

POLICY OWNERS' PROTECTION SCHEME

These policies are protected under the Policy Owners' Protection Scheme, and are administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required. 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 and SDIC websites (www.lia.org.sg or www.sdic.org.sg).

MINDEF & MHA GROUP INSURANCE SCHEME (GROUP POLICY NO. G007500) CERTIFICATE OF INSURANCE PART 2: HIGHLIGHTS OF COVER

For the purpose of Part 2 of this Certificate of Insurance ("Certificate"), "you"/"your" means the Insured Person(s) and "we"/"us"/"the Company" means Singapore Life Ltd.

IMPORTANT NOTES:

1) Owner of the Group Insurance Policies

GOVERNMENT OF THE REPUBLIC OF SINGAPORE, as represented by Ministry of Defence (MINDEF/SAF) or as represented by Ministry of Home Affairs (collectively the "Authority"), is contractually, "The Policyholder" of the MINDEF & MHA Group Insurance Scheme ("Group Scheme"). This Group Scheme consists of the Core Scheme and the Voluntary Scheme, where the Core Scheme covers MINDEF/SAF, MHA, Affiliate personnel and their Dependants. A Certificate has been or will be issued to an Insured Member/Insured Affiliate Member, who is or will be covered under the Voluntary Scheme of any of the Group Policies listed in paragraph 2 Part 2 below. Insured Person(s) are not a party to any of the Group Policies issued under the Group Scheme except for the limited right of enforcement given to Insured Member/Insured Affiliate Member to claim benefits due under the Policy or right to seek arbitration, litigation or other dispute resolution in claim disputes, the Insured Person shall not be entitled to claim any other rights under the Policy.

The Group Policies are reviewed periodically and may be subject to change as part of the Authority's aim to continuously review the benefits for its members and its affiliates. As the Policyholder, the Authority reserve the right to negotiate any modification, amendment, suspension or discontinuance of any or all of the provisions of the Group Policies with the Company at the Authority's absolute discretion.

If a Policy (as defined in paragraph 2 Part 2 below) is terminated between the Policyholder and the Company, your insurance cover under the particular Policy will be terminated too.

2) Status of this Certificate of Insurance

This Certificate is not a contract of insurance. Its aim is to provide you with a confirmation of your/your dependants' cover under the particular Policy you have been insured under.

It is made up of two parts:

Part 1: Your/your dependants' particulars, the specific policy under which you/ your dependants are covered, the Sum Insured and the effective date of your/your dependants' coverage

Part 2: Highlights of the insurance cover provided under the Group Term Life ("GTL") and Personal Accident Policy ("GPA"), Living Care Policy ("LC"), Living Care Plus Policy ("LCP"), Disability Income Policy ("DI"), and Outpatient Medicare Policy ("OPMC") (collectively referred to as "Group Policies"; individually referred to as "Policy" as the case may be).

Not all Group Policies or Benefits described in Part 2 of this Certificate will apply to you. A Benefit is only applicable to you if the Policy containing the Benefit is specifically stated in Part 1 of this Certificate.

3) Duty of Insured Person

Your insurance cover specified in Part 1 of this Certificate will only be valid if you observe all the terms and conditions of the relevant Policy and you are truthful in the provision of all statements and answers in the application form for insurance, in any health declaration or in respect of any claim.

4) **Full Disclosure**

All material facts and circumstances up to the Effective Date of cover must be fully disclosed to the Company. Any non-disclosure or misrepresentation or fraudulent acts satisfactorily established by the Company shall entitle the Company to terminate and/or avoid any and all liability under the insurance cover.

5) **Premium Rates & Payment**

Premium rates are specified in the relevant Policy. Where there is a change in premium rates, the Company will allow a termination or reduction in your insurance cover without charging the apportioned premium based on short period rates that would otherwise apply. It is your responsibility to ensure the insurance premium is paid on time. If premium is not paid within the Grace Period, your insurance cover will terminate and we will not pay in the event of any claims.

6) **Free-look Period**

Within fourteen (14) days upon receipt of the Certificate, you may write to us to cancel your coverage under the relevant Policy. After we have received the original Certificate for cancellation, we will refund the premiums you paid (without interest) after deducting any expenses incurred in issuing the Certificate and any amount of claim that were paid out. If the Certificate is sent to you by post, you are considered to have received it seven (07) days after the postage.

7) **Early Termination**

The Insured Member/Insured Affiliate Member may give notice in writing directly to the Company during a Policy Year stating that he wishes to terminate one or more of the insurance covers set out in the Certificate issued to him. The cover will terminate at the end of the same month upon the Company's receipt of the notice.

8) **Option to Reinstate Insurance Cover**

Where the Insured Person's cover terminates due to non payment of premium, the Company may upon request, reinstate cover on certain terms and conditions including payment of premium, medical examinations and reduction of Sum Insured.

9) **How to Make a Claim**

You must give us written notice of a claim within one hundred and twenty (120) days of the event giving rise to the claim, together with full particulars and proof of the claim in the required format to the Company. You or your legal representative will need to meet the cost of all certificates, medical reports, information and evidence that we require. Proof of your birth date must be given to us before any claim will be admitted or payable. If the date of birth and/ or age notified to us is incorrect, we will not pay more than the amount which would be payable under the relevant Policy if the date of birth and/ or age had been correctly stated.

10) **Limitations to policy cover (Group Risk)**

In the event of claims arising from any number of Insured Persons as result of Acts of Terrorism, Singlife's maximum liability is subject to the sub-limits of 1.5% of the Aggregate Sum Insured per policy year.

In the event of War resulting in claims from any number of Insured Persons, Singlife's maximum liability is subject to the sub-limits 1.5% of the Aggregate Sum Insured per policy year.

Note: No limitations will apply to claims arising from Sea, Land and Air Conveyance.

11) **Termination of Insured Person's Cover**

All insurance coverage in respect of an Insured Person will immediately cease in any of the following circumstances:

- (a) upon expiry of the Grace Period if premium is not paid;
- (b) when the full Sum Insured is paid out in respect of that Insured Person;
- (c) insurance coverage under the relevant Policy or the entire Policy or Group Policies are terminated;

11) Termination of Insured Person's Cover (continued)

- (d) where the entire insurance coverage of an Insured Member/Insured Affiliate Member is terminated upon payment of full Sum Insured under GTL or GPA, subject to all other terms and conditions of the GTL or GPA, the insurance coverage of an Insured Dependant who is a:
 - (i) Spouse, will continue as if the Spouse is the Insured Member/Insured Affiliate Member (as the case may be), provided that payment of the prevailing premium rate of the Insured Member/Insured Affiliate Member continues to be made; and
 - (ii) Child, will continue at the prevailing premium rate applicable to the child; or
 - (iii) The legal guardian in the absence of the Child's parents, will be able to continue cover for the Child at the prevailing premium rate applicable to the Child.

