ³²) or As charged up to 90 days before admission (non-panel specialist in a private hospital)			N.A.		
Post-hospital treatment ⁸	As charged up to 365 days after discharge (A&E unit or preferred medical provider ³²) or As charged up to 180 days after discharge (non-panel specialist in a private hospital)			N.A.		

Singlife Shield_PS_Apr2025

Benefits	Singlife Shield (Payout includes MediShield Life payout)			MediShield Life
	Plan 1	Plan 2	Plan 3	
Hospital ward type	Any standard ward of a private hospital	Any standard ward of a public hospital	Any 4-bed (B1) standard ward of a public hospital	Any 6-bed (B2) standard ward of a public hospital
Inpatient hospital treatment				
Stay in a community hospital ⁹ (Rehabilitation)	As charged			S\$370 per day
Stay in a community hospital ⁹ (Sub-acute)				S\$570 per day
Inpatient congenital anomalies (first diagnosed after a waiting period of 12 months)	As charged			Covered under inpatient hospital treatment
Inpatient congenital anomalies (first diagnosed within a waiting period of 12 months)	N.A.			Covered under inpatient hospital treatment
Inpatient pregnancy complications ¹⁰ (after a waiting period of 10 months)	As charged			Covered under inpatient hospital treatment
Living donor organ transplant ¹¹ (after a waiting period of 24 months)	S\$50,000 per lifetime	S\$30,000 per lifetime	S\$20,000 per lifetime	Covered under inpatient hospital treatment
Continuation of autologous bone marrow transplant treatment for multiple myeloma ¹²	As charged			S\$6,000 per treatment
Major outpatient treatment				
Outpatient kidney dialysis	As charged			S\$1,750 per month
Outpatient erythropoietin				S\$220 per month
Patients receiving treatment for one primary cancer				
Outpatient cancer drug treatment on Cancer Drug List ¹³	5 times the MediShield Life claim limit for one primary cancer per month			S\$200 – \$9,600 per month (depending on cancer drug treatment)
Outpatient cancer drug services ¹⁴	5 times the MediShield Life claim limit for one primary cancer per policy year			S\$3,600 per year
Patients receiving treatment for multiple primary cancers¹⁵				
Outpatient cancer drug treatment on Cancer Drug List ¹³	Sum of the highest cancer drug treatment limit among the claimable treatments received for each primary cancer per month			Sum of the highest cancer drug treatment limit among the claimable treatments received for each primary cancer per month
Outpatient cancer drug services ¹⁴	5 times the MediShield Life claim limit for multiple primary cancers per policy year			S\$7,200 per year
Outpatient radiotherapy for cancer ⁵ which includes:				
– Hemi-body radiotherapy	As charged			S\$620 per treatment
– External or superficial radiotherapy				S\$400 per treatment
– Brachytherapy (with or without external radiotherapy)				S\$620 per treatment
– Stereotactic radiotherapy				S\$460 per treatment
Major organ transplant – approved Immunosuppressant drugs				S\$710 per month
Long-term parenteral nutrition ¹⁶				S\$2,200 per month

PLAN FEATURES AND BENEFITS (continued)

Benefits	Singlife Shield (Payout includes MediShield Life payout)			MediShield Life
	Plan 1	Plan 2	Plan 3	
Hospital ward type	Any standard ward of a private hospital	Any standard ward of a public hospital	Any 4-bed (B1) standard ward of a public hospital	Any 6-bed (B2) standard ward of a public hospital
Special benefits				
Extra inpatient benefit for 5 critical illnesses - heart attack of specified severity - major cancer ⁵ - stroke with permanent neurological deficit - end stage lung disease - end stage liver disease	S\$150,000 per policy year	S\$100,000 per policy year	S\$50,000 per policy year	N.A.
Inpatient psychiatric treatment ¹⁷ (after 10 months of continuous cover)	As charged up to 60 days per policy year	As charged up to 45 days per policy year	S\$500 per day up to 35 days per policy year	S\$230 per day up to 60 days per policy year
Inpatient psychiatric treatment ¹⁷ (within 10 months of continuous cover)	S\$500 per day up to 35 days per policy year			
Family discount for child(ren)	Yes	Yes	N.A.	N.A.
Free new-born benefit ¹⁸	S\$50,000 per policy year			N.A.
Emergency overseas treatment ¹⁹	As charged (pegged to costs of private hospitals in Singapore)	As charged (pegged to costs of public hospitals in Singapore)	As charged (pegged to costs of public hospitals in Singapore)	N.A.
Planned overseas treatment ²⁰	As charged (pegged to costs of private hospitals in Singapore)	As charged (pegged to costs of public hospitals in Singapore)	As charged (pegged to costs of public hospitals in Singapore)	N.A.
Inpatient and outpatient Proton Beam Therapy treatment ²¹ which includes: – Proton Beam Therapy - Category 1 – Proton Beam Therapy - Category 2 – Proton Beam Therapy - Category 3 – Proton Beam Therapy - Category 4	S\$70,000 per policy year			S\$400 per treatment S\$620 per treatment S\$400 per treatment Covered under Radiosurgery
Inpatient and outpatient Cell, Tissue and Gene Therapy ^{21,22}	S\$150,000 per treatment per lifetime			N.A.
MOH-approved Inpatient palliative care service ²³ (General)	As charged			S\$460 per day
MOH-approved Inpatient palliative care service ²³ (Specialised)				S\$500 per day
Preventive treatment for cancer ²⁴	As charged			N.A.
Final Expenses Benefit²⁵	S\$10,000			N.A.

Benefits		Singlife Shield			MediShield Life	
		Plan 1	Plan 2	Plan 3		
Pro-ration factor*						
		Singapore Citizen (SC) / Singapore Permanent Resident (SPR) / Foreigner			SC	SPR
Public hospital	Class C ward	100%	100%	100%	100%	50% - 60%
	Class B2 ward / Subsidised short stay ward				100%	50% - 60%
	Class B2+ ward				100%	50% - 60%
	Class B1 ward				34% - 35%	29% - 30%
	Class A ward / Unsubsidised short stay ward		100%	85% ²⁶	25% - 27%	25%
	Subsidised day surgery		100%	100%	100%	54% - 58%
	Unsubsidised day surgery			25% - 33%	25% - 33%	
	Subsidised major outpatient treatment			100%*	56% - 67%*	
	Unsubsidised major outpatient treatment			35% - 100%	35% - 56%	
Private hospital	Inpatient	100%	50% ²⁶	35% ²⁶	10% - 16%	10% - 16%
	Day surgery				15% - 21%	15% - 21%
	Major outpatient treatment				30% - 100%	30% - 56%
Community hospital / MOH-approved Inpatient Hospice Palliative Care Service (IHPCS) provider	Class C ward	100%	100%	100%	100%	60%
	Class B2 ward				100%	60%
	Class B2+ ward				45%	37%
	Class B1 ward				45%	37%
	Class A ward		85% ²⁷	45%	37%	
	Private ward		50%	35% ²⁷	45%	37%
Hospital outside Singapore			50% ²⁶	35% ²⁶	N.A.	
Singlife Shield annual deductible²⁸ for life assured age 80 years and below next birthday on the renewal date						
Inpatient						
Class C ward			S\$1,500			S\$2,000
Class B2 / B2+ ward			S\$2,000			S\$2,500
Class B1 ward			S\$2,500			
Class A ward / Private hospital			S\$3,500			S\$3,500
Hospital outside Singapore						N.A.
Short stay ward or day surgery	Subsidised		S\$1,500			S\$1,500
	Unsubsidised		S\$2,000			
Singlife Shield annual deductible²⁸ for life assured age 81 years and above next birthday on the renewal date						
Inpatient						
Class C ward			S\$2,250			S\$2,750
Class B2 / B2+ ward			S\$3,000			S\$3,500
Class B1 ward			S\$3,750			
Class A ward / Private hospital			S\$5,250			S\$4,500
Hospital outside Singapore						N.A.
Short stay ward or day surgery	Subsidised	S\$3,000	S\$3,000	S\$2,500	S\$2,000	
	Unsubsidised	S\$4,500	S\$4,500	S\$3,000		

Benefits	Singlife Shield			MediShield Life	
	Plan 1	Plan 2	Plan 3		
Co-insurance					
All ward classes and day surgery claimable amount ²⁹					
Inpatient (including day surgery)	S\$0 - S\$5,000	10% (applies to claimable amount after Singlife Shield annual deductible is paid) Maximum S\$25,500 per policy year ³¹		10%	
	S\$5,001 - S\$10,000			5%	
	>S\$10,000			3%	
Major outpatient treatment ³⁰				10%	
Maximum Claim Limits					
Policy year limit	A&E or Preferred medical providers	S\$2,000,000 ³²	S\$1,000,000	S\$500,000	S\$200,000
	Other than preferred medical providers	S\$1,000,000			
Lifetime limit		Unlimited		Unlimited	
Age Limits (age next birthday)					
Last entry age		75 years old		None	
Maximum cover age		Lifetime		Lifetime	

Footnotes

- ¹ Includes:
- treatment fees
 - meals
 - prescriptions
 - medical consumables
 - doctor's attendance fees
 - medical examinations
 - laboratory tests
 - miscellaneous medical charges
 - cost of equipment loan/rental, nursing charges, home care, transport-related services as part of Mobile Inpatient Care @ Home (MIC@Home)[^]

[^] Applicable to daily room, board and medical related services only.

- ² Includes:
- surgeon's fees
 - anaesthetist's fees
 - operating theatre and facility fees

Any surgery not listed in MOH's Table of Surgical Procedures - table 1 to 7 on the date of surgery is not covered.

- ³ Includes:
- Intravascular electrodes used for electrophysiological procedures
 - Percutaneous Transluminal Coronary Angioplasty (PTCA) Balloons
 - Intra-aortic balloons (or Balloon Catheters)
 - Monofocal non-toric lenses for cataracts only

- ⁴ Radiosurgery includes:
- Novalis radiosurgery and Gamma Knife treatments which can be performed as an inpatient or day surgery procedure. The Singlife Shield annual deductible and pro-ration factor for radiosurgery that applies depends on whether it is classified as an inpatient or day surgery procedure.

For MediShield Life, radiosurgery also includes:

- Proton beam therapy (Category 4) for MOH-approved indications, subject to the patient eligibility criteria for proton beam therapy under MediShield Life, as provided on the MOH website: <https://go.gov.sg/pbt-approved-indications>. MOH may update this from time to time.

For Singlife Shield, proton beam therapy (Category 4) is covered under inpatient and outpatient proton beam therapy benefit.

- ⁵ Excludes:
- Proton Beam Therapy (Category 4)
 - Cell, Tissue and Gene Therapy under Singlife Shield

- ⁶ Major organ transplant benefit covers charges for transplant of:
- cornea,
 - kidney,
 - heart,
 - liver,
 - lung,
 - skin, or
 - musculoskeletal tissue, and
- includes costs of acquiring the organ from a donor.

Footnotes

- ⁷ Treatment must be received within 31 days following the accident.
- ⁸ The benefit will be covered based on the type of specialist and hospital on the date of the life assured's admission.
- ⁹ Upon referral from the attending doctor in a hospital for immediate admission to a community hospital for continuous stay. The treatment in the community hospital must arise from the same injury or illness that resulted in the life assured's inpatient treatment or A&E treatment in the hospital.
- Rehabilitative care refers to therapy to improve the life assured's post-illness disability and functional impairment. Sub-acute care is for complicated medical conditions that require additional medical and nursing care at a lower intensity compared to that provided at the acute hospitals.
- ¹⁰ Inpatient pregnancy complications benefit covers the charges the life assured has to pay for the pregnancy complications listed in Appendix A. Pregnancy complications must be first diagnosed by a registered obstetrician after a waiting period of 10 months. Pre-hospital treatment received before and post-hospital treatment received after inpatient pregnancy complications treatment are not covered. Please note that delivery charges are not covered, except in the event of caesarean section with hysterectomy.
- ¹¹ Living donor organ transplant benefit covers charges for major organ transplants of the kidney or liver where the life assured is a living donor and the recipients for this organ transplant is conducted on the life assured's parent, sibling, child or spouse. Pre-hospital treatment received before and post-hospital treatment received after living donor organ transplant are not covered.
- ¹² Continuation of autologous bone marrow transplant treatment for multiple myeloma benefit covers charges the life assured has to pay for continuation of autologous bone marrow transplant treatment for multiple myeloma, as an outpatient. These include:
- consultation charges,
 - clinical and lab investigations,
 - consumables, and
 - chemotherapy and prescribed medication,
- incurred as a result of the following treatments:
- stem-cell mobilisation
 - harvesting of healthy stem cells
 - pre-transplant workup
 - use of high dosage chemotherapeutic drugs to destroy the cancerous cells
 - engraftment of healthy stem cells
 - post-transplant monitoring

Singlife Shield annual deductible applies for continuation of autologous bone marrow transplant treatment for multiple myeloma.

Subsidised patients will follow the inpatient deductible for Class C and non-subsidised patients will follow the inpatient deductible for Class B2.

- ¹³ Outpatient cancer drug treatment benefit covers the charges the life assured has to pay as an outpatient at a hospital or cancer treatment centre registered with the MOH or approved by us for cancer drug treatment that are listed on the Cancer Drug List / CDL. Treatments are defined as drug-indication pairs, as described in the CDL: <https://go.gov.sg/moh-cancerdruglist>.

Outpatient cancer drug treatments are only claimable under your policy if used according to the clinical indications specified on the CDL (as at the date of treatment), unless otherwise stated in your policy. MOH may update the CDL from time to time.

For each primary cancer, if:

- the CDL treatment involves more than one drug, we allow drug omission or replacement with another CDL drug with the indication "for cancer treatment", only if they are due to intolerance or contraindications. In such cases, the claim limit of the original CDL treatment will continue to apply.
- multiple cancer drug treatments are administered in a month, and any of the CDL treatments have an indication that states "monotherapy", only CDL treatments with the indication "for cancer treatment" will be claimable in that month. Otherwise, the following will apply:
 - (a) If more than one of the cancer drug treatments administered in a month have an indication other than "for cancer treatment", only CDL treatments with the indication "for cancer treatment" will be claimable in that month.
 - (b) If one or none of the cancer drug treatments administered in a month has an indication other than "for cancer treatment", all CDL treatments will be claimable in that month.

We will pay up to the highest limit among the CDL treatments that are claimable in that month.

If a life assured is receiving treatment for multiple primary cancers, you may apply to MOH and us for a higher claim limit, subject to prevailing terms and conditions. The life assured's doctor(s) must submit the application form to MOH and us to assess the MediShield Life and Singlife Shield Plan coverage respectively. If your application is approved, we will pay up to the sum of the highest limit among the claimable CDL treatments for each primary cancer in that month.

For avoidance of doubt, for CDL treatments, the indications refer to the clinical indications of the drug as specified on the CDL on MOH's website <https://go.gov.sg/moh-cancerdruglist>. Non-CDL treatments will be considered as having an indication other than "for cancer treatment".

