

Singlife Health Plus

This policy booklet contains the terms and conditions of **your policy**.

Please refer to the **policy schedule** for the **plan** and **option** that **you** have bought.

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Benefit			Singlife Health Plus options attachable to Singlife Shield Plan 1 only		Singlife Health Plus options attachable to Singlife Shield Plan 2/3 only	
			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 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% ² , maximum S\$3,000 ² per policy year				
	Others	5% ² ,				
(c) Outpatient Cancer Drug Treatment on the CDL	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)			S\$15,000 per month ² , subject to co-insurance			
(e) Critical illness – related benefits	Critical illness benefit		S\$10,000 per lifetime (only applies if the life assured has crossed his first birthday and is not older than age 65 years old)			
	Additional critical illness benefit for kidney failure if kidney dialysis is received at:	Public hospital	S\$3,000 per lifetime		S\$2,000 per lifetime	
		Subsidised dialysis centre ³				
(f) Accidental cover for child benefit ⁴			S\$1,000 per lifetime			

Benefit		Singlife Health Plus options attachable to Singlife Shield Plan 1 only		Singlife Health Plus options attachable to Singlife Shield Plan 2/3 only	
		Private Prime	Private Lite	Public Prime	Public Lite
(g) Hospital – related benefits	Ambulance fees or transport to hospital	S\$80 per injury or illness			
	Accommodation charges for parent / guardian of child life assured ⁵	S\$80 per day up to 10 days			
	Post- hospital follow-up TCM treatment	S\$50 per visit up to 180 days after discharge (for inpatient admission due to an accident)			
	Ward Downgrade Benefit (does not apply if policyholder also has a Singlife Health Plus Deductible Cover policy)	N.A.	Covers 50% of Singlife Shield annual deductible	N.A.	Covers 50% of Singlife Shield annual deductible
(h) Cover for child(ren) ⁶		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			

Benefit	Singlife Health Plus options attachable to Singlife Shield Plan 1/2/3
	Deductible Cover
Deductible benefit	Covers 90% of Singlife Shield annual deductible
Please note: Singlife Health Plus Deductible Cover option is only available through renewal of existing Deductible Cover policies. This deductible benefit is not available for Singlife Health Plus (previously known as MyShield Plus) policies effected from 1 July 2013.	

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 Outpatient cancer drug treatments (**Non-CDL**) are excluded from the maximum **co-insurance** stated in the **benefits schedule**.
- ³ The approved list of subsidised dialysis centres can be found at www.singlife.com.

- 4 **We** will only pay this benefit once during the lifetime of the **life assured**.
- 5 Child life assured refers to the **life assured** who is below **age** 19 years old.
- 6 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 **age** 20 years old, 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 1.2.8.

Singlife Health Plus General Provisions

Your policy

This is **your** Singlife Health Plus policy. It contains the following documents:

- these general provisions
- the **policy schedule**
- the **benefits schedule**
- the **application documents**
- any endorsements

These documents and the following form the full agreement between **you** and **us**:

- all statements to **doctors**,
- declarations and questionnaires about the **life assured's**:
 - lifestyle,
 - occupation, or
 - medical condition,provided to **us** for **our** underwriting purposes, and
- all correspondence between **you** / the **life assured** and **us** about the **policy**.

We refer to them collectively as **your "policy"**. Please examine them to make sure **you** have the protection **you** need. It is important that **you** read them together to avoid misunderstanding.

Unless the context otherwise requires, singular words include plural and vice versa, words meaning one gender include all genders. Words in bold are defined in the 'Definitions' section and will have the same meaning whenever they are used in **your policy**.

To enjoy the **benefits**, **you** must meet the terms and conditions of **your policy** and pay **premiums** when due.

Singlife Health Plus is a medical insurance **plan** which pays **benefits** on top of the **life assured's Singlife Shield plan** for costs associated with:

- **hospital** stay,
- **surgery**,
- selected outpatient treatment,
- **co-insurance**, and
- **deductible**.