12) Maximum Length of Coverage

Unless terminated earlier, all insurance coverage in respect of an Insured Person under any of the Group Policies will terminate at the end of the Policy Year on the first occurrence of any of the following events:

- (a) the Insured Person reaches the age of seventy (70) years;
- (b) the Insured Person, who is a Dependant child reaches the age of twenty (25) years or gets married, whichever is earlier; or
- (c) the Insured Person, who is a Dependant Spouse of a Member or Affiliate Member, is divorced from the Member or Affiliate Member.

13) Voluntary Scheme (Automatic Renewal)

The insurance coverage of an Insured Person during the Initial Period and/or Option Period (as the case may be), will be automatically renewed on each Policy Year, provided payment of the applicable premium is paid to the Company, the Insured Person's cover has not been terminated, and he is not in breach of the terms of the relevant Policy at the time of renewal. No evidence of continued good health is required if the renewal is effected within thirty days (30) of the expiry of the previous Policy Year.

14) Enquiries

If you have questions on claim matters or any other aspect of your insurance cover under any of the Group Policies, please contact us through the Singapore Life Ltd. Customer Service Hotline at 6827 8000 from Monday to Friday (excluding Public Holidays), 8.30am to 5.30pm. You may also email Singlife at MINDEF_insurance@singlife.com and MHA_insurance@singlife.com or visit singlife.com.

BENEFIT 1: GROUP TERM LIFE

A. Death

If an Insured Person dies while insured for this Benefit, the Company will pay the relevant Sum Insured for death except that:

- (a) no compensation is payable in the event of the Insured Person's death by suicide during the first year of the Insured Person's insurance under this Policy or during the first year that this entire Policy or the Insured Person's cover under this Policy (as the case may be) is reinstated regardless of the mental condition of the Insured Person; and
- (b) in the event of the Insured Person's death by suicide within one (1) year of an increase in the Sum Insured in respect of that Insured Person, the Company shall pay only the Sum Insured prior to the increase.

B. Total and Permanent Disability Benefit

In the event that an Insured Person becomes totally and permanently disabled (as defined below), the Company will pay the Sum Insured in the following manner upon provision and receipt of relevant documents:-

- (a) If the sum payable in respect of a valid claim is \$200,000 or less, the Company will pay the entire amount in one lump sum;
- (b) If the sum payable in respect of a valid claim is above \$200,000, the Company will first pay a lump sum of \$200,000 and pay the balance in three (3) equal annual instalments. The first annual instalment will be paid on the 1st anniversary of the initial lump sum payment and the remaining two instalments will be paid on the 2nd and 3rd anniversary respectively;
- (c) If the Insured Person dies before all the instalments are paid up, the instalment terms will cease to apply and the Company will pay the balance outstanding at the time of death in one lump sum;
- (d) Nothing will be payable by the Company to the Insured Member/Insured Affiliate Member if all the instalments have been paid prior to the Insured Person's death;
- (e) Even if the proof of disability furnished to the Company is accepted as satisfactory by the Company, the Company remains entitled to require, on an annual basis, medical certification that the disability continues. Any medical examination and certification of the Insured Person, which shall be at the Company's expense, shall be by a medical advisor of the Company or Registered Medical Practitioner acceptable to the Company.

B. Total and Permanent Disability Benefit (continued)

Part 1

The disability referred to in this Policy must be total and permanent, such that there is neither at the time it is first sustained nor at any time thereafter, any work, occupation or profession that the Insured Person can ever sufficiently do or follow to earn or obtain any wages, compensation or profit.

Part 2

The total and irrecoverable: -

- (a) loss of the sight of both eyes; or
- (b) loss by severance of or total and permanent loss of use of both hands at or above the wrists; or
- (c) loss by severance of or total and permanent loss of use of both feet at or above the ankles; or
- (d) loss by severance of or total and permanent loss of use of one hand at or above the wrist and one foot at or above the ankle; or
- (e) loss of sight of one eye and loss by severance of or total and permanent loss of use of one hand at or above the wrist or one foot at or above the ankle will be considered as total and permanent disability for the purpose of this Benefit.

C. Advance Payment Benefit

In the event an Insured Person is diagnosed to be suffering from any disease which, in the opinion of a Registered Medical Practitioner who is a specialist consultant holding such an appointment at an approved Hospital, with the confirmation from any of the Company's medical advisers, that it is highly probable to lead to death within the next twelve (12) months and provided no other Benefit has been paid to the Insured Person under this Policy or under any supplementary contracts attached to this Policy, the Company may at its sole discretion pay an advance payment of 100% of the Sum Insured, up to a maximum amount of \$400,000. The balance of the Sum Insured, if any, shall be paid in one lump sum in the event the Insured Person dies in the next twelve (12) months from date of diagnosis.

D. Daily Hospital Cash Benefit

A Benefit of \$30 per day shall be payable after the 10th day of Hospital stay, up to a maximum of thirty (30) days continuously. No Benefit shall be payable for hospitalisation directly or indirectly due to self-inflicted injuries (including due to suicide/attempted suicide) and/or pregnancy/maternity reason.

This Benefit can only be claimed either under the Core Scheme or Voluntary Scheme.

EXCLUSIONS

1. No Benefit is payable under Benefit 1D for hospitalisation directly or indirectly due to self-inflicted injuries (including due to suicide/attempted suicide) and/or pregnancy/ maternity reason.
2. No Benefit is payable under Benefit 1A/1B/1C in respect of any death, loss, injury or disability caused directly or indirectly, wholly or partly, by suicide or any attempted suicide or self-inflicted injury or illness while sane or insane within the first 12 months from the date of inception or reinstatement of a lapsed policy;
3. For coverage within the Non-Medical Limit purchased without evidence of insurability, no Benefit is payable under Benefit 1A/1B/1C in respect of any death, loss, injury or disability caused directly or indirectly, wholly or partly, by any Pre-existing Condition which existed prior to the Insured Person becoming insured under this Policy, or the Insured Person's cover under this Policy (as the case may be) is reinstated will not be covered, unless the Insured Person has already been insured continuously for 12 months under this Policy.