The cancer drug treatment benefit limit is based on a multiple of the MediShield Life claim limit for the specific cancer drug treatment. Please refer to the Cancer Drug List / CDL on the MOH website: <https://go.gov.sg/moh-cancerdruglist> for the MediShield Life claim limit on the applicable cancer drug treatment.

- ¹⁴ Outpatient cancer drug services covers the charges the life assured has to pay for cancer drug services for outpatient cancer drug treatments. The services are not required to be specific to treatments on the CDL and are payable even if they were for a non-CDL treatment.

These include:

- consultations,
- scans,
- lab investigations,
- treatment preparation and administration fee,
- supportive care drugs (e.g., for pain/nausea), and
- blood transfusions,

as long as these are part of cancer drug treatment.

We also cover charges incurred after the final cancer drug treatment session (for example, consultations, tests and scans) under the cancer drug services benefit, only if the charges are part of the final review of the cancer drug treatment regime.

Footnotes

The cancer drug services benefit does not cover:

- radiotherapy services (covered under radiotherapy treatments), and
- any charges incurred before the cancer is diagnosed, after the cancer has gone into remission or once the course of cancer drug treatment has ceased.

If a life assured is receiving cancer drug services for multiple primary cancers, you may apply to MOH and us for a higher claim limits, subject to prevailing terms and conditions. The life assured's doctor(s) must submit the application form to MOH and us to assess the MediShield Life and Singlife Shield Plan coverage respectively.

If your application is approved, we will pay up to a maximum of twice the claim limit for cancer drug services even if the life assured receives concurrent treatment for more than 2 primary cancers within the same policy year.

Non Cancer Drug List / Non-CDL treatments means cancer drug treatments that are excluded from the Cancer Drug List and classified as Non-CDL treatments in the Non-CDL Classification Framework developed by the Life Insurance Association, Singapore, as set out in <https://www.lia.org.sg/media/3553/non-cdl-classification-framework.pdf>.

The cancer drug services benefit limit is based on a multiple of the MediShield Life claim limit for cancer drug services. Please refer to the MOH website: <https://go.gov.sg/mshlbenefits> for the MediShield Life claim limit for cancer drug services.

- 15 Multiple primary cancers are defined as two or more cancers arising from different sites and/or are of a different histology or morphology group.
- 16 Long-term parenteral nutrition benefit covers charges the life assured has to pay for parenteral nutrition bags and consumables necessary for the administration of long-term parenteral nutrition. The life assured must meet the clinical criteria for long-term and home parenteral nutrition covered under MediShield Life.
- 17 Pre-hospital treatment received before and post-hospital treatment received after inpatient psychiatric treatment are not covered.
- 18 Free new-born benefit applies to eligible new-born child(ren) from:
- the 15th day after birth, or
 - the date of discharge from hospital after birth, whichever is later.
- The benefit ends on the date the eligible new-born:
- is 6 months old, or
 - takes up a MediSave-approved integrated shield plan, whichever is earlier.
- Both parents must be covered under plan 1 or plan 2 continuously for at least 10 months from the cover start date of their respective policies on the new-born's date of birth. Pre-hospital treatment received before and post-hospital treatment received after free new-born benefit are not covered.
- 19 Pre-hospital treatment received before and post-hospital treatment received after emergency overseas treatment is not covered. We will pay this benefit only if residency of the life assured is Singapore on the date of the life assured's admission.
- 20 Planned overseas treatment applies to an overseas hospital that has an approved working arrangement with a MediSave-accredited institution / referral centre in Singapore or emergency overseas treatment.
- 21 Proton Beam Therapy benefit or Cell, Tissue and Gene Therapy benefit apply if Proton Beam Therapy treatment or Cell, Tissue and Gene Therapy treatment are received as an inpatient, outpatient or day surgery procedure.
- 22 This benefit will only cover treatments listed on MOH's CTGTP list (go.gov.sg/ctgtp-list). Each CTGTP treatment is only claimable once under your policy.
- 23 Inpatient palliative care service benefit covers charges the life assured has to pay for inpatient palliative care services from a MOH-approved Inpatient Hospice Palliative Care Service (IHPCS) provider. The life assured must be admitted for inpatient palliative care service by a doctor, according to the relevant MOH guidelines.
- 24 Preventive treatment for cancer covers surgery to prevent further cancer if the life assured already had treatment for cancer and we have paid for the treatment.
- 25 Final expenses benefit waives the Singlife Shield annual deductible and co-insurance amounts applicable for the last hospitalisation admission prior to life assured's death, up to the limits stated, upon death taking place during hospitalisation or within 30 days of discharge from hospitalisation and provided death takes place as a result of the cause of the hospitalisation.
- 26 Pro-ration factor is applied to reduce overseas / higher class wards / private hospital bills to:
- a public hospital in Singapore equivalent in the claims computation of plan 2, or
 - 4-bed ward equivalent in a public hospital in Singapore in the claims computation of plan 3.
- This is not applicable to expenses incurred for major outpatient treatment and day surgery at a public hospital in Singapore and for major outpatient treatment at a subsidised dialysis or cancer centre in Singapore.
- 27 Pro-ration factor is applied to reduce the unsubsidised ward (Class A ward and above) charges to equivalent Class B1 ward charges in a community hospital.
- 28 Singlife Shield annual deductible is waived for all major outpatient treatments.
- 29 Claimable amount is the:
- claim limit in the table, or
 - amount after adjusting the charges for pro-ration (if needed), whichever is lower.
- 30 Co-insurance for major outpatient treatments is 10% of a percentage of the charges incurred.
- 31 Co-insurance cap of S\$25,500 per policy year is only applicable for treatment made through A&E or preferred medical providers.
- 32 The policy year limit of S\$2,000,000 assumes that all treatment(s) in the policy year is made through A&E or preferred medical provider(s). Preferred medical provider(s) refers to the list of approved medical providers (e.g., panel specialist in a private hospital for inpatient hospital treatment, doctors in a public hospital, etc.), which may be found at <https://singlife.com/medicalspecialists>, as updated by us from time to time.

***Note:**

- Pro-ration for subsidised outpatient dialysis and erythropoietin treatment is also applicable to treatment at MOH-subvented Voluntary Welfare Organisations.
- MediShield Life pro-ration factors will differ for surgical, daily ward & treatment, outpatient treatment and outpatient dialysis and erythropoietin treatment. Please refer to the MediShield Life Information Booklet (<https://www.cpf.gov.sg/mshlinfo>).
- For details on MediShield Life benefits, please refer to the MediShield Life Information Booklet (<https://www.cpf.gov.sg/mshlinfo>).

2. Premium Rates

The premium is based on the life assured's age next birthday and subjected to GST at the prevailing GST rate.

We may deduct your premium from the designated MediSave account according to the MediShield Life Scheme Act and Regulations.

You must pay the premium or any part of it in cash if:

- the premium you owe is more than the maximum Additional Withdrawal Limit (for Singapore citizens or Singapore permanent residents) or MediSave Withdrawal Limit (for foreigners) set by the CPF Board,
- there are not enough funds in your MediSave account to pay the premium due, or
- the premium, or part of it is not taken from the designated MediSave account for any reason.

Breakdown of Standard Premiums for Singlife Shield

The tables below show the breakdown of premiums for a standard life[^] under your plan type:

For Singapore Citizens / Singapore Permanent Residents

(For foreigners, please refer to singlife.com for the premiums and MediSave Withdrawal Limits)

Singlife Shield Plan 1

Annual premium per person in SG Dollars (inclusive of GST). Premium rates are non-guaranteed.

Age Next Birthday	MediShield Life Premiums (Fully payable by MediSave*)	Additional Private Insurance Coverage		
		Premiums	Additional Withdrawal Limits	Cash Outlay
1	200	196	300	0
2	200	197	300	0
3	200	198	300	0
4	200	199	300	0
5	200	200	300	0
6	200	201	300	0
7	200	202	300	0
8	200	204	300	0
9	200	206	300	0
10	200	209	300	0
11	200	211	300	0
12	200	213	300	0
13	200	215	300	0
14	200	217	300	0
15	200	219	300	0
16	200	223	300	0
17	200	225	300	0
18	200	228	300	0
19	200	231	300	0
20	200	234	300	0
21	295	237	300	0
22	295	240	300	0
23	295	243	300	0
24	295	246	300	0
25	295	249	300	0
26	295	256	300	0
27	295	260	300	0
28	295	263	300	0
29	295	267	300	0
30	295	271	300	0

Singlife Shield Plan 1

Annual premium per person in SG Dollars (inclusive of GST). Premium rates are non-guaranteed.

Age Next Birthday	MediShield Life Premiums (Fully payable by MediSave*)	Additional Private Insurance Coverage		
		Premiums	Additional Withdrawal Limits	Cash Outlay
31	503	356	300	56
32	503	361	300	61
33	503	367	300	67
34	503	371	300	71
35	503	381	300	81
36	503	391	300	91
37	503	401	300	101
38	503	411	300	111
39	503	422	300	122
40	503	432	300	132
41	637	759	600	159
42	637	769	600	169
43	637	791	600	191
44	637	821	600	221
45	637	832	600	232
46	637	987	600	387
47	637	1,029	600	429
48	637	1,039	600	439
49	637	1,143	600	543
50	637	1,237	600	637
51	903	1,247	600	647
52	903	1,352	600	752
53	903	1,456	600	856
54	903	1,508	600	908
55	903	1,560	600	960
56	903	1,712	600	1,112
57	903	1,767	600	1,167
58	903	1,824	600	1,224
59	903	1,881	600	1,281
60	903	1,930	600	1,330
61	1,131	2,244	600	1,644
62	1,131	2,468	600	1,868
63	1,131	2,637	600	2,037
64	1,131	2,805	600	2,205
65	1,131	2,861	600	2,261
66	1,326	3,386	600	2,786
67	1,326	3,444	600	2,844
68	1,326	3,502	600	2,902
69	1,326	3,562	600	2,962

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Singlife Shield Plan 1

Annual premium per person in SG Dollars (inclusive of GST). Premium rates are non-guaranteed.

Age Next Birthday	MediShield Life Premiums (Fully payable by MediSave*)	Additional Private Insurance Coverage		
		Premiums	Additional Withdrawal Limits	Cash Outlay
70	1,326	3,629	600	3,029
71	1,643	4,437	900	3,537
72	1,643	4,671	900	3,771
73	1,643	4,906	900	4,006
74	1,816	5,254	900	4,354
75	1,816	5,603	900	4,703
76	2,027	5,720 [#]	900	4,820
77	2,027	6,072 [#]	900	5,172
78	2,027	6,232 [#]	900	5,332
79	2,187	6,772 [#]	900	5,872
80	2,187	7,058 [#]	900	6,158
81	2,303	7,704 [#]	900	6,804
82	2,303	7,939 [#]	900	7,039
83	2,303	7,966 [#]	900	7,066
84	2,616	8,172 [#]	900	7,272
85	2,616	8,253 [#]	900	7,353
86	2,785	8,843 [#]	900	7,943
87	2,785	8,931 [#]	900	8,031
88	2,785	9,020 [#]	900	8,120
89	2,785	9,139 [#]	900	8,239
90	2,785	9,231 [#]	900	8,331
91	2,826	9,408 [#]	900	8,508
92	2,826	9,503 [#]	900	8,603
93	2,826	9,598 [#]	900	8,698
94	2,826	9,631 [#]	900	8,731
95	2,826	9,726 [#]	900	8,826
96	2,826	9,776 [#]	900	8,876
97	2,826	9,826 [#]	900	8,926
98	2,826	9,876 [#]	900	8,976
99	2,826	9,926 [#]	900	9,026
100	2,826	9,976 [#]	900	9,076

Singlife Shield Plan 2

Annual premium per person in SG Dollars (inclusive of GST). Premium rates are non-guaranteed.

Age Next Birthday	MediShield Life Premiums (Fully payable by MediSave*)	Additional Private Insurance Coverage		
		Premiums	Additional Withdrawal Limits	Cash Outlay
1	200	89	300	0
2	200	90	300	0
3	200	91	300	0
4	200	92	300	0
5	200	93	300	0
6	200	94	300	0
7	200	95	300	0
8	200	96	300	0
9	200	97	300	0
10	200	98	300	0
11	200	99	300	0
12	200	100	300	0
13	200	101	300	0
14	200	102	300	0
15	200	104	300	0
16	200	105	300	0
17	200	106	300	0
18	200	108	300	0
19	200	109	300	0
20	200	110	300	0
21	295	112	300	0
22	295	113	300	0
23	295	114	300	0
24	295	115	300	0
25	295	116	300	0
26	295	117	300	0
27	295	118	300	0
28	295	119	300	0
29	295	120	300	0
30	295	121	300	0
31	503	173	300	0
32	503	174	300	0
33	503	175	300	0
34	503	176	300	0
35	503	178	300	0

Singlife Shield Plan 2

Annual premium per person in SG Dollars (inclusive of GST). Premium rates are non-guaranteed.

Age Next Birthday	MediShield Life Premiums (Fully payable by MediSave*)	Additional Private Insurance Coverage		
		Premiums	Additional Withdrawal Limits	Cash Outlay
36	503	179	300	0
37	503	180	300	0
38	503	182	300	0
39	503	183	300	0
40	503	184	300	0
41	637	319	600	0
42	637	320	600	0
43	637	322	600	0
44	637	323	600	0
45	637	324	600	0
46	637	348	600	0
47	637	349	600	0
48	637	350	600	0
49	637	351	600	0
50	637	352	600	0
51	903	478	600	0
52	903	479	600	0
53	903	480	600	0
54	903	481	600	0
55	903	482	600	0
56	903	505	600	0
57	903	506	600	0
58	903	507	600	0
59	903	509	600	0
60	903	510	600	0
61	1,131	731	600	131
62	1,131	734	600	134
63	1,131	737	600	137
64	1,131	740	600	140
65	1,131	743	600	143
66	1,326	1,213	600	613
67	1,326	1,222	600	622
68	1,326	1,231	600	631
69	1,326	1,241	600	641
70	1,326	1,249	600	649

Singlife Shield Plan 2

Annual premium per person in SG Dollars (inclusive of GST). Premium rates are non-guaranteed.