Your policy will come into effect on or after the **cover start date** of **your Singlife Shield** policy if **we** receive **your** first **premium** in full before the **policy issue date**.

We will not pay **benefits** on any claim which arises before the **cover start date**.

Free Look Period:

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 **your policy** was sent to **you** by post, **we** will consider it delivered 7 days after posting. If **your policy** was sent to **you** electronically, **we** will consider it delivered 7 days after the date it was sent.

1. What your policy covers

The **benefits** shown below are available but not all of them may apply to **your policy**. Please refer to the **policy schedule** for the **plan** and **option you** have bought and the **benefits schedule** for details of the cover provided.

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 in the **benefits schedule**, and
- the exclusions in **your policy**.

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

We pay **benefits** up to the limits shown in the **benefits schedule**.

1.1. No claims discount

Subject to **clause 7.7**, **you** will get a 20% **premium** discount 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**.

1.2. Private / Public Lite and Private / Public Prime benefits

1.2.1. 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**.

We will apply a new annual deductible for every 12 months of **hospitalisation**.

If the **hospitalisation** period:

- (a) is less than 12 months and crosses into the next **policy year**, **we** will apply the **annual deductible** from the previous **policy year**;
- (b) is more than 12 months, **we** will apply the **annual deductible** from the previous **policy year** and next **policy year**.

1.2.2. 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, **co-insurance** applies after **you** have paid the **Singlife Shield annual deductible**.

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

1.2.3. Outpatient Cancer Drug Treatment Benefit (on the CDL)

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**.

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; or
- 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 go.gov.sg/moh-cancerdruglist. **Non-CDL** treatments will be considered as having an indication other than “for cancer treatment”.

1.2.4. Outpatient Cancer Drugs Benefit (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.

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

1.2.5. Critical illness-related benefits

(a) Critical illness benefit

Subject to **clause 7.2** of these General Provisions, **we** will pay the **critical illness** benefit as long as the **life assured** is:

- diagnosed as suffering from any **critical illness**, and
- alive after the **survival period**.

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.

(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 a 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**.

1.2.6. 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 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**.

1.2.7. Hospital-related benefits

We 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**

Accommodation charges which a parent / guardian has to pay (up to the limits shown in the **benefits schedule**) to share the **hospital** room of a **life assured** (below **age** 19 years old). **We** pay this benefit as long as the **life assured** is an **inpatient** for **illness** or **injury** covered under **Singlife Shield**.

(c) **Post-hospital follow-up TCM treatment**

Charges for post-**hospital** follow-up **TCM treatment** received by the **life assured** up to 180 days after the date he is discharged as an **inpatient** as long as all the following conditions are met:

- the post-**hospital** follow-up **TCM treatment** must be recommended by the **doctor** who treated the **life assured** during the period he was an **inpatient**,
- the **TCM treatment** must be administered by a **TCM practitioner**,
- the **inpatient** admission must be the result of an **accident**,
- the **TCM treatment** must be for the same **injury** or **illness** for which the **life assured** received **inpatient** treatment, 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.

(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 chosen **plan**:
 - For plan 1, any standard ward of a **public hospital**,
 - For plan 2, a B1 standard ward or below of a **public hospital**, or
 - For plan 3, a 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. The ward downgrade benefit will not apply if **you** also have a Singlife Health Plus Deductible Cover policy.

1.2.8. 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 **age** 20 years old 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.

1.2.9. 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** of this **policy**.

1.3. Deductible Cover benefits

1.3.1. Deductible benefit

We will cover **your Singlife Shield annual deductible** which **you** have to pay in respect of a covered claim under **your Singlife Shield** policy up to the fixed percentage as shown in the **benefits schedule**. This **benefit** is only available for existing Deductible Cover policies that are renewed. To avoid doubt, this **benefit** is not available for Singlife Health Plus (previously known as MyShield) policies effected from 1 July 2013.

2. Our responsibilities to you

We are only responsible to **you** for the cover and period of **your policy** and **our** responsibilities are governed by the terms, conditions and limits of **your policy**.