Effect of Claims on Benefits

When the full Sum Insured is paid out in respect of that Insured Person, for:

- (i) Benefit 1A/1B; or
- (ii) Benefit 1C if the Sum Insured is S\$400,000 and below

Insurance cover in respect of the Insured Person immediately ceases and the Insured Person is not entitled to claim any further or other Benefit under this Policy.

Non-Medical Limit

Non-Medical Limit is the amount of Sum Insured that can be purchased under the Voluntary Scheme of this Policy without the need to provide evidence of insurability.

Application for coverage within the Non-Medical Limit of \$250,000 does not require any evidence of insurability. Application for cover exceeding the Non-Medical Limit of \$250,000 requires evidence of insurability to the satisfaction of the Company, including evidence of good health from a medical adviser of the Company.

BENEFIT 2: GROUP PERSONAL ACCIDENT

A. Death due to Accident

If an Insured Person dies while insured for this Benefit, the Company will pay the relevant Sum Insured for Death except that, no compensation will be payable in the event of the Insured Person's death by suicide under this Policy, regardless of the mental condition of the Insured Person.

B. Total And Permanent Disablement due to Accident

In the event that an Insured Person becomes totally and permanently disabled (as defined below), the Company will pay one hundred and fifty percent (150%) of the Sum Insured in the following manner upon provision and receipt of relevant documents as required: -

- (i) if the sum payable in respect of a valid claim is \$200,000 or less, the Company will pay the entire amount in one lump sum;
- (ii) if the sum payable in respect of a valid claim is above \$200,000, the Company will first pay a lump sum of \$200,000 and pay the balance in three (3) equal annual instalments. The first annual instalment will be paid on the 1st anniversary of the initial lump sum payment and the remaining two instalments will be paid at on the 2nd and 3rd anniversary respectively.
- (iii) If the Insured Person dies before all the instalments are paid up, the instalment terms will cease to apply and the Company will pay the balance outstanding at the time of death in one lump sum.
- (iv) Nothing will be payable by the Company to the Insured Member/Insured Affiliate Member if all the instalments have been paid prior to the Insured Person's death.
- (v) Even if the proof of disability furnished to the Company is accepted as satisfactory by the Company, the Company remains entitled to require, on an annual basis, medical certification that the disability continues. Any medical examination and certification of the Insured Person, which shall be at the Company's expense, shall be by a medical advisor of the Company or Registered Medical Practitioner acceptable to the Company.

Part 1

The disability referred to in this Policy must be total and permanent, such that there is neither at the time it is first sustained nor at any time thereafter, any work, occupation or profession that the Insured Person can ever sufficiently do or follow to earn or obtain any wages, compensation or profit.

Part 2

The total and irrecoverable: -

- (i) loss of the sight of both eyes; or
- (ii) loss by severance of or total and permanent loss of use of both hands at or above the wrists; or
- (iii) loss by severance of or total and permanent loss of use of both feet at or above the ankles; or
- (iv) loss by severance of or total and permanent loss of use of one hand at or above the wrist and one foot at or above the ankle; or
- (v) loss of sight of one eye and loss by severance of or total and permanent loss of use of one hand at or above the wrist or one foot at or above the ankle

will be considered as total and permanent disability for the purpose of this Benefit.

C. Total and Permanent Dismemberment due to Accident

If any Insured Person sustains bodily injury as a result of an Accident of which (except in the case of drowning or internal injury revealed by autopsy) there is evidence of a visible contusion or wound on the exterior of the body which within three hundred and sixty-five (365) days from the date of the Accident, directly and independently of all other causes, results in permanent dismemberment as provided in the Schedule of Indemnities below, Singlife will upon receipt and approval of satisfactory proof, pay the Insured Person the relevant percentage (%) of the Sum Insured as shown in the Schedule of Indemnities below:

C. Total and Permanent Dismemberment due to Accident (continued)

Schedule of Indemnities		Compensation (% of Sum Insured)
1. Loss of or Permanent Total Loss of use of at least one limb		100%
2. Permanent Total Loss of	(a) Sight in at least one eye	100%
	(b) Whole eye	100%
	(c) Sight in one eye, except perception of light	50%
	(d) Lens of one eye	50%
3. Permanent and Incurable Insanity		100%
4. Loss of arm (at shoulder, between shoulder and elbow, at elbow, between elbow and wrist)		100%
5. Loss of leg (at hip, between knee and hip, at knee, between knee and ankle)		100%
6. Loss of hand at wrist		100%
7. Loss of or Permanent Total Loss of both hands		100%
8. Loss of or Permanent Total Loss of use of four fingers and thumb	(a) Both Hands	100%
	(b) Right Hand	70%
	(c) Left Hand	50%
9. Loss of or Permanent Total Loss of all fingers and both thumbs		100%
10. Loss of or Permanent Total Loss of use of four fingers of	(a) Right Hand	40%
	(b) Left Hand	30%
11. Loss of or Permanent Total Loss of use of	(a) Right Thumb	30%
	(b) Left Thumb	15%
	(c) One Phalanx of Right Thumb	20%
	(d) One Phalanx of Left Thumb	10%
12. Loss of or Permanent Total Loss of use of fingers	(a) Three Right Phalanges	20%
	(b) Two Right Phalanges	15%
	(c) One Right Phalanx	10%
	(d) Three Left Phalanges	15%
	(e) Two Left Phalanges	10%
	(f) One Left Phalanx	5%
13. Loss of one phalanx of	(a) Right index finger	12%
	(b) Left index finger	7.5%
14. Loss of or Permanent Total Loss of use of any other finger	(a) Right hand	6%
	(b) Left hand	5%
15. Loss of or Permanent Total Loss of one phalanx of any other finger		4%
16. Loss of or Permanent Total Loss of use of a great toe		5%
17. Loss of or Permanent Total Loss of use of a great toe	(a) Two Phalanges	5%
	(b) One Phalanx	3%
18. Loss of any toe other than great toe		3%
19. Loss of all toes on either foot		20%
20. Loss of or Permanent Total Loss of hearing in both ears		75%
21. Loss of or Permanent Total Loss of hearing one ear		25%
22. Loss of speech		50%
Note: If the Insured Person is left-handed, the percentage of the various disabilities of right hand and left hand shall be transposed.		

C. Total and Permanent Dismemberment due to Accident (continued)

"Total and Permanent Dismemberment" or "Loss" for the purpose of this Benefit means permanent, total and irrecoverable loss of use or entire physical loss caused by physical separation.