Age Next Birthday	MediShield Life Premiums (Fully payable by MediSave*)	Additional Private Insurance Coverage		
		Premiums	Additional Withdrawal Limits	Cash Outlay
71	1,643	1,723	900	823
72	1,643	1,792	900	892
73	1,643	1,861	900	961
74	1,816	1,930	900	1,030
75	1,816	2,000	900	1,100
76	2,027	2,679 [#]	900	1,779
77	2,027	2,739 [#]	900	1,839
78	2,027	2,799 [#]	900	1,899
79	2,187	2,859 [#]	900	1,959
80	2,187	2,919 [#]	900	2,019
81	2,303	2,979 [#]	900	2,079
82	2,303	2,999 [#]	900	2,099
83	2,303	3,020 [#]	900	2,120
84	2,616	3,299 [#]	900	2,399
85	2,616	3,359 [#]	900	2,459
86	2,785	3,419 [#]	900	2,519
87	2,785	3,479 [#]	900	2,579
88	2,785	3,539 [#]	900	2,639
89	2,785	3,600 [#]	900	2,700
90	2,785	3,659 [#]	900	2,759
91	2,826	3,719 [#]	900	2,819
92	2,826	3,779 [#]	900	2,879
93	2,826	3,839 [#]	900	2,939
94	2,826	3,919 [#]	900	3,019
95	2,826	3,999 [#]	900	3,099
96	2,826	4,299 [#]	900	3,399
97	2,826	4,399 [#]	900	3,499
98	2,826	4,499 [#]	900	3,599
99	2,826	4,599 [#]	900	3,699
100	2,826	4,699 [#]	900	3,799

Singlife Shield Plan 3

Annual premium per person in SG Dollars (inclusive of GST). Premium rates are non-guaranteed.

Age Next Birthday	MediShield Life Premiums (Fully payable by MediSave*)	Additional Private Insurance Coverage		
		Premiums	Additional Withdrawal Limits	Cash Outlay
1	200	71	300	0
2	200	73	300	0
3	200	74	300	0
4	200	75	300	0
5	200	77	300	0
6	200	78	300	0
7	200	79	300	0
8	200	80	300	0
9	200	81	300	0
10	200	82	300	0
11	200	83	300	0
12	200	84	300	0
13	200	85	300	0
14	200	86	300	0
15	200	87	300	0
16	200	88	300	0
17	200	89	300	0
18	200	90	300	0
19	200	91	300	0
20	200	92	300	0
21	295	93	300	0
22	295	94	300	0
23	295	95	300	0
24	295	96	300	0
25	295	97	300	0
26	295	98	300	0
27	295	99	300	0
28	295	100	300	0
29	295	101	300	0
30	295	102	300	0
31	503	104	300	0
32	503	105	300	0
33	503	106	300	0
34	503	108	300	0
35	503	109	300	0

Singlife Shield Plan 3

Annual premium per person in SG Dollars (inclusive of GST). Premium rates are non-guaranteed.

Age Next Birthday	MediShield Life Premiums (Fully payable by MediSave*)	Additional Private Insurance Coverage		
		Premiums	Additional Withdrawal Limits	Cash Outlay
36	503	110	300	0
37	503	112	300	0
38	503	113	300	0
39	503	114	300	0
40	503	115	300	0
41	637	184	600	0
42	637	189	600	0
43	637	193	600	0
44	637	197	600	0
45	637	201	600	0
46	637	205	600	0
47	637	209	600	0
48	637	213	600	0
49	637	217	600	0
50	637	221	600	0
51	903	288	600	0
52	903	292	600	0
53	903	296	600	0
54	903	300	600	0
55	903	304	600	0
56	903	308	600	0
57	903	312	600	0
58	903	316	600	0
59	903	320	600	0
60	903	324	600	0
61	1,131	493	600	0
62	1,131	498	600	0
63	1,131	503	600	0
64	1,131	507	600	0
65	1,131	513	600	0
66	1,326	595	600	0
67	1,326	596	600	0
68	1,326	597	600	0
69	1,326	598	600	0
70	1,326	599	600	0

Singlife Shield Plan 3

Annual premium per person in SG Dollars (inclusive of GST). Premium rates are non-guaranteed.

Age Next Birthday	MediShield Life Premiums (Fully payable by MediSave*)	Additional Private Insurance Coverage		
		Premiums	Additional Withdrawal Limits	Cash Outlay
71	1,643	978	900	78
72	1,643	1,009	900	109
73	1,643	1,039	900	139
74	1,816	1,069	900	169
75	1,816	1,099	900	199
76	2,027	1,199 [#]	900	299
77	2,027	1,299 [#]	900	399
78	2,027	1,379 [#]	900	479
79	2,187	1,459 [#]	900	559
80	2,187	1,539 [#]	900	639
81	2,303	1,619 [#]	900	719
82	2,303	1,699 [#]	900	799
83	2,303	1,799 [#]	900	899
84	2,616	1,899 [#]	900	999
85	2,616	1,998 [#]	900	1,098
86	2,785	2,099 [#]	900	1,199
87	2,785	2,199 [#]	900	1,299
88	2,785	2,299 [#]	900	1,399
89	2,785	2,399 [#]	900	1,499
90	2,785	2,499 [#]	900	1,599
91	2,826	2,599 [#]	900	1,699
92	2,826	2,659 [#]	900	1,759
93	2,826	2,679 [#]	900	1,779
94	2,826	2,699 [#]	900	1,799
95	2,826	2,718 [#]	900	1,818
96	2,826	2,739 [#]	900	1,839
97	2,826	2,759 [#]	900	1,859
98	2,826	2,839 [#]	900	1,939
99	2,826	2,919 [#]	900	2,019
100	2,826	2,999 [#]	900	2,099

[^] A standard life is a life assured who, at point of proposal, does not have any pre-existing conditions.

^{*} Your MediShield Life premiums may differ depending on your premium subsidies, premium rebates and whether you need to pay for the Additional Premiums. The net MediShield Life Premium Payable after accounting for these is fully payable by MediSave.

[#] For renewal only.

The lifetime premiums for Singlife Shield Plan 1, Plan 2 and Plan 3 are as follows:

Plan	Lifetime Premium
1	\$306,004
2	\$121,467
3	\$74,491

Lifetime premiums are calculated by taking the sum of premiums, from age next birthday 1 to 100, based on above premium tables respective, as of 1st April 2025. It does not include the premiums of the MediShield Life portion of your Singlife Shield policy or rider premiums.

The total distribution cost of this product is 43% to 57% of additional private insurance premiums for the first year and 5% to 10% of additional private insurance premiums for renewal years.

3. Family discount for child(ren)

(a) For Singapore citizens or Singapore permanent residents

If both parents of an eligible child life assured are covered under either plan 1 or plan 2, and the eligible child life assured is covered under plan 2, we will waive the eligible child life assured's premium for the additional private insurance cover until the eligible child life assured reaches 20 years old at age next birthday. The MediShield Life premium will continue to be payable under plan 2 until the eligible child life assured reaches 20 years old at age next birthday.

(b) For foreign dependants

If both parents of an eligible child life assured are covered under either plan 1 or plan 2, and the eligible child life assured is covered under plan 2, the premium for the eligible child life assured based on the family discount for child(ren) as stated in our premium tables will be payable under plan 2 until the eligible child life assured reaches 20 years old at age next birthday.

This benefit will continue even if one or both parents of the child life assured dies before this benefit ceases. This benefit is limited to a maximum of 4 eligible child life assureds who must all have the same biological parents.

4. Pro-ration Factor

Except for final expenses benefit, we will apply the pro-ration factor if the life assured is admitted as an inpatient to a room or hospital above what the life assured is entitled to under your policy or at a hospital outside Singapore or receive major outpatient treatment at a private hospital or medical institution. Please refer to the benefits schedule for the applicable pro-ration factor.

5. Singlife Shield Annual Deductible

Singlife Shield annual deductible applies to all claims made under your policy except for:

- all major outpatient treatments, and
- final expenses benefit.

Singlife Shield annual deductible means the cumulative total amount of medical expenses which you have to bear during any one policy year before any benefits are payable under your policy as shown in the benefits schedule.

6. Co-insurance

Co-insurance applies to all claims made under your policy except for final expenses benefit. Co-insurance means the amount that you need to co-pay on the claimable amount after Singlife Shield annual deductibles have been paid. The co-insurance percentages for the benefits are shown in the benefits schedule.

7. Eligibility

To be eligible for Singlife Shield, you must:

- be a Singapore citizen or Singapore permanent resident, and
- have a MediSave account,

and the life assured must be 75 years old or below at age next birthday at the cover start date.

Only life assureds who are Singapore citizens and Singapore permanent residents are eligible to be covered under Singlife Shield plan 3.

Your dependants are also eligible for cover under Singlife Shield plan 1 or plan 2 as long as they are:

- Singapore citizens,
- Singapore permanent residents, or
- foreigners who hold eligible valid passes,

subject to the following:

- a new-born is only eligible for cover 15 days after birth or after discharge from hospital, whichever is later, and
- a grandparent or sibling is only eligible for cover if he is a Singapore citizen or Singapore permanent resident.

8. Guaranteed renewal

We will renew your policy automatically every year. We guarantee to do this for life as long as:

- we receive the premium before the grace period ends, and
- the cover for the life assured has not been ended.

9. When your policy ends

Your policy ends on the date:

- the life assured dies,
- we choose to end cover for the life assured if you do not reveal information or misrepresent to us,
- we end your policy due to change in your citizenship or residency status,
- we receive your written notice requesting cancellation of your policy,
- we do not receive your premium after the grace period,
- you fail to give us any information or document which we require from you, of which the date will be determined by us,
- you fail or refuse to refund any amount you owe us, of which the date will be determined by us,
- fraud takes place,
- you or the life assured does not fulfil the eligibility requirements,
- the cover of your policy ends, or
- the life assured is covered under another MediSave-approved Integrated Shield Plan,

whichever is the earliest.

10. Waiting period

Waiting period means the period starting from:

- the date the benefit first becomes effective under the policy,
- the cover start date,
- the last reinstatement date,
- the date of upgrade,

whichever is the latest, before the specific benefit set out in the benefit provisions and benefits schedule to which it applies becomes payable (regardless of whether treatment was made necessary by any cause).

ADDITIONAL INFORMATION**1. The Contract**

The above is a summary of the plan offered. The precise terms and conditions of the plan are set out in the policy contract.

2. Pre-existing Conditions

Pre-existing condition means any illness, injury, condition or symptom:

- for which the life assured asked for or received treatment, medication, advice or diagnosis from a doctor before the cover start date, the last reinstatement date, or the date of upgrade, whichever is later,
- which existed or were evident before the cover start date, the last reinstatement date, or the date of upgrade, whichever is later, and would have led a reasonable and sensible person to seek medical advice or treatment, or
- which was foreseeable or known, by you or the life assured, to exist before the cover start date, the last reinstatement date, or the date of upgrade, whichever is later, whether or not the life assured asked for treatment, medication, advice or diagnosis.

All pre-existing conditions are excluded under your policy unless you have declared the pre-existing condition and it has been accepted by us in writing.

3. Exclusions

The following treatment items, procedures, conditions, activities and their related or consequential expenses are not covered under your policy. However, some of these exclusions may be covered under MediShield Life. For exclusions that are covered under MediShield Life, we will deal with your claim according to the terms and conditions and benefit limits of MediShield Life. If we say that because of an exclusion or any other term or condition of your policy, any loss, damage, cost or expense is not covered by your policy, the burden is on you to prove otherwise.

- all expenses for treatment as an inpatient, if the life assured was admitted to the hospital before the cover start date,
- any pre-existing condition (unless we cover it),
- overseas medical treatment (unless we cover it under emergency overseas treatment or planned overseas treatment),
- transport for trips made to obtain medical treatment such as ambulance fees, emergency evacuation, or send home a body or ashes (unless we cover it as part of Mobile Inpatient Care (MIC@Home)),
- private nursing charges and nursing home services (unless we cover it under inpatient palliative care service or as part of Mobile Inpatient Care (MIC@Home)),
- inpatient room and board charges for surgery which can be done as day surgery, unless inpatient admission is medically indicated,
- admission as an inpatient for medical services, examination or treatment which can be done on an outpatient basis including but not limited to X-ray, CT scan or MRI scan (unless we cover it under pre-hospital treatment, inpatient hospital treatment, surgery (including day surgery), post-hospital treatment or major outpatient treatment),
- health screenings (including endoscopy for health screening purposes) and primary prevention (refers to medical services for generally healthy individuals to prevent a disease from ever occurring, in the absence of medical indications, eg. general medical / health screening packages, general physical checkups, vaccinations, etc.),
- medical certificates, examinations for employment or travel, routine eye or ear examinations, hearing aids, spectacles, contact lenses and correction for refractive errors of the eye,
- elective cosmetic treatments and plastic surgery unless the surgery is necessary for:
 - repair of damage caused by an accident. The surgery must be done within 365 days from the date of accident, or
 - breast reconstruction after mastectomy due to breast cancer. The breast reconstruction must be done within 365 days from the date of mastectomy. Any surgery or reconstruction of the other breast to produce a symmetrical appearance will not be covered,
- any treatment claimed to prevent illness (unless we cover it under preventive treatment for cancer), promote health or improve bodily function or appearance including but not limited to vitamins, supplements, scar creams, soaps and moisturisers,
- dental treatment or oral surgery related to teeth (unless we cover it under accident inpatient dental treatment),
- palliative care, rest cures and services or treatment at any home, spa, hydrotherapy or aquatherapy facility or clinic, sanatorium or hospice, or long-term care facility (unless we cover it under inpatient palliative care service),