2.1. Making a claim

We will process **your** claim for **co-insurance** benefit, deductible benefit, accommodation charges for parent / guardian of child life assured and ward downgrade benefit together with **your** claim under **Singlife Shield**.

For the **critical illness** benefit and **accidental** cover for child benefit:

- **you** must give **us** written notice within 30 days of the happening of an **accident** or diagnosis of **critical illness** of the **life assured**,
- **we** will accept, as sufficient notice, any written notice given on behalf of the **life assured** that contains enough particulars for **us** to identify the **life assured**. If notice is not given to **us** within the required time, **you** may still submit a claim if **you** can show **us** that it was not reasonably possible to give such notice and that **you** gave **us** notice as soon as it was reasonably possible, and
- to enable **us** to process **your** claim, **you** must give **us** any or all of the following at **your** cost if **we** so require:
 - certificates, medical reports, information and evidence in the form and nature which **we** may require,
 - evidence to establish the continuing health condition of the **life assured**,

- that the **life assured** be examined by **our** approved **doctor**. If the **life assured** is residing outside Singapore, **we** may ask him to come to Singapore for the examination,
- proof of the **life assured's** date of birth. If the date of birth and/or age given to **us** is incorrect, **we** will only pay the amount that **we** would have to pay if the correct date of birth and/or age of the **life assured** had been given to **us**.

To claim under the ambulance fees or transport to **hospital** benefit and post-**hospital** follow-up **TCM treatment** benefit, **you** must complete **our** claim form and submit it to **us** as soon as possible after a **life assured** seeks treatment that is covered under **your policy**. **You** must complete the claim form as follows and submit it to **us**:

- the **life assured** or the **life assured's** legal personal representative must complete the claim form and sign it,
- the attending **doctor** must complete all questions in the 'Doctor Report' section, affix his rubber stamp on the claim form and sign it,
- once the information or document becomes available and within 90 days after treatment starts, the **life assured** or the **life assured's** legal personal representative must give **us** the originals of:
 - all documents and bills,
 - authorisations,
 - any information **we** need to assess the claim and deal with it, and
 - **you** must pay all costs involved.

If **you**, the **life assured** or the **life assured's** personal representatives do not co-operate with **us** in dealing with the claim, the assessment of the claim may be delayed or **we** can reject the claim.

2.2. Proving the claim

All the requirements set out in **clause 2.1** must be met. If on a balance of probabilities based on medical facts, it is appropriate for **us** to decline the claim based on **clause 7.9 (Pre-existing conditions)**, the obligation is on the **life assured** to produce such evidence as **we** may reasonably require to prove otherwise to enable **us** to reconsider the claim.

2.3. Settling the claim

We will apply the following limits shown in the **benefits schedule** (if applicable) to the **benefits** in the following order when computing **your** claim:

(i) All benefits (except Outpatient Cancer Drugs Benefit (**Non-CDL**) and Mental Wellness Benefit)

- eligible expenses
- limit of **benefits**
- Singlife Shield** or **Singlife Health Plus** annual deductible
- co-insurance**
- policy year** limit
- lifetime limit

(ii) Outpatient Cancer Drugs Benefit (**Non-CDL**) and Mental Wellness Benefit

- eligible expenses
- pro-ration factor**
- co-insurance**
- limit of **benefits**
- policy year** limit

We will pay the claim once **we** are satisfied that all requirements are fully met. Any payment made under this clause will entirely release **us** from any obligations and any further liability in respect of the claim.

Before **we** admit or pay any claim and during the duration of a claim (including a claim for post-**hospital** treatment even if the pre-**hospital** treatment or **inpatient** treatment has been paid by **us**) under **your policy**, **we** have the right to require the **life assured** to be examined by a **doctor** appointed by **us**, whenever and as often as **we** may reasonably want.

In addition, **we** have the right to ask for a post-mortem where this is not forbidden by law.