In the event of permanent dismemberment not specified above (other than loss of sense of taste or smell for which no compensation is payable), the Company may at its sole discretion pay an amount of compensation determined (without reference to the profession or occupation of the Insured Person) by comparison with the percentages shown in the above Schedule and in proportion to the degree of disability as assessed by the Company's medical advisors.

Without prejudice to the other terms and conditions contained in this Policy, payment for any loss caused by an Accident during the Insurance Period will be made in accordance with the Schedule of Indemnities in respect of the specific loss caused directly and independently of all other causes by such Accident without reference to or taking into account any previous loss suffered by the Insured Person whether during or outside the Insurance Period.

No compensation is payable for a specific disability where such specific disability forms part of another disability for which a greater amount is payable or which qualifies for Total and Permanent Disability Benefit under this Policy.

The total compensation payable in respect of an Insured Person for all Accidental Permanent Dismemberment due to the same Accident shall not exceed in the aggregate the Sum Insured under the Policy.

D. Injury due to Accident

If while this Policy is in force, an Insured Person sustains an Accidental bodily injury and suffers from any of the results described in the Schedule below, the Company shall, upon receipt of relevant documents as required under clause 14, indemnify the Insured Person according to the Schedule below:

Schedule	Compensation (% of Sum Insured)
Fractured leg or patella with established non-union	20%
Shortening of leg by at least 5cm	10%
Third Degree Burns	
AreaDamage as a Percentage of Total Body Surface Area	
Head	50%
- Equals to or greater than 2% but less than 5%	75%
- Equals to or greater than 5% but less than 8%	100%
- Equals to or greater than 8%	
Body	50%
- Equals to or greater than 10% but less than 15%	75%
- Equals to or greater than 15% but less than 20%	100%
- Equals to or greater than 20%	
Second Degree Burns	
AreaDamage as a Percentage of Total Body Surface Area	
Head	100%
- Equals to or greater than 10%	
Body	30%
- Equals to or greater than 15% but less than 25%	40%
- Equals to or greater than 25% but less than 40%	50%
- Equals to or greater than 40%	

E. Simple Fracture or Other Fracture due to Accident

If an Insured Person sustains bodily injury as a result of an Accident, which results in a Simple Fracture or Other Fracture of the nature mentioned in the table below, we will pay the relevant amount specified in the table:-

Simple Fracture or Other Fracture due to Accident	
Schedule	Compensation (% of Sum Insured)
Neck, Skull or Spine (Full Break)	100%
Hip	75%
Jaw, Pelvis, Leg, Ankle or Knee (Other Fracture)	50%
Cheekbone, Shoulder or Hairline Fracture of Skull or Spine	30%
Arm, Elbow, Wrist or Ribs (Other Fracture)	20%

This Benefit can only be claimed either under the Core Scheme or Voluntary Scheme.

F. Disappearance

If an Insured Person:

- (i) disappears as a result of the sinking or wrecking of the ship, aeroplane or vehicle in which he was travelling at the time of the Accident; and
- (ii) his body is not found within 1 year from the date of his disappearance; and
- (iii) there is sufficient evidence leading to the conclusion that the Insured Person sustained bodily injury as a result of an Accident, which caused his death, then we will pay the Sum Insured. However, the person(s) to whom the Benefit is paid shall sign an undertaking to refund

such sum(s) so paid, to the Company, if the Insured Person is subsequently found to be alive.

G. Ambulance Cost

If an Insured Person sustains bodily injury as a result of an Accident, which necessitates the use of an ambulance, we will reimburse the actual ground ambulance costs on a per event per Insured Person basis, incurred by the Insured Person up to maximum of \$500 for transportation (including the medical supplies used) to the Hospital.

This Benefit can only be claimed either under the Core Scheme or Voluntary Scheme.

H. Mobility aid upon accidental total & permanent disablement

If an Insured Person who sustains bodily injury as a result of an Accident and suffers total and permanent disability and needs to and can operate:

- (i) a self-powered, climbing wheelchair; and/or
- (ii) his motor vehicle with the controls suitably adjusted; and/or
- (iii) a lift, necessary ramps, railings and holds installed to his/her usual place of residence;

We will, upon receipt of relevant documents as required under clause 14 (including proof of need and total and permanent disability certified by a Registered Medical Practitioner), pay up to \$10,000 of the costs of such equipment and the installation thereof, whichever is lesser.

This Benefit can only be claimed either under the Core Scheme or Voluntary Scheme.

I. Home Rehabilitation Renovation Expenses

If, during the Policy Period, an Insured Person sustains bodily injury as a result of an Accident that directly and independently of all other causes, results in Permanent Total Disablement of such a nature that such Insured Person needs and can operate:

- (i) a self-powered, climbing wheelchair and/or
- (ii) his motor vehicle with the controls suitably adjusted; and/or
- (iii) a lift, necessary ramps, railings and holds installed to his/her usual place of residence and the insured Person is required to renovate/alter his or her normal place of residence, for the purpose of normal daily living (i.e. washing, cooking, bathing and dressing)

We will, upon receipt of relevant documents as required under clause 14 (including proof of need and bodily injury as a result of Accident certified by a Registered Medical Practitioner) pay for the installation of necessary items including but not limited to ramps, guard rails, alarms systems and similar aids, up to a maximum of \$10,000.

This Benefit can only be claimed either under the Core Scheme or Voluntary Scheme.

J. Accidental Hospital Recuperation Benefit

In addition to the specific exclusions listed below, if within 30 days following bodily injury as a result of an Accident, it is medically necessary due to the said injury (whether directly or indirectly necessary) of the Insured Person to be confined as a resident patient in a Hospital for a continuous period of at least 24 hours on the recommendation of a Registered Medical Practitioner but not for the purpose of convalescent rest, We will pay a one-time amount of \$250 per hospitalisation.

Subsequent hospitalisation resulting from the same injury will not be payable.

Specific Exclusion - We will not pay for liability arising directly or indirectly from, in respect of, or due to any of the following:

- (i) Routine general physical or any other examinations not directly related to admission, diagnosis, injury or treatment which is not medically necessary;
- (ii) Congenital anomalies and conditions arising out of or resulting from congenital anomalies;
- (iii) Suicide or attempted suicide or intentional self-injury or deliberate exposure to exceptional danger (except in an attempt to save human life) or from an Insured Person's own criminal act, or is sustained whilst an Insured Person is in a state of insanity.

This Benefit can only be claimed either under the Core Scheme or Voluntary Scheme.