3. Exclusions

- infertility, contraception, sterilisation, impotence, sexual dysfunction or assisted conception tests or treatments or sex change operations,
- treatment or surgical procedures done at fertility clinics or centres and reproductive medicine clinics or centres,
- pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, or any form of related hospitalisation or treatment (unless we cover it under inpatient pregnancy complications),
- treatment for obesity, weight reduction, weight improvement or procedure for weight management,
- treatment for birth defects, including hereditary conditions and disorders and congenital anomalies (unless we cover it under inpatient congenital anomalies),
- prosthesis, corrective devices and medical equipment and appliances including the buying or renting of the following for use at home (unless we cover it as part of Mobile Inpatient Care @ Home (MIC@Home)) or as an outpatient:
 - braces,
 - special / medical appliances which are not necessary for the completion of a surgical operation, including location, transport and associated administrative costs of such appliances,
 - corrective devices,
 - wheelchairs,
 - walking aids,
 - home aids,
 - kidney dialysis machines,
 - iron lungs,
 - oxygen machines,
 - hospital beds,
 - any other hospital type equipment,
 - replacement organs.
- alternative or complementary treatments, including traditional Chinese medicine (TCM), naturopathic, homeopathic, podiatric, chiropractic or osteopathic treatment,
- stay in any health-care establishment for social or non-medical reasons,
- costs relating to cornea, muscular, skeletal or human organ or tissue transplant (unless we cover it under living donor organ transplant, major organ transplant, major organ transplant – approved immunosuppressant drugs or stem cell transplant),
- treatment resulting from drug addiction or being under the influence of any controlled drugs listed under the First Schedule to the Misuse of Drugs Act 1973,
- treatment for psychological, emotional or mental problems or conditions (unless we cover it under inpatient psychiatric treatment),
- 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 other relevant authority in Singapore,
- clinical trials for medicinal products, whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority,
- drugs, therapeutic products and CTGTP (Cell, Tissue and Gene Therapy Products) not approved by Health Sciences Authority or not prescribed in accordance with Health Sciences Authority's approved clinical indications (except drugs on the CDL for outpatient treatment only),
- injury or illness arising from or in connection with any illegal act such as imprisonment,
- injury or illness arising directly or indirectly from or in connection with engagement or involvement in any hazardous activities or sports when remuneration or income could or would be earned or in a professional or competitive pursuit full-time, part-time, contractual or ad hoc basis other than for leisure or as a hobby,
- costs arising out of any litigation or dispute between the life assured and any medical personnel or establishment from whom treatment has been sought or given, or any other costs not directly and specifically related to the payment of the medical expenses covered by your policy,
- any loss or damage, cost or expense of whatever nature that is caused directly or indirectly by, results from or is connected to the following even if some other cause or event may contribute to the loss:
 - ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from the burning of nuclear fuel,
 - radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component,
 - any weapon of war using atomic or nuclear fission or fusion or other reaction of radioactive force or matter,
- death, disability, loss, damage, destruction, legal liability, cost or expense including consequential loss which is directly or indirectly caused by, results from or is connected to any of the following even if some other cause or event may contribute to the loss:
 - (a) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war is declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions or amounting to an uprising, military or usurped power, or
 - (b) any act of terrorism including but not limited to:
 - the use or threat of force or violence,
 - harm or damage to life or property (or the threat of harm or damage) including nuclear radiation or contamination by chemical or biological agents or any person or group of persons, which are carried out for political, religious, ideological or similar purposes, to put the public or a section of the public in fear, or
 - any action taken to control, prevent, suppress or in any way relating to (a) or (b),
- sexually transmitted diseases,
- any treatment or test connected with human immunodeficiency virus (HIV) infection-related conditions or diseases, except:
 - HIV infection acquired through blood transfusion in Singapore, or
 - HIV acquired while performing regular professional duties in a medical profession in Singapore,
- charges for non-necessary medical goods or services such as but not limited to telephone, television or newspapers,
- fees or payment made to third party administrators or patient referral services,
- claims incurred directly or indirectly as a result of violation or attempted violation of any law, subsidiary legislation, governmental notice, policy or other statutory requirement, or any change thereof,
- charges for outpatient cancer drug treatments that are not on the CDL (Non-CDL),
- vaccinations,
- any medical-related charges from being in or on an aircraft of any type, or boarding or descending from any aircraft, except as a fare-paying passenger or crew member on an aircraft (including when the aircraft is on ground) on a regular scheduled route operated by a recognised airline,
- all other exclusions for MediShield Life Scheme set out in the CPF Act and its regulations or not allowed by MediShield Life Claims Rules, unless otherwise provided under this policy.

4. Full Disclosure

You and the life assured must always disclose to us completely and truthfully all material facts and circumstances that may affect our decision whether or not to:

- cover the life assured, or
- add any further terms and conditions on your policy.

This applies to all information given to us for our assessment of your application for cover.

If you do not give us this information or misrepresent any information, we may:

(a) choose to:

- declare your policy “void” from the cover start date or the last reinstatement date (whichever is applicable), or
- end the cover for the life assured,

and either refund you:

- all premiums paid to us if you have not made any claim under your policy, or
- the premium paid to us in the first policy year immediately following the policy year in which you made the last claim under your policy,

or

(b) choose to:

- add extra terms and conditions, or
- change the benefits.

If the life assured is a Singapore citizen or a Singapore permanent resident, the life assured will continue to be covered under MediShield Life without any exclusion.

5. Upgrading or Switching of Plan

The life assured can only have one Integrated Shield Plan. Once this policy commences, the life assured’s previous Integrated Shield Plan (if any) will be automatically ended. Where applicable, the life assured’s health will be assessed by us. If the life assured is not in good health, we may:

- decline your application, or
- not provide the life assured with certain benefits.

If the life assured is currently holding an Integrated Shield Plan with us and is upgrading his plan, he may not be given the enhanced benefits due to his existing medical conditions.

If the life assured is currently holding an Integrated Shield Plan with another insurer and is switching to this plan with us, and he has existing medical conditions that are currently covered by the existing plan, he may lose coverage for his existing medical conditions.

In the event that you cannot afford, or do not wish to continue paying the premiums for the life assured’s Integrated Shield Plan, you can switch to a lower coverage but more affordable plan with us, or cease the life assured’s Integrated Shield Plan. If the life assured is a Singaporean citizen or Singapore permanent resident, regardless of your decision, the life assured will continue to be covered by MediShield Life for life without any exclusion.

6. Change of Policy Terms or Conditions

We may change the benefits, cover, premiums or terms and conditions of your policy or revoke your policy at any time without notice if:

- we are required to do so by any law, regulation, governmental notice, policy or other statutory requirement, or
- there is incorrect or incomplete information in your application documents, or any information or document given to us.

Other than the above circumstances, we may change your policy or adjust benefits by giving you at least 30 days’ notice before we do so.

7. Cancel Your Policy

You may cancel the policy with effect from any renewal date by giving us at least 30 days’ written notice of your intention not to renew your policy. The life assured’s cover under your policy will end on the renewal date.

You may also cancel your policy during the policy year and after the free look period by giving us at least 30 days’ written notice. We will refund you the pro-rated premium for the unexpired period of cover.

8. Claims

Any benefits payable under the policy are made to you, your legal representative, the hospital or such other authorised parties (as the case may be). We will not make any payment in respect of any claim incurred unless full premium has been received by us.

Please contact your Financial Adviser Representative or visit the FAQs section in singlife.com/singlife_shield for claim procedures.

9. Other Insurance

If you or the life assured have other insurance policies which provides reimbursement of expenses, you or the life assured, must first claim from these policies before making any claim under your policy. Our obligations to pay under your policy will only arise after you have fully claimed under these policies.

If we have paid any benefit to you first before you make a claim under the other medical insurance policies, the other medical insurers or your employer must refund us their share. You must file your claim with the other medical insurers or your employer so that we can get back their share of the claim we have paid. For every claim, the total reimbursement we make will not be more than the expenses actually paid.

10. Free Look

If we are issuing this policy to you for the first time, you have 21 days from the date you receive your policy to decide whether you want to continue with it. If you do not want to continue, you may write to us to cancel it. As long as you have not made any claim under your policy, we will cancel your policy from its cover start date and refund premiums paid, without interest, less any expenses spent in considering your application and issuing your policy.

If the policy is sent to you by post or electronic means, we will consider it received 7 days after the date we sent them.

11. Point-of-Sale Documents

A copy of the following documents is provided at the point-of-sale:

- Product Summary,
- Fact Find Form,
- Your Guide to Health Insurance and Infographic “Evaluating My Health Insurance Coverage” (if applicable), and
- Infographic “Moratorium on Genetic Testing and Insurance”.

12. Note

You may wish to seek advice from a Financial Adviser Representative before making a commitment to purchase the plan. If you choose not to seek advice from a Financial Adviser Representative, you should consider whether this plan is suitable for you. Buying a health insurance policy that is not suitable for you may impact your ability to finance your future healthcare needs.

13. Policy Owners’ Protection Scheme

This policy is protected under the Policy Owners’ Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the LIA or SDIC websites (www.lia.org.sg or www.sdic.org.sg).

14. Details of Insurer

This plan is underwritten by Singapore Life Ltd. Website: singlife.com.

List of pregnancy complications covered under inpatient pregnancy complications:

1	Eclampsia and pre-eclampsia	
2	Cervical incompetency	Diagnosis by an obstetrician of cervical incompetency requiring cervical cerclage.
3	Accreta placenta	Diagnosis by an obstetrician of abnormal trophoblast invasion into the myometrium of the uterine wall, requiring cesarean hysterectomy during delivery.
4	Placental abruption	Diagnosis by an obstetrician of partial or complete placental detachment prior to delivery of the foetus in a pregnancy over 20 weeks in duration.
5	Placenta praevia	Diagnosis by an obstetrician of the presence of placental tissue extending over the internal cervical os, resulting in an indication for cesarean delivery.
6	Antepartum, intrapartum and postpartum haemorrhage	Diagnosis by an obstetrician of severe abnormal bleeding from the female genital tract at or after 20 weeks of pregnancy before or during childbirth.
7	Placental insufficiency and Intrauterine growth restriction	Diagnosis by an obstetrician of placental insufficiency leading to intrauterine growth restriction.
8	Gestational diabetes mellitus	Diagnosis by an obstetrician of gestational diabetes mellitus. The diagnosis must have been made through a 75g oral glucose tolerance test.
9	Acute fatty liver of pregnancy	Diagnosis by an obstetrician of severe acute fatty liver occurring during pregnancy and where at least three (3) of the following criteria must be fulfilled: <ul style="list-style-type: none"> • Imaging studies consistent to the diagnosis of a fatty liver; • Bilirubin is persistently elevated above 150 umol/L (10 mg/dL) for a period of at least five (5) days; • Renal impairment; and/or • Coagulopathy. Liver damage in the presence eclampsia, pre-eclampsia and viral hepatitis shall be excluded.
10	Obstetric cholestasis	
11	Twin to twin transfusion syndrome	There should be ultrasonic evidence of a single monochorionic placenta with twin oligohydroamnios / polyhydramnios sequence.
12	Infection of amniotic sac and membranes	
13	Amniotic fluid embolism	
14	Fourth degree perineal laceration	Perineal laceration less than fourth degree or without identified degree are excluded.
15	Uterine rupture	Diagnosis by an obstetrician of the uterine rupture, defined as the complete disruption of all uterine layers, including the serosa, leading to change in maternal or fetal status.
16	Postpartum inversion of uterus	Diagnosis by an obstetrician of a condition in which the uterine fundus collapses into the endometrial cavity, turning the uterus partially or completely inside out.
17	Obstetric injury or damage to pelvic organs	Diagnosis by an obstetrician of injuries to the pelvic organs or surrounding structures as a consequence of vaginal delivery.
18	Complications resulting in a caesarean hysterectomy	Removal of the uterus during a caesarean section delivery in cases where removal of the uterus is solely due to complications that have arisen during the pregnancy or delivery.
19	Retained placenta and membranes	Diagnosis by an obstetrician of the retention of the placenta or other products of conception in the uterus after delivery.
20	Abscess of breast	Abscess of breast associated with childbirth and breastfeeding.
21	Ectopic pregnancy, hydatidiform mole and subsequent complications	Ectopic pregnancy is defined as diagnosis by an obstetrician of a condition in which implantation of a fertilised ovum occurs outside the uterine cavity, and its subsequent complications, Hydatidiform mole is defined as occurrence of a histologically confirmed hydatidiform mole, and its subsequent complications.
22	Medically necessary abortions	
23	Still-birth	Diagnosis by an obstetrician of the death of the foetus of the Insured after 22 weeks of pregnancy which meets the definition of still birth in the Registration of Births and Deaths Act 2021 (or any subsequent revision of such definition by the Act), and is a result of a sudden unforeseen and involuntary event and not any voluntary or malicious act on the part of the life assured.
24	Maternal death	

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PRODUCT SUMMARY

Date	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD/MM/YYYY)		
Presented to	<input type="text"/>	Name of Financial Adviser Representative	<input type="text"/>
	(Name of Proposer)		
Signature of Proposer	<input type="text"/>	Signature of Financial Adviser Representative	<input type="text"/>

'You/Your' means the owner of the policy who is named as the assured in the policy schedule. 'Life assured' means the person named as the life assured in the policy schedule. 'We/Us/Our' means Singapore Life Ltd.

Warning:

Anyone who pays for, or is insured under Singlife Health Plus 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 Singlife Health Plus policy, you will stop receiving APS. This applies even if you are not the person paying for this Singlife Health Plus policy.

In addition, if you choose to be insured under this Singlife Health Plus policy, the person paying for Singlife Health Plus 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.

PRODUCT INFORMATION

Singlife Health Plus is a rider to Singlife Shield that provides complementary protection on top of what Singlife Shield covers, specifically to meet your needs to reduce the uncertainty of out-of-pocket expenses in your Singlife Shield policy.

All benefits only pay reimbursement for reasonable expenses for necessary medical treatment received by the life assured due to illness or injury and depend on:

- the terms and conditions in your policy,
- the limits shown in the benefits schedule, and
- the exclusions in your policy.

Treatment must be provided by a hospital or licensed medical centre or clinic.

Benefit		Singlife Health Plus options attachable to Singlife Shield Plan 1		Singlife Health Plus options attachable to Singlife Shield Plan 2/3	
		Private Prime	Private Lite	Public Prime	Public Lite
(a) Annual deductible payable by policyholder	A&E or Preferred medical providers ¹	S\$0	Singlife Shield annual deductible applies	S\$0	Singlife Shield annual deductible applies
	Others	S\$1,000 (Inpatient) S\$500 (Day surgery)			
(b) Co-insurance ² payable by policyholder (applicable to claimable amount after policyholder pays Singlife Shield annual deductible/ Singlife Health Plus annual deductible)	A&E or Preferred medical providers ¹	5%, ³ maximum S\$3,000 ³ per policy year			
	Others	5% ³			

Benefit		Singlife Health Plus options attachable to Singlife Shield Plan 1		Singlife Health Plus options attachable to Singlife Shield Plan 2/3	
		Private Prime	Private Lite	Public Prime	Public Lite
(c) Outpatient Cancer Drug Treatment on the CDL ⁴	Patients receiving treatment for one primary cancer	15 times the MediShield Life limit for one primary cancer per month			
	Patients receiving treatment for multiple primary cancers	Sum of the highest cancer drug treatment limit among the claimable treatments received for each primary cancer per month			
(d) Outpatient Cancer Drugs Benefit (Non-CDL) ⁵		S\$15,000 per month, subject to co-insurance			
(e) Critical illness – related benefit	Critical illness benefit ⁶	S\$10,000 per lifetime (only applies if the life assured has crossed his first birthday and is not older than 65 years old next birthday)			
	Additional critical illness benefit for kidney failure ⁷ if kidney dialysis is received at:	Public hospital	S\$3,000 per lifetime	S\$2,000 per lifetime	
	Subsidised dialysis centre ⁸				
(f) Accidental cover for child benefit ⁹		S\$1,000 per lifetime			
(g) Hospital – related benefits	Ambulance fees or transport to hospital ¹⁰	S\$80 per injury or illness			
	Accommodation charges for parent/guardian of child life assured ¹¹	S\$80 per day up to 10 days			
	Post-hospital follow-up TCM treatment ¹²	S\$50 per visit up to 180 days after discharge (for inpatient admission due to an accident)			
	Ward Downgrade Benefit	N.A.	Covers 50% of Singlife Shield annual deductible	N.A.	Covers 50% of Singlife Shield annual deductible
(h) Cover for child(ren) ¹³		Free child cover or preferred rate for child life assured		Free child cover or preferred rate for child life assured (applicable to Singlife Shield plan 2 only)	
(i) Mental wellness benefit (after 10 months of continuous cover)		S\$100 per visit, maximum S\$1,000 per policy year, subject to co-insurance			

Footnotes

¹ Preferred medical provider(s) refers to the list of approved medical providers (e.g., panel specialist in a private hospital for inpatient hospital treatment, doctors in a public hospital, etc.), which may be found at <https://singlife.com/medicalspecialists>, as updated by us from time to time.

² The calculation of coinsurance differs based on the Singlife Health Plus option you have chosen:
 - for Private / Public Lite policies, the coinsurance is applicable to the claimable amount after you have paid the Singlife Shield annual deductible.
 - for Private / Public Prime policies, the coinsurance is applicable to the claimable amount after you have paid the Singlife Health Plus annual deductible.

³ Outpatient cancer drug treatments (Non-CDL) are excluded from the maximum co-insurance stated in the benefits schedule.

⁴ Outpatient cancer drug treatment benefit covers the charges the life assured has to pay as an outpatient at a hospital or cancer treatment centre registered with the MOH or approved by us for cancer drug treatment that are listed on the Cancer Drug List / CDL. Treatments are defined as drug-indication pairs, as described in the CDL: <https://go.gov.sg/moh-cancerdruglist>.

Outpatient cancer drug treatments are only claimable under your policy if used according to the clinical indications specified on the CDL (as at the date of treatment), unless otherwise stated in your policy. MOH may update the CDL from time to time.

For each primary cancer, if:

- the CDL treatment involves more than one drug, we allow drug omission or replacement with another CDL drug with the indication “for cancer treatment”, only if they are due to intolerance or contraindications. In such cases, the claim limit of the original CDL treatment will continue to apply.
- multiple cancer drug treatments are administered in a month, and any of the CDL treatments have an indication that states “monotherapy”, only CDL treatments with the indication “for cancer treatment” will be claimable in that month. Otherwise, the following will apply:
 - (a) If more than one of the cancer drug treatments administered in a month have an indication other than “for cancer treatment”, only CDL treatments with the indication “for cancer treatment” will be claimable in that month.
 - (b) If one or none of the cancer drug treatments administered in a month has an indication other than “for cancer treatment”, all CDL treatments will be claimable in that month.

We will pay up to the highest limit among the CDL treatments that are claimable in that month.

Footnotes (continued)

If a life assured is receiving treatment for multiple primary cancers, you may apply to MOH and us for a higher claim limit, subject to prevailing terms and conditions. The life assured's doctor(s) must submit the application form to MOH and us to assess the MediShield Life and Singlife Shield Plan coverage respectively. If your application is approved, we will pay up to the sum of the highest limit among the claimable CDL treatments for each primary cancer in that month.

For avoidance of doubt, for CDL treatments, the indications refer to the clinical indications of the drug as specified on the CDL on MOH's website <https://go.gov.sg/moh-cancerdruglist>. Non-CDL treatments will be considered as having an indication other than "for cancer treatment".

The cancer drug treatment benefit limit is based on a multiple of the MediShield Life claim limit for the specific cancer drug treatment. Please refer to the Cancer Drug List / CDL on the MOH website: <https://go.gov.sg/moh-cancerdruglist> for the MediShield Life claim limit on the applicable cancer drug treatment.

Multiple primary cancers are defined as two or more cancers arising from different sites and/or are of a different histology or morphology group.

- ⁵ We will pay for outpatient cancer drug treatment set under Classes A to E of the Non-CDL Classification Framework developed by the Life Insurance Association, Singapore, as set out in <https://www.lia.org.sg/media/3553/non-cdl-classification-framework.pdf>, up to the limits stated in the benefits schedule and subject to co-insurance. Class F treatments are not covered.

Non Cancer Drug List / Non-CDL means cancer drug treatments that are excluded from the Cancer Drug List and classified as Non-CDL treatments in the Non-CDL Classification Treatments Framework developed by the Life Insurance Association, Singapore, as set out in <https://www.lia.org.sg/media/3553/non-cdl-classification-framework.pdf>.

- ⁶ If the critical illness diagnosed is:
- major cancer,
 - coronary artery by-pass surgery,
 - angioplasty & other invasive treatment for coronary artery,
 - other serious coronary artery disease, and/or
 - heart attack of specified severity,
- the critical illness benefit is payable only if diagnosis is made after a waiting period of 90 days from the cover start date or last reinstatement date, whichever is later.
- ⁷ Additional critical illness benefit for kidney failure will be covered based on the type of centre or hospital at which the life assured receives the dialysis.
- ⁸ The approved list of subsidised dialysis centres can be found at singlife.com.
- ⁹ We will pay this benefit in cash if the life assured (below 19 years old at the time of the accident) sustains a fracture to the:
- skull,
 - spine,
 - pelvis,
 - femur, or
 - hip,
- as a result of an accident. We will only pay this benefit once during the lifetime of the life assured no matter how many fractures are sustained.
- ¹⁰ We pay this benefit as long as the life assured is admitted as an inpatient within 24 hours of arrival at the hospital, for treatment of an illness or injury covered under Singlife Shield.
- ¹¹ Child life assured refers to the life assured who is below 19 years old at age next birthday.
- ¹² The inpatient admission before the post-hospital follow-up TCM treatment must be the result of an accident. We will not pay for any post-hospital follow-up TCM treatment following an inpatient treatment in community hospital.
- ¹³ The child life assured is eligible for:
- (a) Free child cover under Singlife Health Plus Plan 2 Public Lite, or
 - (b) Preferred Rate for Children under Singlife Health Plus Plan 2 Public Prime,
- up to 20 years old age next birthday, if both parents are covered under Singlife Shield Plan 1 or Plan 2 and Singlife Health Plus Private Lite, Public Lite, Private Cover, Private Prime or Public Prime.

Refer to section 1.6.

PREMIUM RATES

- This policy is not a MediSave-approved policy and you may not use MediSave to pay the premium for this policy.
- The premium payable is based on the life assured's age next birthday at the cover start date and will increase when he/she enters into the next age band.
- The plan chosen **must be the same** as Singlife Shield and premium must be paid by cash.
- We will collect any shortfall in premium in cash or deduct the shortfall from any claim amount payable under your policy if:
 - the life assured's plan is wrongly selected and found to be different from his Singlife Shield plan, and
 - the premium paid is insufficient.
- Premium rates are not guaranteed and may increase at policy renewal at our full discretion.
- Premium rates shown are after deduction of No Claims Discount (NCD).
- Premium rates are subjected to GST at the prevailing GST rate.

Singlife Health Plus Private/Public Lite – ANNUAL PREMIUM

Annual Premium per person in Singapore Dollars (inclusive of GST & NCD)							
Age Next Birthday	Private Lite	Public Lite		Age Next Birthday	Private Lite	Public Lite	
		Plan 2	Plan 3			Plan 2	Plan 3
1	198	45	27	51	681	205	149
2	202	46	28	52	696	206	157
3	208	47	29	53	713	207	164
4	210	48	30	54	728	209	171
5	215	49	31	55	744	210	179
6	222	50	32	56	779	299	249
7	224	51	34	57	840	300	252
8	229	52	35	58	899	302	253
9	233	53	36	59	959	303	257
10	238	54	38	60	1,021	304	261
11	243	55	39	61	1,364	580	471
12	247	56	40	62	1,558	583	474
13	252	57	42	63	1,617	584	478
14	256	58	43	64	1,675	585	480
15	260	59	44	65	1,755	588	482
16	264	60	45	66	1,930	787	639
17	267	61	46	67	2,316	788	667
18	273	62	47	68	2,412	791	697
19	275	63	47	69	2,510	807	725
20	279	64	47	70	2,606	865	728
21	320	65	50	71	2,702	978	798
22	339	66	51	72	2,798	1,019	801
23	361	67	52	73	2,896	1,029	802
24	373	67	53	74	2,992	1,039	888
25	375	69	54	75	3,090	1,059	890
26	376	70	55	76*	3,185	1,160	899
27	379	71	56	77*	3,283	1,171	907
28	381	71	56	78*	3,378	1,180	916
29	382	73	56	79*	3,474	1,195	926
30	385	73	56	80*	3,572	1,204	935
31	444	84	60	81*	3,670	1,212	945
32	445	85	61	82*	3,764	1,220	953
33	446	86	62	83*	3,860	1,229	962
34	449	87	63	84*	3,958	1,231	973
35	451	88	64	85*	4,054	1,241	982
36	452	89	65	86*	4,152	1,247	984
37	455	90	66	87*	4,247	1,255	992
38	457	91	66	88*	4,343	1,264	1,000
39	458	92	66	89*	4,440	1,290	1,001
40	460	93	66	90*	4,538	1,299	1,010
41	527	136	78	91*	4,633	1,452	1,037
42	551	139	85	92*	4,730	1,460	1,045
43	556	140	92	93*	4,826	1,469	1,054
44	560	141	99	94*	4,922	1,808	1,196
45	564	147	106	95*	5,021	1,817	1,204
46	567	149	114	96*	5,116	2,019	1,299
47	568	152	121	97*	5,212	2,027	1,307
48	570	155	128	98*	5,309	2,036	1,316
49	571	156	134	99*	5,406	2,170	1,326
50	574	158	143	100*	5,503	2,179	1,327

Singlife Health Plus Private/Public Prime – ANNUAL PREMIUM

Annual Premium per person in Singapore Dollars (inclusive of GST & NCD)							
Age Next Birthday	Private Prime	Public Prime		Age Next Birthday	Private Prime	Public Prime	
		Plan 2	Plan 3			Plan 2	Plan 3
1	698	201	159	51	2,280	541	349
2	701	202	160	52	2,350	542	355
3	702	203	161	53	2,363	544	361
4	703	204	162	54	2,372	545	367
5	704	205	163	55	2,602	546	373
6	706	206	164	56	3,340	700	459
7	708	207	165	57	3,350	701	468
8	709	208	166	58	3,445	702	476
9	710	209	167	59	3,468	704	484
10	712	210	168	60	3,522	707	492
11	713	211	169	61	4,662	1,010	785
12	715	214	170	62	4,677	1,015	792
13	716	215	171	63	4,702	1,020	801
14	718	217	172	64	4,722	1,025	809
15	719	218	173	65	4,745	1,030	816
16	724	219	174	66	5,982	1,379	1,269
17	725	221	175	67	6,353	1,385	1,299
18	729	222	176	68	6,388	1,389	1,330
19	731	224	178	69	6,584	1,420	1,361
20	733	227	179	70	6,764	1,519	1,390
21	778	250	180	71	7,676	1,722	1,648
22	783	252	182	72	7,701	1,793	1,679
23	790	253	183	73	7,736	1,842	1,709
24	794	256	184	74	8,131	2,009	1,740
25	801	257	186	75	8,209	2,028	1,769
26	802	258	187	76*	8,263	2,130	2,033
27	803	261	188	77*	8,319	2,140	2,041
28	806	262	189	78*	8,320	2,150	2,050
29	807	264	190	79*	8,429	2,379	2,084
30	809	265	196	80*	8,481	2,429	2,093
31	930	271	214	81*	9,492	2,718	2,117
32	941	272	215	82*	9,529	2,726	2,126
33	950	276	221	83*	9,568	2,735	2,134
34	961	277	225	84*	10,117	2,778	2,145
35	970	280	226	85*	10,281	2,787	2,154
36	980	283	227	86*	10,924	2,811	2,179
37	990	287	229	87*	10,940	2,819	2,187
38	1,000	288	230	88*	10,961	2,829	2,195
39	1,005	292	231	89*	11,549	2,859	2,210
40	1,009	293	232	90*	11,582	2,868	2,218
41	1,399	392	269	91*	12,083	3,105	2,469
42	1,432	401	276	92*	12,215	3,113	2,478
43	1,465	404	281	93*	12,259	3,122	2,487
44	1,498	405	287	94*	12,993	3,614	2,878
45	1,531	419	293	95*	13,172	3,623	2,887
46	1,564	429	319	96*	13,351	3,859	3,266
47	1,597	435	326	97*	13,530	3,870	3,275
48	1,631	439	331	98*	13,707	3,949	3,283
49	1,662	444	338	99*	13,886	4,030	3,439
50	1,709	449	343	100*	14,076	4,110	3,469

* for renewal only

Singlife Health Plus Private/Public Lite – MONTHLY PREMIUM

Monthly Premium per person in Singapore Dollars (inclusive of GST & NCD)							
Age Next Birthday	Private Lite	Public Lite		Age Next Birthday	Private Lite	Public Lite	
		Plan 2	Plan 3			Plan 2	Plan 3
1	16.88	3.84	2.30	51	58.09	17.48	12.71
2	17.23	3.92	2.39	52	59.37	17.57	13.40
3	17.75	4.01	2.47	53	60.82	17.66	13.98
4	17.91	4.10	2.56	54	62.10	17.83	14.58
5	18.34	4.17	2.65	55	63.46	17.91	15.27
6	18.93	4.26	2.73	56	66.45	25.51	21.24
7	19.11	4.35	2.90	57	71.66	25.59	21.49
8	19.53	4.44	2.99	58	76.68	25.76	21.58
9	19.87	4.52	3.07	59	81.80	25.84	21.92
10	20.31	4.61	3.24	60	87.09	25.93	22.26
11	20.73	4.69	3.32	61	116.35	49.48	40.18
12	21.07	4.77	3.41	62	132.89	49.73	40.43
13	21.49	4.86	3.59	63	137.93	49.81	40.78
14	21.83	4.95	3.66	64	142.88	49.90	40.94
15	22.18	5.04	3.75	65	149.70	50.15	41.11
16	22.52	5.12	3.84	66	164.63	67.13	54.51
17	22.77	5.20	3.92	67	197.55	67.22	56.90
18	23.28	5.29	4.01	68	205.75	67.47	59.45
19	23.46	5.37	4.01	69	214.10	68.83	61.85
20	23.79	5.46	4.01	70	222.29	73.78	62.10
21	27.29	5.55	4.26	71	230.48	83.43	68.07
22	28.92	5.64	4.35	72	238.67	86.92	68.32
23	30.79	5.71	4.44	73	247.03	87.78	68.41
24	31.82	5.71	4.52	74	255.21	88.63	75.74
25	31.99	5.89	4.61	75	263.57	90.33	75.92
26	32.07	5.97	4.69	76*	271.68	98.95	76.68
27	32.33	6.06	4.77	77*	280.04	99.89	77.37
28	32.50	6.06	4.77	78*	288.14	100.65	78.13
29	32.58	6.22	4.77	79*	296.33	101.94	78.99
30	32.84	6.22	4.77	80*	304.69	102.70	79.76
31	37.88	7.16	5.12	81*	313.05	103.39	80.61
32	37.95	7.25	5.20	82*	321.07	104.06	81.29
33	38.04	7.34	5.29	83*	329.26	104.84	82.06
34	38.30	7.42	5.37	84*	337.62	105.00	82.99
35	38.47	7.51	5.46	85*	345.80	105.86	83.77
36	38.55	7.59	5.55	86*	354.16	106.37	83.93
37	38.81	7.67	5.64	87*	362.27	107.05	84.62
38	38.98	7.76	5.64	88*	370.46	107.82	85.30
39	39.07	7.85	5.64	89*	378.73	110.04	85.39
40	39.24	7.94	5.64	90*	387.09	110.81	86.15
41	44.95	11.60	6.65	91*	395.19	123.86	88.45
42	47.00	11.86	7.25	92*	403.46	124.53	89.14
43	47.43	11.95	7.85	93*	411.66	125.31	89.90
44	47.76	12.02	8.45	94*	419.85	154.22	102.02
45	48.11	12.54	9.05	95*	428.29	154.99	102.70
46	48.36	12.71	9.72	96*	436.39	172.22	110.81
47	48.45	12.96	10.32	97*	444.58	172.91	111.49
48	48.62	13.22	10.92	98*	452.86	173.67	112.26
49	48.70	13.31	11.43	99*	461.14	185.10	113.11
50	48.96	13.47	12.20	100*	469.41	185.87	113.20