K. Child Education Fund Benefit

If an Insured Person sustains bodily injury as a result of an Accident resulting in death, we will, upon receipt of relevant documents as required under clause 14 (including proof of death) in our prescribed form, pay child education fund of \$5,000 per child, subject to a maximum of two children, provided the Dependant child is unmarried and a full-time student including in an institution of higher learning and is aged 25 and below and not enlisted into full-time National Service.

This Benefit can only be claimed either under the Core Scheme or Voluntary Scheme.

L. Compassionate Death Allowance Benefit

If an Insured Person sustains bodily injury as a result of an Accident resulting in death, we will, upon receipt of relevant documents as required under clause 14 (including proof of death) in our prescribed form, pay the Sum Insured and funeral expenses of up to \$2,000.

This Benefit can only be claimed either under the Core Scheme or Voluntary Scheme.

M. Comatose State Lump Sum Benefit

If the Insured Person sustains bodily injury as a result of an Accident, which directly and independently of all other causes results in the Insured Person being confined to a Hospital and in a Comatose State, within thirty (30) days from the date of the Accident, we will pay the following benefit amounts:

Duration of Comatose State	Benefit amount as percentage of Comatose State Sum Insured
At least 3 months	25%
At least 6 months	50%
At least 9 months	75%
At least 12 months	100%

Comatose State sum insured will be 15% of the Sum Insured or maximum of \$50,000, whichever is the lesser.

Specific Provision - In the case of successive Comatose States with fewer than 10 days between each one and for the same cause, the Comatose State will be deemed and treated as one.

Conditions - The Insured Person must be confined to a Hospital for the duration of the Comatose state for this Benefit to be payable.

N. Natural Catastrophe

If an Insured Person sustains bodily injury as a result of an Accident due to a Natural Catastrophe, which directly and independently of all other causes, results in death or Total and Permanent Disability from the date of loss, we will pay an additional fifteen percent (15%) of the Sum Insured or S\$50,000, whichever is lesser.

EXCLUSIONS

No Benefit is payable in respect of any death, loss, injury or disability caused directly or indirectly, wholly or partly, by: -

- (i) suicide or any attempted suicide or self-inflicted injury while sane or insane;
- (ii) participation in competitive racing on wheels except for those sanctioned by the Authority;
- (iii) pregnancy or childbirth or any illness or disease of any kind relating to venereal diseases, AIDs and all illnesses or diseases associated with the Human Immuno Deficiency Virus (HIV) except for blood transfusion/occupationally acquired HIV; or
- (iv) the Insured Person being in or on or entering into or descending from any aircraft (other than a fully licensed passenger carrying aircraft and not as a member of the crew and not for the purpose of undertaking any trade or technical operation on the aircraft); except, flights for the purpose of the Authority's training, exercises, operations and other activities sanctioned by the Authority.

For the avoidance of doubt, the existence of any Pre-existing Condition shall not result in an exclusion under the Core and Voluntary Schemes.

Effect of Claims on Benefits

For Group Personal Injury, when the full Sum Insured is paid out in respect of that Insured Person, for:

- (i) Benefit 2A / 2B / 2F; or
- (ii) Benefit 2C / 2D

insurance cover in respect of the Insured Person immediately ceases and the Insured Person is not entitled to claim any further or other Benefit under this Policy.

Non-Medical Limit

Application for coverage within the Non-Medical Limit of \$1,000,000 does not require any evidence of insurability.

LIVING CARE POLICY - CRITICAL ILLNESS BENEFIT

Living Care Policy - Critical Illness Benefit

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

+The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2024). These Critical Illnesses fall under Version 2024. You may refer to www.lia.org.sg for the standard Definitions (Version 2024).

The detailed description of each of the above Critical Illness can be found on our website singlife.com under (FAQs) and will apply in respect of any claim that you may make under this Benefit.

Waiting Period. There is a 'Waiting Period' of 90 days from the date the Insured Person is first covered or the date the Insured Person's coverage is reinstated for this Supplementary Benefit, whichever is later. This means that for each Insured Person, the Company will not pay any Living Care Benefit for Major Cancer, Coronary Artery By-Pass Surgery, Heart Attack of Specified Severity, Angioplasty & Other Invasive Treatments for Coronary Artery and Other Serious Coronary Artery Disease diagnosed during the Waiting Period unless these illnesses are caused solely and directly by Accident.

Survival Period. This means the period of 30 days from the date on which the Insured Person is diagnosed to be suffering from a Critical Illness for which the Insured Person must survive before a claim in respect of that particular Critical Illness can be made.

Limit of Liability. We will not pay more than S\$350,000 in the aggregate in respect of all claims for Critical Illness Benefit made under the Policy.

If an Insured Person is inadvertently insured under this Policy on a duplicate basis in the capacities of a Member/Affiliate Member as well as a Dependant, the Company's liability shall be limited to the amount payable in respect of the insurance with the higher Sum Insured. In the event that premiums are paid for the Insured Person in the capacities of a Member/Affiliate Member as well as a Dependant, the Company shall refund the duplicate premium amount upon identification.

An individual, who is a full-time National Serviceman (NSF), is eligible to sign up for the Voluntary Scheme once he is enlisted. If such individual signs up for the Voluntary scheme directly, then any existing coverage that the individual may have as a Dependant under the Voluntary Scheme will cease. The individual will be able to sign up for the same sum assured as he was covered as a Dependent under the Voluntary scheme prior to its cessation without the need to provide evidence of insurability. Any additional Sum Insured will be subject to underwriting. This Policy does not cover war or terrorism related events, except for MINDEF/SAF and MHA training, exercises, operations and other activities sanctioned by the Authority. If the Company alleges that by these reasons any death, disability, injury, or any other loss is not covered by this Policy the burden of proving the contrary shall be upon the person alleging otherwise.

1. Limitations

For each Insured Person, the Company will not pay any Living Care Benefit for Major Cancer, Coronary Artery By-Pass Surgery, Heart Attack of Specified Severity, Angioplasty & Other Invasive Treatments for Coronary Artery and Other Serious Coronary Artery Disease diagnosed during the Waiting Period unless these illnesses are caused solely and directly by Accident.

The Company will pay the Living Care Benefit if an Insured Person is diagnosed during the Insurance Period to be suffering from a Critical Illness except that:

- (a) if the Critical Illness or its symptoms occur within ninety (90) days from the date of increase of that Living Care Benefit, the Company shall pay only the Living Care Benefit amount that was applicable prior to the increase;
- (b) the Living Care Benefit shall be payable only for one (1) Critical Illness for each Insured Person under this Policy; and
- (c) the Insured Person must survive to the end of the Survival Period otherwise the Living Care Benefit will not be payable.