Singlife Health Plus Private/Public Prime – MONTHLY PREMIUM

Monthly Premium per person in Singapore Dollars (inclusive of GST & NCD)							
Age Next Birthday	Private Prime	Public Prime		Age Next Birthday	Private Prime	Public Prime	
		Plan 2	Plan 3			Plan 2	Plan 3
1	59.54	17.15	13.56	51	194.49	46.15	29.77
2	59.80	17.23	13.65	52	200.45	46.24	30.28
3	59.88	17.32	13.73	53	201.56	46.40	30.79
4	59.96	17.40	13.82	54	202.34	46.49	31.30
5	60.05	17.48	13.91	55	221.95	46.58	31.82
6	60.22	17.57	13.98	56	284.90	59.71	39.15
7	60.40	17.66	14.07	57	285.75	59.80	39.92
8	60.47	17.75	14.16	58	293.86	59.88	40.60
9	60.56	17.83	14.25	59	295.82	60.05	41.29
10	60.73	17.91	14.33	60	300.43	60.31	41.97
11	60.82	18.00	14.42	61	397.66	86.15	66.96
12	60.99	18.26	14.50	62	398.95	86.58	67.56
13	61.07	18.34	14.58	63	401.08	87.00	68.32
14	61.25	18.51	14.67	64	402.79	87.43	69.01
15	61.33	18.60	14.76	65	404.75	87.85	69.61
16	61.76	18.68	14.85	66	510.26	117.63	108.25
17	61.85	18.85	14.93	67	541.92	118.15	110.81
18	62.18	18.93	15.01	68	544.90	118.48	113.45
19	62.36	19.11	15.18	69	561.61	121.12	116.10
20	62.52	19.36	15.27	70	576.97	129.57	118.57
21	66.36	21.32	15.36	71	654.76	146.89	140.58
22	66.80	21.49	15.52	72	656.90	152.94	143.22
23	67.38	21.58	15.61	73	659.89	157.12	145.78
24	67.73	21.83	15.70	74	693.58	171.37	148.43
25	68.32	21.92	15.87	75	700.23	172.99	150.90
26	68.41	22.01	15.95	76*	704.84	181.69	173.42
27	68.50	22.26	16.03	77*	709.61	182.54	174.09
28	68.75	22.35	16.12	78*	709.70	183.39	174.87
29	68.83	22.52	16.21	79*	719.00	202.93	177.77
30	69.01	22.61	16.72	80*	723.43	207.20	178.53
31	79.33	23.12	18.26	81*	809.66	231.84	180.58
32	80.27	23.21	18.34	82*	812.82	232.53	181.34
33	81.03	23.54	18.85	83*	816.15	233.29	182.03
34	81.97	23.63	19.19	84*	862.97	236.97	182.97
35	82.74	23.88	19.28	85*	876.97	237.73	183.74
36	83.59	24.14	19.36	86*	931.82	239.78	185.87
37	84.44	24.48	19.53	87*	933.18	240.46	186.55
38	85.30	24.57	19.62	88*	934.97	241.32	187.23
39	85.73	24.91	19.71	89*	985.13	243.88	188.52
40	86.07	24.99	19.79	90*	987.94	244.64	189.19
41	119.33	33.44	22.94	91*	1,030.68	264.86	210.61
42	122.15	34.20	23.54	92*	1,041.94	265.53	211.37
43	124.97	34.47	23.97	93*	1,045.69	266.31	212.14
44	127.78	34.54	24.48	94*	1,108.30	308.27	245.49
45	130.59	35.74	24.99	95*	1,123.57	309.04	246.26
46	133.41	36.59	27.21	96*	1,138.84	329.17	278.59
47	136.23	37.10	27.81	97*	1,154.11	330.11	279.36
48	139.13	37.44	28.23	98*	1,169.21	336.85	280.04
49	141.77	37.88	28.83	99*	1,184.47	343.76	293.35
50	145.78	38.30	29.26	100*	1,200.68	350.59	295.90

* for renewal only

Singlife Health Plus – Preferred Rate for Child(ren)

Premium per person in Singapore Dollars (Inclusive of GST & NCD)					
Age Next Birthday	Public Prime - Plan 2		Age Next Birthday	Public Prime - Plan 2	
	Annual	Monthly		Annual	Monthly
1	156.00	13.31	11	156.00	13.31
2	156.00	13.31	12	158.00	13.47
3	156.00	13.31	13	158.01	13.48
4	156.00	13.31	14	159.00	13.56
5	156.00	13.31	15	159.00	13.56
6	156.00	13.31	16	159.00	13.56
7	156.00	13.31	17	160.00	13.65
8	156.00	13.31	18	160.00	13.65
9	156.00	13.31	19	160.99	13.73
10	156.00	13.31	20	163.00	13.91

The lifetime premiums for Singlife Health Plus are as follows:

Singlife Health Plus Options attachable to:	Private/Public Prime	Private /Public Lite
Plan 1	\$449,624	\$169,468
Plan 2	\$117,228	\$55,602
Plan 3	\$95,828	\$41,646

Lifetime premiums are calculated by taking the sum of premiums, from age next birthday 1 to 100, based on above premium tables respective, as of 1st April 2025.

The total distribution cost of this product is 21.5% to 43% of premiums for the first year and 2.5% to 5% of premiums for renewal years.

NO CLAIMS DISCOUNT

You will get a 20% discount on Singlife Health Plus premiums if:

- the cover start date or renewal date of your policy is on or after 1st April 2025, and
- the total claim amount that we have paid during the assessment period under your Singlife Shield and Singlife Health Plus policies (excluding the claim amount paid by MediShield Life) is less than or equal S\$0.

Any refunds (e.g. refunds from other insurance policies that covers the same life assured), excluding the refund amount for MediShield Life, which we receive during an assessment period will reduce the total claim amount paid in that assessment period.

“Assessment period” means the following periods starting two months before your next policy renewal date:

- For the first policy year, the past 10 months
- For the second policy year, the past 22 months
- For the third policy year onwards, the past 24 months

For more details on this discount, please refer to singlife.com.

ELIGIBILITY

To be eligible for Singlife Health Plus, the life assured must be:

- 75 years old or below at age next birthday at the cover start date; and
- the life assured of a Singlife Shield policy.

A new-born is eligible for cover 15 days after birth or after discharge from hospital, whichever is later.

COVERAGE OPTIONS

Besides choosing the appropriate Singlife Health Plus Plan based on the desired hospital/ward type (the plan chosen **must be the same** as Singlife Shield), you may also choose one of the following benefits for the life assured:

- (a) Private/Public Lite only, or
- (b) Private/Public Prime only.

The following are some key provisions found in the policy contract of this plan. This is a summary of the plan offered. The precise terms and conditions of the plan are set out in the policy contract. Please consult your Financial Adviser Representative should you require further explanation.

1. Covered Benefits

Our liability is limited to the coverage as provided for in the policy contract.

1.1 Annual Deductible Payable by Policyholder

The maximum annual deductible that applies to both Singlife Shield and Singlife Health Plus that you have to pay per policy year is as shown in the benefits schedule.

1.2 Co-insurance

Co-insurance which you have to pay in respect of a claim under your Singlife Health Plus policy (up to the limits shown in the benefits schedule).

For Private / Public Lite policies, coinsurance applies after you have paid the Singlife Shield annual deductible.

For Private / Public Prime policies, coinsurance applies after you have paid the Singlife Health Plus annual deductible (if applicable).

1.3 Critical Illness-Related Benefits

(a) Critical Illness Benefit

To be eligible for the Critical Illness Benefit under this policy, the life assured must be aged between one year old and 65 years old at age next birthday. Any life assured below one year old will only be eligible for Critical Illness Benefit when he attains the age of one.

A lump sum benefit will be paid upon your first diagnosis of any one of the following 37 Critical Illnesses. The list of 37 Critical Illnesses includes:

- Major Cancer
- Heart Attack of Specified Severity
- Stroke with Permanent Neurological Deficit
- Coronary Artery By-pass Surgery
- End Stage Kidney Failure
- Irreversible Aplastic Anaemia
- End Stage Lung Disease
- End Stage Liver Failure
- Coma
- Deafness (Irreversible Loss of Hearing)
- Open Chest Heart Valve Surgery
- Irreversible Loss of Speech
- Major Burns
- Major Organ/Bone Marrow Transplantation
- Multiple Sclerosis
- Muscular Dystrophy
- Idiopathic Parkinson's Disease
- Open Chest Surgery to Aorta
- Alzheimer's Disease/Severe Dementia
- Fulminant Hepatitis
- Motor Neurone Disease
- Primary Pulmonary Hypertension
- HIV Due to Blood Transfusion and Occupationally Acquired HIV
- Benign Brain Tumour
- Severe Encephalitis
- Severe Bacterial Meningitis
- Angioplasty & Other Invasive Treatment For Coronary Artery*
- Blindness (Irreversible Loss of Sight)
- Major Head Trauma
- Paralysis (Irreversible Loss of Use of Limbs)
- Terminal Illness
- Progressive Scleroderma
- Persistent Vegetative State (Apallic Syndrome)
- Systemic Lupus Erythematosus With Lupus Nephritis
- Other Serious Coronary Artery Disease
- Poliomyelitis
- Loss of Independent Existence

* Benefit for Angioplasty & Other Invasive Treatment for Coronary Artery is limited to 10% of the amount for Critical Illness Benefit shown in the benefits schedule. This benefit is payable once only and shall be deducted from the Critical Illness Benefit, thereby reducing the remaining amount of the Critical Illness Benefit which may be payable herein.

If the Critical Illness diagnosed is:

- Major Cancer,
- Coronary Artery By-pass Surgery,
- Angioplasty & Other Invasive Treatment for Coronary Artery,
- Other Serious Coronary Artery Disease, and/or
- Heart Attack of Specified Severity,

the Critical Illness Benefit is payable only if diagnosis is made after a waiting period of 90 days from the cover start date or last reinstatement date, whichever is later.

The Critical Illness Benefit will be payable after the end of the period of 30 days from the date on which the life assured is diagnosed as suffering from a critical illness.

(b) Additional Critical Illness Benefit for Kidney Failure

If the life assured is diagnosed with kidney failure and requires kidney dialysis, we pay this benefit as shown in the benefits schedule as long as:

- the dialysis is ordered by the attending doctor,
- the life assured receives dialysis at subsidised dialysis centre or public hospital, and
- we admit the outpatient kidney dialysis claim under Singlife Health Plus.

We will not pay this benefit again if you have made a claim on this benefit and we have paid according to your plan as shown in the benefits schedule before your change of plan.

To avoid doubt, if you upgrade your plan, we will pay this benefit according to your plan before the upgrade.

1.4 Accidental Cover for Child Benefit

If the life assured sustains a fracture to the:

- skull,
- spine,
- pelvis,
- femur, or
- hip,

as a result of an accident, we will pay this benefit in cash as long as:

- the life assured is below 19 years old at the time of the accident,
- the life assured is hospitalised due to the accident, and
- no prior claim under this benefit has been made.

We will only pay this benefit once during the lifetime of the life assured no matter how many fractures are sustained by the life assured.

1.5 Hospital-Related Benefits

We will pay the following hospital-related benefits up to the limits shown in the benefits schedule:

(a) Ambulance Fees or Transport to Hospital

One-way land transport for the life assured by either ambulance, taxi or private hire car to a hospital within Singapore. We pay this benefit as long as the life assured is admitted as an inpatient within 24 hours of arrival at the hospital, for treatment of an illness or injury covered under Singlife Shield.

(b) Accommodation Charges for Parent/Guardian of Child Life Assured

If one parent or guardian is sharing the hospital room of a life assured who is below 19 years old at age next birthday, we will pay for the accommodation charges incurred by the parent or guardian provided the life assured is hospitalised for treatment of an illness or injury covered under the Singlife Shield policy.

(c) Post-Hospital Follow-up TCM Treatment

As result of an accident, if the life assured is referred by the attending doctor from the hospital where the life assured received inpatient treatment, we will pay for the post-hospital follow-up TCM treatment by a registered TCM practitioner up to 180 days after hospital discharge. The TCM treatment must be for the same injury or illness for which the life assured was hospitalised and the injury or illness must be covered by your policy.

We will not pay for any post-hospital follow-up TCM treatment following an inpatient treatment in community hospital.

TCM treatment includes the:

- cost of consultation,
- acupuncture,
- scrapping,
- cupping, and
- tui na,

but not the cost of medication.

The TCM Practitioner must be legally qualified to provide the prescribed practice of traditional Chinese medicine by the TCM Practitioners Board of Singapore.

(d) Ward Downgrade Benefit (applies only to Private/Public Lite)

If the life assured is an inpatient at a Singapore public hospital, we pay this benefit as shown in the benefits schedule as long as:

- the admission as an inpatient is recommended by a doctor as necessary medical treatment, and
- the life assured stays in the following wards lower than his/her chosen plan:
 - For plan 1, any standard ward of a public hospital,
 - For plan 2, B1 standard ward or below of a public hospital, or
 - For plan 3, B2 standard ward or below of a public hospital.

We do not pay the ward downgrade benefit for day surgery, admission as an inpatient in a community hospital, admission as an inpatient in a private hospital, or if there is no hospital stay involved.

1.6 Cover for Child(ren)

We will extend:

- the benefits under Public Lite (attachable to Singlife Shield Plan 2) of your policy for free, or
- the preferred rate under Public Prime (attachable to Singlife Shield Plan 2) of your policy,

(as the case may be, based on your plan and option stated in the policy schedule), to a child life assured until he reaches 20 years old age next birthday if all of the following conditions are met:

- the child life assured is a biological or legally adopted child who is at least 15 days old,
- on or before the cover start date, the child life assured's parents are both covered under either Singlife Shield plan 1 or plan 2, and also covered under either Singlife Health Plus:
 - Private/Public Lite
 - Private Cover, or
 - Private/Public Prime,
 whichever is applicable, and
- the child life assured is covered under Singlife Shield's family discount for child(ren).

If the child life assured ceases to enjoy family discount for child(ren) under Singlife Shield, this benefit will also cease for the child life assured under your policy.

This benefit will continue even if one or both parents of the child life assured dies before this benefit ceases.

1.7 Mental wellness benefit

We will pay for expenses associated with outpatient psychiatric consultation (including medication prescribed and standard diagnostic tests on the same visit), subject to co-insurance and up to the limits specified in the benefit schedule.

Your policy must be in force for at least 10 continuous months starting from the cover start date.

2. Renewal

Singlife Health Plus is guaranteed renewable for a further period of 12 months by payment of the renewal premium before the renewal date.

3. Change of Policy Terms or Conditions

We may change the benefits, cover, premiums or terms and conditions of your policy (as long as the changes apply to all policies of the same class).

We will give you at least 30 days' written notice before we do so. However, such notice shall be waived and we may change the benefits, cover, premiums or terms and conditions of the policy with immediate effect without giving you notice if such changes are required by any law, regulation, governmental notices, policies or other statutory requirements.

4. When Your Policy Ends

Your policy ends on the date:

- the life assured dies,
 - we choose to end cover for the life assured if you do not reveal information or misrepresent to us,
 - we receive your written notice requesting cancellation of your policy,
 - we do not receive your premium after the grace period,
 - you fail or refuse to refund any amount you owe us, of which the date will be determined by us,
 - fraud takes place,
 - you or the life assured does not fulfil the eligibility requirements, or
 - when your Singlife Shield plan ends,
- whichever is the earliest.

The Critical Illness Benefit for a life assured will automatically end on the date:

- you make a valid critical illness benefit claim for the life assured and we have paid 100% of the limits shown in the benefits schedule, or
 - the policy year in which the life assured reaches 65 years old;
- whichever is earlier.

5. Cancel Your Policy

You may cancel Singlife Health Plus by giving us 30 days' notice in writing. If you cancel Singlife Health Plus only, your cancellation of this policy will not affect the validity of Singlife Shield.

Where premium is charged on an annual basis, we will refund you the pro-rated premium based on the number of unused days in the policy year. However, if a claim has been made in that policy year, no premium will be refunded.

Where premium is charged on a non-annual basis, we are entitled to the balance of premium payable for the entire policy year if you make a claim. We reserve the right to hold claim payments until we received full payment of the balance of premium payable.

6. Claims

Any benefits payable under the policy are made to you, your legal representative, the hospital or such other authorised parties (as the case may be). We will not make any payment in respect of any claim incurred unless full premium has been received by us.

Please contact your Financial Adviser Representative or visit the FAQs section in singlife.com/singlife_shield for claim procedures.

7. Other Insurance

If you or the life assured have other insurance policies which provides reimbursement of medical expenses, we will only pay claim amounts not covered by the other insurance policies, up to the limits of your policy.

You or the life assured must give us full details of all such other insurance policies when making a claim.

8. What Your Policy Does Not Cover

There are certain conditions under which no benefit will be payable. In addition to the exclusions defined under Singlife Shield policy, the following are not covered under Singlife Health Plus. The list is not exhaustive. You are advised to read the Singlife Shield and Singlife Health Plus policy contracts for the precise terms and conditions of the exclusions.

- all pre-existing conditions unless:
 - (a) you have declared the pre-existing condition and it has been accepted by us in writing, or
 - (b) your policy is under the moratorium underwriting option, during the moratorium of 5 years from:
 - the cover start date,
 - the date of upgrade, or
 - the last reinstatement date,

whichever is later, the life assured is continuously covered under your policy and has not, in relation to a pre-existing condition:

- experienced any symptom,
- sought advice, tests or check-ups from a doctor, specialist or alternative medicine provider,
- required any treatment or medication, or
- received any treatment or medication.

We will then cover such pre-existing condition after the moratorium. We will exclude the pre-existing condition permanently from your policy if the life assured does not meet any of the above requirements during the moratorium, and

- all costs arising from admission to a hospital before the cover start date.

Note

You may wish to seek advice from a Financial Adviser Representative before making a commitment to purchase the plan. If you choose not to seek advice from a Financial Adviser Representative, you should consider whether this plan is suitable for you. Buying a health insurance policy that is not suitable for you may impact your ability to finance your future healthcare needs.

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of cover, where applicable, please contact us or visit the LIA or SDIC websites (www.lia.org.sg or www.sdic.org.sg).

Note: This product summary provides you with an overview of the plan. Full details of the terms, conditions and exceptions of this insurance are provided in the Singlife Health Plus policy contract and will be sent to you upon acceptance by Singapore Life Ltd. You have a "Free Look" period of 21 days from the date you received your policy to decide if you want to continue with your policy. If you do not want to continue with your policy, you may write to us to cancel it. As long as you have not made any claim under your policy, we will cancel your policy from its cover start date and refund all premiums paid, without interest. If the policy is sent to you by post or electronic means, we will consider it received 7 days after the date we sent them.

Singlife Health Plus is governed by and interpreted according to the law of Singapore. The Singapore courts have exclusive jurisdiction.

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Date	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD/MM/YYYY)		
Presented to	<input type="text"/>	Name of Financial Adviser Representative	<input type="text"/>
	(Name of Proposer)		
Signature of Proposer	<input type="text"/>	Signature of Financial Adviser Representative	<input type="text"/>

'You/Your' means the owner of the policy who is named as the assured in the policy schedule. 'Life assured' means the person named as the life assured in the policy schedule. 'We/Us/Our' means Singapore Life Ltd.

DESCRIPTION OF PRODUCT

Singlife Cancer Cover Plus II is a non-participating, yearly renewable medical reimbursement plan that provides coverage for outpatient cancer drug treatments as well as selected cancer treatments. It provides both local and overseas coverage.

This plan does not have any cash value.

Please note that the premium rates are not guaranteed. We may review and change the premium rates from time to time by giving at you least 30 days' written notice. The revised premium will commence at the next premium due date.

This is not a MediSave-approved policy and you may not use MediSave to pay the premiums for this policy.

PLAN FEATURES AND BENEFITS

- This plan provides you with benefits such as:
 - Outpatient Cancer Drug Treatments (on the Cancer Drug List 'CDL')
 - Outpatient Cancer Drug Treatments (non-CDL)
 - Outpatient Cancer Drug Services
 - Inpatient and Outpatient Cell, Tissue and Gene Therapy
 - Inpatient and Outpatient Proton Beam Therapy
 - Overseas Treatment

Benefits are only payable when we admit the claim(s) after receiving satisfactory proof.

Before we pay any benefit, we will first deduct the remaining premiums due for that policy year and any amounts owing to us from the benefits payable.

Benefit	Singlife Cancer Cover Plus II Deductible	Singlife Cancer Cover Plus II Coverage
Outpatient Cancer Drug Treatment (on the CDL)	20% Co-insurance + \$5,000 per month	In excess of deductible (up to S\$1.5mil per policy year)
Outpatient Cancer Drug Treatment (Non-CDL)	20% Co-insurance + \$10,000 per month	
Outpatient Cancer Drug Services	20% Co-insurance + \$5,000 per month	
Inpatient and Outpatient Cell, Tissue and Gene Therapy	20% Co-insurance + \$145,000 per policy year	
Inpatient and Outpatient Proton Beam Therapy	20% Co-insurance + \$65,000 per policy year	
Overseas treatment ¹ (with pre-authorisation)	Applicable ²	

Footnotes

- ¹ Covered cancer treatments include:
- Outpatient Cancer Drug Treatments (on the Cancer Drug List 'CDL')
 - Outpatient Cancer Drug Treatments (non-CDL)
 - Outpatient Cancer Drug Services
 - Inpatient and Outpatient Cell, Tissue and Gene Therapy
 - Inpatient and Outpatient Proton Beam Therapy

- ² Singlife Cancer Cover Plus II deductibles for the covered cancer treatments in the benefit schedule will apply.

1. Outpatient Cancer Drugs Treatment (on the CDL)

We will pay for the charges the life assured has to pay as an outpatient at a hospital or cancer treatment centre registered with the MOH or approved by us for cancer drug treatment that are listed on the Cancer Drug List/CDL. Treatments are defined as drug-indication pairs, as described on the CDL: <https://go.gov.sg/moh-cancerdruglist>.

Outpatient cancer drug treatments are only claimable under your policy if used according to the clinical indications specified on the CDL (as at the date of treatment), unless otherwise stated in your policy. MOH may update the CDL from time to time.

For CDL treatments that involve more than one drug, we allow drug omission or replacement with another CDL drug with the indication "for cancer treatment", only if they are due to intolerance or contraindications. In such cases, the claim limit of the original CDL treatment will continue to apply.

For cases where multiple cancer drug treatments are administered in a month, if any of the CDL treatments have an indication that states "monotherapy", only CDL treatments with the indication "for cancer treatment" will be claimable in that month. Else, the following will apply:

- (a) If more than one of the cancer drug treatments administered in a month have an indication other than "for cancer treatment", only CDL treatments with the indication "for cancer treatment" will be claimable in that month.
- (b) If one or none of the cancer drug treatments administered in a month has an indication other than "for cancer treatment", all CDL treatments will be claimable in that month.

We will align the deductible to the highest limit among the CDL treatments that are claimable in that month.

For avoidance of doubt, for CDL treatments, the indications refer to the clinical indications of the drug as specified on the CDL on MOH's website go.gov.sg/moh-cancerdruglist. Non-CDL treatments will be considered as having an indication other than "for cancer treatment".

2. Outpatient Cancer Drugs Treatment (Non-CDL)

We will pay for outpatient cancer drug treatment under Classes A to E of the Non-CDL Classification Framework developed by the Life Insurance Association, Singapore, as set out in <https://www.lia.org.sg/media/3553/non-cdl-classification-framework.pdf>, up to the limits stated in the benefits schedule and subject to co-insurance. Class F treatments are not covered.

3. Outpatient Cancer Drug Services

We will pay for the charges the life assured has to pay for cancer drug services for outpatient cancer drug treatments. The services are not required to be specific to treatments on the CDL and are payable even if they were for a non-CDL treatment.

These include:

- consultations,
- scans,
- lab investigations,
- treatment preparation and administration fee,
- supportive care drugs (e.g., for pain/nausea), and
- blood transfusions,

as long as these are part of cancer drug treatment.

We will also pay charges for outpatient cancer drug services that the life assured has to pay after the life assured's final cancer drug treatment session (for example, consultations, tests and scans) as long as the charges are:

- part of the final review of the life assured's cancer drug treatment regime, and
- incurred not more than 30 days after the life assured's cancer drug treatment.

The outpatient cancer drug services does not cover:

- radiotherapy services (covered under radiotherapy treatments), and
- any charges incurred before the cancer is diagnosed, after the cancer has gone into remission or once the course of cancer drug treatment has ceased.

4. Inpatient and outpatient Proton Beam Therapy treatment

We will pay for the charges the life assured has to pay for Proton Beam Therapy treatment as an inpatient (including day surgery) or outpatient by a surgeon in a hospital or legally registered cancer treatment centre.

Associated consultation fees, examinations and laboratory tests are covered if they are ordered by the attending doctor before the treatment and take place not more than 30 days before the treatment.

Follow-up consultation fees, examinations, laboratory tests and other medical attention after each session of outpatient Proton Beam Therapy treatment are not covered.

5. Inpatient and outpatient Cell, Tissue and Gene Therapy treatment

We will pay for the charges the life assured has to pay for Cell, Tissue and Gene Therapy as an inpatient (including day surgery) or outpatient by the attending doctor in a hospital or legally registered cancer treatment centre.

Associated consultation fees, examinations and laboratory tests are covered if they are ordered by the attending doctor before the treatment and take place not more than 30 days before the treatment.

Associated consultation fees, examinations, laboratory tests and other medical attention after each session of outpatient Cell, Tissue and Gene Therapy are not covered.

Cell, Tissue and Gene Therapy will adopt the same definition as defined under the Health Products Act (HPA), that is not Immunotherapy and these items referred will be still subjected to this policy's general exclusions.

6. Overseas Treatment

We will pay for medical expenses that the life assured has to pay at an overseas hospital if the life assured requires any of the cancer treatments covered under the policy, if the following conditions are met:

- (a) The life assured had not stayed outside of Singapore for more than 183 consecutive days within a 12-months period on or before the date of the life assured's admission, and
- (b) We have pre-approved, and issued a certificate of pre-authorisation for the expenses.

We do not cover:

- (a) experimental or pioneering medical or surgical techniques, and medical devices including:
 - medical treatments that are of an investigational or research nature and not approved by the referenced regulatory bodies, and
 - clinical trials for medicinal products, whether or not these trials have clinical trial certificates issued by the referenced regulatory bodies.
- (b) medical devices, drugs, therapeutic products and CTGTP (Cell, Tissue and Gene Therapy Products) not approved or not used in accordance with the indications as stated by the referenced regulatory bodies.

Referenced regulatory bodies refer to FDA, EMA, TGA, HC, UK MHRA, NCCN and ESMO, as also mentioned in the Non-CDL Classification Framework developed by the Life Insurance Association, Singapore, as set out in <https://www.lia.org.sg/media/3553/non-cdl-classification-framework.pdf>.

7. Premium rates

The premium is based on the life assured's age next birthday and subjected to GST at the prevailing GST rate.

Singlife Cancer Cover Plus II			
Annual Premium per person in SG Dollars (inclusive of GST)			
Age Next Birthday	Premium (S\$)	Age Next Birthday	Premium (S\$)
1	105	51	390
2	105	52	435
3	105	53	485
4	105	54	530
5	105	55	580
6	105	56	635
7	105	57	690
8	105	58	755
9	105	59	825
10	105	60	900
11	115	61	1000
12	115	62	1100
13	115	63	1220
14	115	64	1360
15	115	65	1430
16	115	66	1500
17	115	67	1610
18	115	68	1690
19	115	69	1760
20	115	70	1830
21	120	71	1900
22	120	72	1980
23	120	73	2050
24	125	74	2120
25	125	75	2190
26	125	76*	2280
27	125	77*	2340
28	130	78*	2410
29	130	79*	2480
30	130	80*	2560
31	135	81*	2600
32	135	82*	2650
33	145	83*	2690
34	145	84*	2740
35	155	85*	2780
36	155	86*	2830
37	160	87*	2880
38	160	88*	2920
39	170	89*	2970
40	170	90*	3010
41	190	91*	3060
42	205	92*	3100
43	225	93*	3150
44	245	94*	3190
45	260	95*	3240
46	280	96*	3280
47	300	97*	3330
48	315	98*	3370
49	335	99*	3410
50	355	100*	3410

Singlife Cancer Cover Plus II

Monthly Premium per person in SG Dollars (inclusive of GST)

Age Next Birthday	Premium (S\$)	Age Next Birthday	Premium (S\$)
1	8.96	51	33.27
2	8.96	52	37.10
3	8.96	53	41.37
4	8.96	54	45.21
5	8.96	55	49.48
6	8.96	56	54.16
7	8.96	57	58.86
8	8.96	58	64.40
9	8.96	59	70.37
10	8.96	60	76.77
11	9.81	61	85.30
12	9.81	62	93.83
13	9.81	63	104.06
14	9.81	64	116.01
15	9.81	65	121.98
16	9.81	66	127.96
17	9.81	67	137.33
18	9.81	68	144.15
19	9.81	69	150.13
20	9.81	70	156.10
21	10.24	71	162.07
22	10.24	72	168.90
23	10.24	73	174.87
24	10.66	74	180.83
25	10.66	75	186.80
26	10.66	76*	194.49
27	10.66	77*	199.60
28	11.09	78*	205.57
29	11.09	79*	211.55
30	11.09	80*	218.37
31	11.51	81*	221.78
32	11.51	82*	226.04
33	12.37	83*	229.46
34	12.37	84*	233.72
35	13.22	85*	237.13
36	13.22	86*	241.40
37	13.65	87*	245.66
38	13.65	88*	249.08
39	14.50	89*	253.34
40	14.50	90*	256.75
41	16.21	91*	261.02
42	17.48	92*	264.43
43	19.19	93*	268.70
44	20.90	94*	272.11
45	22.18	95*	276.37
46	23.88	96*	279.78
47	25.59	97*	284.05
48	26.87	98*	287.47
49	28.58	99*	290.88
50	30.28	100*	290.88

* for renewals only

The total distribution cost for Singlife Cancer Cover Plus II is as follows:

Policy Year	TDC as % of Premiums Paid
1	117%
2	45%
3	11%
4	5%
5	3%
6	3%
7+	0%

8. Eligibility

To be eligible for Singlife Cancer Cover Plus II:

- you must be a Singapore citizen or Singapore permanent resident, and
- the life assured must be 75 years old or below at age next birthday at cover start date.