2. Exclusions Applicable to Claims

No Benefit shall be payable under this Policy in respect of any Critical Illness directly or indirectly, wholly or partly caused by or arising from or contributed to by any of the following:

- (a) any condition or illness which is existing (whether or not the Insured Person is aware of the same) or the cause or the symptoms of which are existing or are evident, or any condition or illness which the Insured Person suffered or is suffering from prior to the date on which the insurance in respect of an Insured Person or any reinstatement of such insurance is effective;
- (b) Acquired Immunodeficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV) except as provided in paragraph 23 "AIDS Due to Blood Transfusion and Occupationally Acquired HIV" of the LIA Critical Illness (CI) Framework 2024;
- (c) suicide or any attempted suicide or self-inflicted injuries, whether the Insured Person is sane or insane;
- (d) invasion, riot, civil commotion or rebellion, war (declared or undeclared) or act of war or terrorism except MINDEF/SAF, MHA training, exercises, operations and other activities sanctioned by the Authority;
- (e) inappropriate use of alcohol or drugs, including but not limited to the following:
 - i. consuming too much alcohol; or
 - ii. taking an overdose of drugs, whether lawfully prescribed or otherwise;
 - iii. taking Controlled Drugs (as defined by the Misuse of Drugs Act (2001), Singapore) otherwise than in accordance with a lawful prescription.

For detailed exclusions of respective critical illnesses, please refer to singlife.com.

Effect of Claims

Once the full Sum Insured has been paid by the Company, insurance cover in respect of the Insured Person immediately ceases and the Insured Person is not entitled to any further claim or other Benefit under this Policy.

LIVING CARE PLUS POLICY

Early Cancer
 Cardiac Pacemaker Insertion Or Pericardectomy Or Cardiac Defibrillator Insertion Or
 Early Cardiomyopathy
 Transmyocardial Laser Revascularisation Or Insertion of Vena-cava Filter
 Heart Valve Repair Surgery Mild Coronary Artery Disease
 Primary Pulmonary Hypertension
 Large Asymptomatic Aortic Aneurysm or Minimally Invasive Surgery to the Aorta Surgical Removal of One Kidney
 Small Bowel Transplant Or Corneal Transplant
 Brain Aneurysm Surgery or Cerebral Shunt Insertion

The detailed description of the Early Critical Illnesses coverage can be found on singlife.com under (FAQs) and these will apply in respect of any claim that you may make under this Benefit.

Waiting Period. There is a 'Waiting Period' of sixty (60) days from the Effective Date of an Insured Person's cover under this Living Care Plus Policy or from the date his cover is reinstated, in respect of which no claim can be made.

Survival Period. This means the period of thirty (30) days from the date on which the Insured Person is diagnosed to be suffering from an Early Critical Illness for which the Insured Person must survive before a claim in respect of that particular Early Critical Illness can be made.

Limitations

The Living Care Plus Benefit is payable only for one (1) Early Critical Illness for each Insured Person under the Policy, regardless of how many such Early Critical Illnesses he may be diagnosed with.

Further, the Company will not pay the Living Care Plus Benefit if an Insured Person is diagnosed during the Insurance Period to be suffering from an Early Critical Illness:

- (a) if the Early Critical Illness was diagnosed within the Waiting Period; or
- (b) if the Early Critical Illness or its symptoms occur within thirty (30) days from the date of increase of that Living Care Plus Benefit, the Company shall pay only the Living Care Plus Benefit amount that was applicable prior to the increase; or
- (c) if the Insured Person does not live beyond the Survival Period.

EXCLUSIONS

No Benefit shall be payable under this Policy in respect of any Early Critical Illness directly or indirectly, wholly or partly caused by or arising from or contributed to by any of the following:

- (a) any condition or illness which is existing (whether or not the Insured Person is aware of the same) or the cause or the symptoms of which are existing or are evident, or any condition or illness which the Insured Person suffered or is suffering from prior to the date on which the insurance in respect of an Insured Person or any reinstatement of such insurance is effective;
- (b) Acquired Immunodeficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV) except as provided in paragraph 23 "AIDS Due to Blood Transfusion and Occupationally Acquired HIV" of the LIA Critical Illness (CI) Framework 2024;
- (c) suicide or any attempted suicide or self-inflicted injuries, whether the Insured Person is sane or insane;
- (d) invasion, riot, civil commotion or rebellion, war (declared or undeclared) or act of war or terrorism except MINDEF/SAF, MHA training, exercises, operations and other activities sanctioned by the Authority;
- (e) Inappropriate use of alcohol or drugs, including but not limited to the following:
 - i. Consuming too much alcohol;
 - ii. Taking an overdose of drugs, whether lawfully prescribed or otherwise;
 - iii. Taking Controlled Drugs (as defined by the Misuse of Drugs Act (2001), Singapore) otherwise than in accordance with a lawful prescription.

Effect of Claims

Once the full Sum Insured has been paid by the Company, insurance cover in respect of the Insured Person immediately ceases and the Insured Person is not entitled to any further claim or other Benefit under this Policy.

DISABILITY INCOME POLICY

1. Disability Benefit Schedule

Disability Benefit	One twelfth of Sum Insured
Terminal age	Seventy (70)
Deferred Period	Period of 6 months beginning from the first day of any continuous period of Disability
Benefit Period	Up to Terminal age
Escalation benefits	3% per annum

In the event an Insured Person suffers a Disability for a continuous period exceeding the Deferred Period specified in the above Disability Benefit Schedule the Company will pay to the Insured Person the Disability Benefit stated beginning from the date immediately after the expiry of the Deferred Period until the date of occurrence of the earlier of any of the following events;

- (a) the Benefit Period specified in the above Disability Benefit Schedule expires; or
- (b) the Insured Person reaches the Terminal age specified in the above Disability Benefit Schedule; or
- (c) the Insured Person resumes his occupation or engages in any other occupation; or
- (d) the Insured Person is certified by a Registered Medical Practitioner to be medically fit to resume his occupation or engage in any other occupation, as the case may be; or
- (e) the Insured Person dies.

2. Proportionate/ Rehabilitation Benefit

If the Insured Person with the consent of the Company resumes his occupation or engages in any occupation, whether on a part-time or full-time basis, after a period of Disability exceeding the Deferred Period but as a direct result of the Disability suffers a loss in Basic Salary when the Present Basic Salary he would otherwise be entitled to is compared to the Pre-Disability Basic Salary, the Company shall pay a reduced monthly benefit ("Proportionate/ Rehabilitation Benefit") calculated as follows:

$$\frac{(\text{Pre-Disability Basic Salary} - \text{Present Basic Salary})}{(\text{Pre-Disability Basic Salary})} \times \text{Disability Benefit}$$

The Proportionate/Rehabilitation Benefit shall cease to be payable upon the earlier occurrence of any of the following events:

- (a) the Insured Person reaches the Terminal age as stated in the above Disability Benefit Schedule; or
- (b) death of the Insured Person.