Your dependants are also eligible for cover under Singlife Cancer Cover Plus II as long as they are Singapore citizens or Singapore permanent residents. A new-born is eligible for cover 15 days after birth or after discharge from hospital, whichever is later.

9. Renewal

We will renew your policy automatically every year. We guarantee to do this for life as long as:

- we receive the premium before the grace period ends, and
- the cover for the life assured has not been ended.

10. When your policy ends

Your policy automatically ends on the date:

- the life assured dies,
- we receive your written notice requesting cancellation of your policy,
- we do not receive your premium after the grace period,
- you fail or refuse to refund any amount you owe us, of which the date will be determined by us,
- fraud takes place,
- you do not reveal information or misrepresent to us, or
- you or the life assured does not fulfil the eligibility requirements, whichever is the earliest.

ADDITIONAL INFORMATION**1. The Contract**

This product summary provides you with an overview of the plan. The policy contract provides the full terms and conditions of this plan.

2. Pre-existing Conditions

Pre-existing condition means any condition or illness which existed or was existing or the cause or symptoms of which existed or were existing or evident, or any condition or illness which the life assured suffered or was suffering from, prior to the:

- policy issue date,
- cover start date, or
- last reinstatement date,

whichever is latest, unless the condition or illness had been declared and accepted by us.

All pre-existing conditions are excluded under your policy unless you have declared the pre-existing condition and it has been accepted by us in writing.

3. Change of Policy Terms or Conditions

We may change the benefits, cover, premiums or terms and conditions of your policy or revoke your policy at any time without notice if:

- we are required to do so by any law, regulation, governmental notice, policy or other statutory requirement, or
- there is incorrect or incomplete information in your application documents, or any information or document given to us.

Other than the above circumstances, we may change your policy or adjust benefits by giving you at least 30 days' prior notice

4. Exclusions

The following treatment items, procedures, conditions, activities and their related or consequential expenses are not covered under your policy. If we say that because of an exclusion or any other term or condition of your policy, any loss, damage, cost or expense is not covered by your policy, the burden is on you to prove otherwise.

- all expenses for treatment as an inpatient, if the life assured was admitted to the hospital before the cover start date unless covered under Cells, Tissue and Gene therapy or Proton beam therapy,
- Pre-existing condition, meaning any illness, injury, condition or symptom:
 - for which the life assured asked for or received treatment, medication, advice or diagnosis from a doctor before the cover start date, the last reinstatement date, or the date of upgrade, whichever is later,
 - which existed or were evident before the cover start date, the last reinstatement date, or the date of upgrade, whichever is later, and would have led a reasonable and sensible person to seek medical advice or treatment, or
 - which was foreseeable or known, by you or the life assured, to exist before the cover start date, the last reinstatement date, or the date of upgrade, whichever is later, whether or not the life assured asked for treatment, medication, advice or diagnosis,
- overseas medical treatment (unless these treatments have been pre-authorised),
- transport for trips made to obtain medical treatment such as ambulance fees, emergency evacuation, or send home a body or ashes,
- private nursing charges and nursing home services,
- inpatient room and board charges for surgery which can be done as day surgery,
- admission as an inpatient for medical services, examination or treatment which can be done on an outpatient basis including but not limited to X-ray, CT scan or MRI scan (unless we cover it under pre-hospital treatment, inpatient hospital treatment, surgery (including day surgery), post-hospital treatment or major outpatient treatment),
- health screenings (including endoscopy for health screening purposes) and primary prevention (refers to medical services for generally healthy individuals to prevent a disease from ever occurring, in the absence of medical indications, eg. general medical/health screening packages, general physical checkups, vaccinations, etc.),

- (i) medical certificates, examinations for employment or travel, routine eye or ear examinations, hearing aids, spectacles, contact lenses and correction for refractive errors of the eye,
- (j) elective cosmetic treatments and plastic surgery,
- (k) any treatment claimed to prevent illness, promote health or improve bodily function or appearance including but not limited to vitamins, supplements, scar creams, soaps and moisturisers,
- (l) dental treatment or oral surgery related to teeth,
- (m) palliative care, rest cures and services or treatment at any home, spa, hydro or aqua clinic, sanatorium or hospice, or long-term care facility that is not a hospital,
- (n) infertility, contraception, sterilisation, impotence, sexual dysfunction or assisted conception tests or treatments or sex change operations,
- (o) treatment or surgical procedures done at fertility clinics or centres and reproductive medicine clinics or centres,
- (p) pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, or any form of related hospitalisation or treatment ,
- (q) treatment for obesity, weight reduction, weight improvement or procedure for weight management,
- (r) treatment for birth defects, including hereditary conditions and disorders and congenital anomalies,
- (s) prosthesis, corrective devices and medical appliances which are not surgically required including the buying or renting of the following for use at home or as an outpatient:
 - braces,
 - special/medical appliances which are not necessary for the completion of a surgical operation, including location, transport and associated administrative costs of such appliances,
 - durable medical equipment and machines,
 - corrective devices,
 - wheelchairs,
 - walking aids,
 - home aids,
 - kidney dialysis machines,
 - iron lungs,
 - oxygen machines,
 - hospital beds,
 - any other hospital type equipment,
 - replacement organs.
- (t) alternative or complementary treatments, including traditional Chinese medicine (TCM), naturopathic, homeopathic, podiatric, chiropractic or osteopathic treatment or a stay in any healthcare establishment for social or non-medical reasons,
- (u) costs relating to cornea, muscular, skeletal or human organ or tissue transplant,
- (v) treatment resulting from drug addiction or being under the influence of any controlled drugs listed under the First Schedule to the Misuse of Drugs Act 1973,
- (w) treatment for psychological, emotional or mental problems or conditions ,
- (x) experimental or pioneering medical or surgical techniques, and medical devices including medical treatments that are of an investigational or research nature, not approved by Health Sciences 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,
- (y) medical devices, drugs, therapeutic products and CTGTP (Cell, Tissue and Gene Therapy Products) not approved by Health Sciences Authority,
- (z) injury or illness arising from or in connection with any illegal act such as imprisonment,
- (aa) injury or illness arising directly or indirectly from or in connection with engagement or involvement in any hazardous activities or sports when remuneration or income could or would be earned or in a professional or competitive pursuit full-time, part-time, contractual or ad hoc basis other than for leisure or as a hobby,
- (bb) costs arising out of any litigation or dispute between the life assured and any medical personnel or establishment from whom treatment has been sought or given, or any other costs not directly and specifically related to the payment of the medical expenses covered by your policy,
- (cc) any loss or damage, cost or expense of whatever nature that is caused directly or indirectly by, results from or is connected to the following even if some other cause or event may contribute to the loss:
 - ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from the burning of nuclear fuel,
 - radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component,
 - any weapon of war using atomic or nuclear fission or fusion or other reaction of radioactive force or matter,
- (dd) death, disability, loss, damage, destruction, legal liability, cost or expense including consequential loss which is directly or indirectly caused by, results from or is connected to any of the following even if some other cause or event may contribute to the loss:
 - a) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war is declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions or amounting to an uprising, military or usurped power, or
 - b) any act of terrorism including but not limited to:
 - the use or threat of force or violence,
 - harm or damage to life or property (or the threat of harm or damage) including nuclear radiation or contamination by chemical or biological agents or any person or group of persons, which are carried out for political, religious, ideological or similar purposes, to put the public or a section of the public in fear, or
 - any action taken to control, prevent, suppress or in any way relating to (a) or (b),
- (ee) sexually transmitted diseases and any treatment or test connected with human immunodeficiency virus (HIV) infection-related conditions or diseases, except:
 - HIV infection acquired through blood transfusion in Singapore, or
 - HIV acquired while performing regular professional duties in a medical profession in Singapore,
- (ff) charges for non-necessary medical goods or services such as telephone, television or newspapers,
- (gg) fees or payment made to third party administrators or patient referral services,
- (hh) claims incurred directly or indirectly as a result of violation or attempted violation of any law, subsidiary legislation, governmental notice, policy or other statutory requirement, or any change thereof.

5. Cancel Your Policy

You may cancel the policy with effect from any renewal date by giving us at least 30 days' prior written notice of your intention not to renew your policy. The life assured's cover under your policy will end on the renewal date.

You may also cancel your policy during the policy year and after the free look period by giving us at least 30 days' prior written notice. We will refund you the pro-rated premium for the unexpired period of cover. However, we will not refund any premium if you have made a claim within that policy year.

6. Claims

Any benefits payable under the policy are made to you, your legal representative, the hospital or such other authorised parties (as the case may be). We will not make any payment in respect of any claim incurred unless full premium has been received by us.

Please contact your Financial Adviser Representative or visit <https://www.singlife.com/en/make-a-claim/> for the claim procedures.

7. Free Look

You have 14 days from the date you receive your policy to decide whether you want to continue with it. If you do not want to continue, you may write to us to cancel it. As long as you have not made any claim under your policy, we will cancel your policy from its cover start date and refund premiums paid, without interest, less any expenses spent in considering your application and issuing your policy.

If the policy is sent to you by post or electronic means, we will consider it received 7 days after the date we sent them.

8. Point-of-Sale Documents

A copy of the following documents is provided at the point-of-sale:

- Product Summary,
- Fact Find Form,
- Your Guide to Health Insurance and Infographic "Evaluating My Health Insurance Coverage" (if applicable), and
- Infographic "Moratorium on Genetic Testing and Insurance".

9. Note

You may wish to seek advice from a Financial Adviser Representative before making a commitment to purchase the plan. If you choose not to seek advice from a Financial Adviser Representative, you should consider whether this plan is suitable for you. Buying a health insurance policy that is not suitable for you may impact your ability to finance your future healthcare needs.

10. Policy Owners' Protection Scheme

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

11. Details of Insurer

This plan is underwritten by Singapore Life Ltd. Website: singlife.com.

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APPLICATION FORM

Please remember

- to countersign any amendments
- that the use of correction fluid/tape is not allowed
- to return the original form to Singapore Life Ltd.

- For POSB/DBS Account Holders, you can apply for GIRO via ibanking. For more details, please visit www.singlife.com/premium-payments

AUTHORISATION AND DECLARATION

- I/We hereby instruct and authorise Singapore Life Ltd. ("Singlife") to debit my/our bank account to pay for my policy/policies.
- I/We authorise the Bank to reject Singlife's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- I/We consent to this authorisation being in force until terminated by me/us or upon receipt of my/our written revocation to Singlife.
- I/We consent to Singapore Life Ltd ("Singlife") collecting, using and/or disclosing my/our personal data for the processing of the transaction as described in this form; statistical, research, compliance, audit and regulatory purposes; and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.
- I/We also consent to Singlife disclosing and transferring my/our personal data to Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including Policy Owner's(s) financial adviser, where applicable), whether located in Singapore or elsewhere, for the above purposes.
- Where applicable, I/we confirm that for the personal data of other individuals (contained in this form) that I/we have disclosed to Singlife, that I/we have prior to disclosing such personal data to Singlife, obtained the appropriate consent from the individual(s) to:
 - permit me/us to collect, use and/or disclose the individual's(s) personal data to Singlife for the above purposes;
 - permit Singlife to collect, use and/or disclose the individual's(s) personal data for the above purposes; and
 - permit Singlife to disclose and/or transfer the individual's(s) personal data to Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including the Policy Owner's(s) financial adviser, where applicable), whether located in Singapore or elsewhere, for the above purposes.
- I/We have read, understood and agree to be bound by the terms of Singlife's Data Protection Notice (which may be found on <https://singlife.com/en/pdpa>) as may be amended, supplemented and/or substituted by Singlife from time to time, and confirm that I/we am/are aware that the latest version of such terms (amended, supplemented and/or substituted version) will be posted on Singlife's website and such version shall bind me/us upon posting until such time when I/we withdraw the consent or revoke the interbank GIRO arrangement indicated here.

1. FOR APPLICANT'S COMPLETION

Date (dd/mm/yyyy):		Billing Organisation: SINGAPORE LIFE LTD.	
Bank Name (please tick one bank below): <input type="checkbox"/> POSB/DBS <input type="checkbox"/> UOB <input type="checkbox"/> OCBC <input type="checkbox"/> HSBC <input type="checkbox"/> Standard Chartered <input type="checkbox"/> Others: _____		Signature(s) / Thumbprint(s) ^:(as in Bank's Record) <small>^ Please sign and mail the original form to us. For thumbprint, please visit your bank with identification for verification.</small>	
Bank Account Holder's Name(s): Mr/ Mdm/ Ms/ Dr			
Bank Account Number:		Account Holder's NRIC(s):	
Policy Number(s)*	Policy Owner's NRIC No.	Relationship to Account Holder	Reason if Account Holder is not Policy Owner

*Please write the Policy Number(s) which you wish to apply for GIRO.

2. FOR OUR COMPLETION

SWIFT BIC	Bank Account Number	Singapore Life Ltd.'s Customer's Reference Number	
DBSSSGSGXXX	<input type="checkbox"/> 0270007597		
	<input type="checkbox"/> 0039001886		

3. FOR BANK'S COMPLETION

To: Singapore Life Ltd.

This application(s) is hereby **REJECTED** (please tick) for the following reason(s):

- | | |
|---|---|
| <input type="checkbox"/> Signature/Thumbprint# differs/irregular# from bank's records | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Signature/Thumbprint# is incomplete/unclear# | <input type="checkbox"/> Amendments not countersigned by Account Holder |
| <input type="checkbox"/> Account operated by Signature/Thumbprint# | <input type="checkbox"/> Others _____ |

please delete where applicable

Name of Approving Officer

Authorised Signature

Date (DD/MM/YY)

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