3. Premium Waiver

The Company shall waive premium falling due under this Policy in respect of an Insured Person during the period in which any Benefit is payable under this Policy.

4. Residence & Travel

In the event that a Disability Benefit becomes payable if the Insured Person is residing outside Singapore during the period that the Disability Benefit is payable, the Disability Benefit will be payable only up to the first six (6) months of the Insured Person's absence from Singapore. Notwithstanding any other provision to the contrary, the Company may at its discretion extend the period of six (6) months for a further term, as it deems appropriate.

A Disability shall be deemed to have commenced on the date on which the Insured Person is certified by a Registered Medical Practitioner to be under such a Disability.

5. Escalation Benefits

The Disability Benefit payable based on the above Disability Benefit Schedule shall increase annually at the rate of increase of the Escalation Benefit stated, the first such increase to take effect on the thirteenth (13th) monthly payment of the benefit and subsequent increases every twelve (12) months thereafter, provided that the monthly payments are in respect of the same Disability and are continuous or are deemed to be continuous.

6. Linked Claims

If within six (6) months after the payment of the Disability Benefit in respect of a Disability which has ceased, the Disability recurs following the Insured Person's resumption of his occupation and the recurrence of such Disability arises directly from the same cause(s), the Company may at its discretion waive the requirement that the further period of Disability must exceed the Deferred Period before payment of the Disability Benefit will commence; and resume payment of the Disability Benefit immediately as if the Disability was continuous.

7. Disability Less Than One Month

In the event that the period of Disability after the Deferred Period is less than one (1) month, the Company shall pay a pro-rata portion of the Disability Benefit based on a daily rate of one - thirtieth (1/30) of the Disability Benefit.

LIMITATION & EXCLUSIONS

1. Limitations

In the event that a Disability claim arises under this Policy and the Disability Benefit together with:

- (a) the monthly benefit payable under any other insurance against Disability (whether provided by private insurers or the state) including Workmen's Compensation insurance; and
- (b) any continuing monthly salary, monthly commission or other monthly income derived by the Insured Person from the occupation in which the Insured Person was engaged immediately prior to the commencement of Disability exceed fifty percent (50%) of the Pre-Disability Basic Salary of the Insured Person the Disability Benefit will be reduced by the amount of the excess. No premium paid shall be refunded as a result of the application of this clause. For the avoidance of doubt, any other form of compensation whether payable monthly or otherwise, shall not apply to the limitation in this clause.

2. Exclusions Applicable to Claims

No Benefit shall be payable under this Policy in respect of any Disability directly or indirectly, wholly or partly caused by or arising from or contributed to by any of the following:

- (a) attempted suicide or self-inflicted injury while sane or insane;
- (b) participation in any aerial activity including parachuting and sky diving; travel in any type of aircraft other than as a fare paying passenger on a regularly scheduled flight of a commercial airline; except, flights for the purpose of the Authority's training, exercises, operations and other activities sanctioned by the Authority;
- (c) pregnancy or childbirth or any illness or disease of any kind including, without limitation, venereal diseases, AIDs and all illnesses or diseases associated with the Human Immuno Deficiency Virus (HIV) except for blood transfusion/ occupationally acquired HIV;
- (d) the Insured Person being in or on or entering into or descending from any aircraft (other than a fully licensed passenger carrying aircraft and not as a member of the crew and not for the purpose of undertaking any trade or technical operation on the aircraft); except, flights for the purpose of the Authority's training, exercises, operations and other activities sanctioned by the Authority;
- (e) any act of terrorism including but not limited to
 - (i) the use or threat of force, violence and/or
 - (ii) harm or damage to life or to property (or the threat of such harm or damage) including, but not limited to, nuclear radiation and/or contamination by chemical and/or biological agents, by any person(s) or group(s) of persons, committed for political, religious, ideological or similar purposes, express or otherwise, and/or to put the public or any section of the public in fear; or any action taken in controlling, preventing, suppressing or in any way relating to (i) and (ii); or
- (f) war (declared or undeclared), invasion, act of foreign enemy, hostilities, civil war, rebellion, insurrection, revolution, or any war-like operations, military or usurped power, military service in time of declared or undeclared war or while under orders for warlike operation or restoration of public order, including UN Peacekeeping and Humanitarian Missions Overseas.

Effect of Claims

Once the full Sum Insured has been paid by the Company insurance cover in respect of the Insured Person immediately ceases and the Insured Person is not entitled to make any further claim under this Policy.

OUTPATIENT MEDICARE POLICY

Unless the Company expressly agrees otherwise, in writing, the Benefits under this Policy can only be purchased to cover Insured Persons who are also covered under the MINDEF & MHA Group Insurance Scheme; Term Life or Personal Injury Policy.

Benefit 1: Primary Care Benefit

Expenses incurred in respect of consultation and medication by a Preferred General Practitioner on an outpatient basis shall be payable by the Company subject to Co-payment (if applicable) as specified below.

Benefit Schedule (Limit Per Visit)	Plan A (Superior)	Plan B (Deluxe)
	(SGD\$)	
Primary Care Benefit	As charged	
• Panel General Practitioner	30	
• Non-Panel General Practitioner	10	
Co-payment per visit		
Specialist Care Benefit (inclusive of diagnostic tests)	As charged	
• Panel Specialist with referral	30	
• Non-Panel Specialist with referral	10	
Co-payment per visit		
Standard Diagnostic X-ray & Laboratory Test	As charged	
Local Emergency Outpatient Treatment for Illness	100	
Co-payment per visit	10	
ANNUAL LIMITS PER POLICY YEAR	1,000	500

Payment or reimbursement of any expenses incurred in respect of outpatient consultation and medication including the costs of all other diagnostic tests rendered by a Non-Preferred General Practitioner shall be subject to the maximum limit and Co-payment (if applicable) as specified in the Benefit Schedule.

Benefit 2: Specialist Care Benefit

Expenses incurred in respect of consultation and medication except those services which are experimental and investigative, rendered by any Preferred Specialist shall be payable by the Company if such Preferred Specialist consultation has been recommended by a Preferred General Practitioner, and shall be subject to Co-payment (if applicable) as specified in the Benefit Schedule.

Any expenses incurred in respect of outpatient consultation and medication including the costs of all other diagnostic tests except those services which are experimental and investigative, rendered by a Non-Preferred Specialist shall be reimbursable provided such benefit is specifically provided for under the Benefit Schedule and such Preferred Specialist consultation has been recommended by a Preferred General Practitioner or Non-Preferred General Practitioner (if applicable) but subject to the maximum limits and Co-payment (if applicable) as specified in the Benefit Schedule.

Benefit 3: Standard Diagnostic X-ray & Laboratory Test

Expenses incurred in respect of basic and standard diagnostic x-ray or ultrasound examination or laboratory test [except Magnetic Resonance Imaging (MRI), Computer Tomography Scan (CT Scan) and Positron Emission Tomography (PET)] which is recommended by a Preferred Practitioner or Preferred Specialist for the purpose of diagnosis of a covered Illness shall be payable provided they are conducted at the facilities appointed by the Company.

Benefit 4: Emergency Outpatient A&E Treatment in Singapore for Illness only

Expenses incurred by an Insured Person for an emergency outpatient treatment of an Illness at the Accident and Emergency Department of a Hospital shall be reimbursable by the Company subject to the maximum limit and Co-payment (if applicable) as specified in the Benefit Schedule. If the referral to the Accident and Emergency Department of a Singapore Government Hospital or Singapore Government Restructured Hospital has been recommended by a Preferred General Practitioner or Preferred Specialist, the Company shall reimburse in full the Eligible Expenses incurred subject to Co-payment (if applicable) as specified in the Benefit Schedule.

Benefit 4: Emergency Outpatient A&E Treatment in Singapore for Illness only (continued)

The Insured Person may visit Mount Alvernia Hospital's Accident and Emergency Centre for an emergency outpatient treatment of any Emergency Medical Complaint on a cash-free basis by producing his Singlife OPMC Card, subject to Co-payment (if applicable) as specified in the Benefit Schedule. In the event of an outpatient treatment for non-emergency medical complaints at the Mount Alvernia Hospital's Accident and Emergency Centre, the Company shall reimburse up to the maximum amount per visit and subject to Co-payment (if applicable) as specified in the Benefit Schedule.

Benefit 5: Overseas Emergency Outpatient Treatment

Expenses incurred in respect of consultation and medication including the costs of all other diagnostic tests for an emergency outpatient treatment rendered by a Registered Medical Practitioner outside Singapore shall be reimbursed by the Company up to maximum limit and subject to Co-payment (if applicable) as specified in the Benefit Schedule.

LIMITATION & EXCLUSIONS

1. Limitations

When an Insured Person is entitled to benefits payable under any employees' compensation legislation, government or public programme of medical benefits, or other group or individual insurance, the benefits payable under this Policy shall be limited to the balance of expenses not covered by benefits payable under such legislation, programme or other insurances, or that computed in accordance with the Benefit Schedule of this Policy, whichever is lesser.

2. Exclusions

No benefit shall be payable under this Policy for any of the following occurrences:

- (a) Intentional, self-inflicted injury sustained as a result of criminal act of the Insured Person or attempted suicide of the Insured Person whether he is sane or insane; psychological, emotional or mental problems or conditions of the Insured Person; alcoholism or drug addiction of the Insured Person.
- (b) Congenital anomalies or genetic defects, including hereditary conditions of the Insured Person present at or existing from the time of his birth regardless of the time of discovery of such anomalies or defects and the time of such treatment or surgical procedure for the same;
- (c) Treatment relating to birth control, infertility and impotency; treatment occasioned by or resulting from pregnancy, childbirth, miscarriage, abortion and all complications arising from any of the same;
- (d) Any dental work or treatment, oral surgery. Orthodontics and orthognathic surgery; temporomandibular joint disorder;
- (e) Eye examination, surgical procedure for correction of eye refraction, procurement or use of contact lenses or eye glasses;
- (f) Cosmetic treatment;
- (g) Day surgery performed by specialist at outpatient clinic and hospital is not covered;
- (h) Treatment of xanthelasma, syringoma, acne, alopecia, cosmetic skin surgeries, inguinal hernia, hydrocele and all complications arising from any of the same; except where the Insured Person who is under treatment for inguinal hernia and hydrocele is more than 5 years old;
- (i) Services (irrespective of whether there is Hospital Confinement) for the primary purpose of diagnosis, medical check-up, genetic or health screening; outpatient treatment for physiotherapy, chemotherapy, immunotherapy, radiotherapy and renal treatment; rest cures, sanatoria care or special nursing care; treatment or services that are not medically necessary or reasonably required for the Illness or bodily injury caused by an Accident;
- (j) Treatment for sleep apnea, obesity, weight reduction or weight improvement regardless of whether the same is cause (directly or indirectly) by a medical condition otherwise admissible under this Policy;
- (k) Circumcision (except where it is medically necessary) or treatment relating to the same;
- (l) Venereal disease, Acquired Immune Deficiency Syndrome (AIDS), AIDS related complexes and all illnesses or diseases associated with the Human Immune Deficiency Virus (HIV);
- (m) Disabilities resulting from direct participation in a strike, riot or civil commotion insurrection, or any act of war (whether declared or undeclared);
- (n) Implants (homograft, heterograft, artificial) and prosthesis; procurement or use of wheel-chair, all forms of home aids, dialysis machine and any other hospital-type equipment; or
- (o) Expenses, administrative or other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and/or services.

Dear Insured Member,

MINDEF & MHA Group Insurance Scheme (Group Policy No. G007500)

We've received your and/or your dependant's application to purchase/upgrade coverage under this plan.

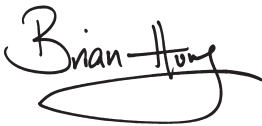
Here's your updated certificate of insurance (if applicable) under MINDEF & MHA Group Insurance for your safekeeping.

Additional sum assured for your and/or your dependants maybe subject to further risk assessment. Our underwriter will contact you in writing for further update.

If you need further assistance or clarification, please contact our customer service executives at 6827 8000 or submit your enquiry at singlife.com/group_policy_enquiry. Our operating hours are from 8:45am to 5:30pm, Mondays to Fridays (excluding public holidays).

Thank you for choosing Singlife.

Yours sincerely,

A handwritten signature in black ink that reads "Brian Hong". The signature is stylized with a large, sweeping loop at the end.

Brian Hong
Executive Director, Health Operations and Claims
Singlife