3. Your responsibilities

3.1. 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 either:

(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,
- change the **benefits**, and/or
- adjust 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.

3.2. Premium

You must pay the **premium** in order to receive the **benefits**.

We give **you** 60 days’ **grace period** from the **renewal date** to pay the **premium**. During this **grace period**, **your policy** will stay in effect. **You** must first pay any **premium** or other amounts owing to **us** before **we** pay any claim under **your policy**. If **you** do not pay the **premium** by the last day of the **grace period**, **your policy** will end on the **renewal date**.

You are responsible for making sure that **your premium** is paid up to date.

4. When your policy ends

Your **policy** ends on the date:

- the **life assured** dies,
 - **we** choose to end cover for the **life assured** under **clause 3.1**,
 - **we** receive **your** written notice requesting cancellation of **your policy** under **clause 5.2**,
 - **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 under **clause 7.10** takes place,
 - **you** or the **life assured** does not meet the eligibility requirements set out under **clause 7.1**, 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.

When **your policy** ends, **you** have no further claims or rights against **us**.

5. What you can do with your policy

5.1. Reinstate your policy

If **your policy** terminates because **you** have not paid the **premium**, **you** may apply to **us** within 30 days from the date of notice of termination to reinstate **your policy**. **You** must meet all of the following conditions:

- the **life assured** must be **age** 75 years old or below on the **reinstatement date**,
- **you** must pay all **premiums** **you** owe before **we** will reinstate **your policy**, and
- **you** have given **us** satisfactory proof of insurability for each **life assured** at **your** expense.

If **we** agree to reinstate **your policy**, **we** will issue **you** a notice of reinstatement. If there is any change in the **life assured's** medical or physical condition, **we** may add exclusions from the **reinstatement date**.

To avoid doubt, if **we** accept any **premium** after **your policy** has ended, it does not mean **we** will not enforce **our** rights under **your policy** or **we** will create any liability for **us** in terms of any claim. **We** will not pay for treatment provided to the **life assured** after the date **your policy** ends and within 30 days from the **reinstatement date** unless treatment was received as an **inpatient** for **injuries** caused by an **accident** which took place after the **reinstatement date**.

5.2. 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**. **Your policy** will end on the **renewal date**. However, cover for each **life assured** under **Singlife Shield** will stay in force as long as the **life assured** meets the eligibility criteria for **Singlife Shield**.

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.

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.

5.3. Misstatement or change of plan

The **life assured's plan** under Singlife Health Plus must be the same as his **plan** under **Singlife Shield**.

If the **life assured's plan** is different from his **Singlife Shield** plan, and the **premium** paid is insufficient, **we** will collect any shortfall in **premium** in cash or deduct the shortfall from any claim amount payable under **your policy**. **We** will calculate the shortfall from the **cover start date**.

If the **life assured's plan** under **Singlife Shield** is changed, the **plan** under **your policy** will also be changed. **We** will calculate the shortfall from the date on which **your new plan** takes effect. **We** will write to tell **you** when the new **plan** will take effect. The **policy year** and **period of insurance** for **your existing plan** will end on the day immediately before the day on which **your new plan** takes effect. The **period of insurance** for the new **plan** will be a 12-month term from the date on which the new **plan** takes effect and the limits shown in the **benefits schedule** for the new **plan** will apply from the date on which the new **plan** takes effect. The **benefits** which **we** pay on a per lifetime basis will not be paid again in the new **policy year** if **you** have made a claim on these **benefits** and **we** have paid 100% of the limits shown in the **benefits schedule** for these **benefits** before **your change of plan**.

We will refund without interest any excess **premium** that may have been paid as a result of any misstatement or change of **plan**. If there is a **premium** shortfall, **you** must pay the additional **premium**. Otherwise, **your policy** will end as set out under **clause 4**.

To avoid doubt, if a claim admissible under **Singlife Shield** is limited to the benefits under the **life assured's Singlife Shield** plan before the **upgrade**, the **benefits** payable under **your upgraded plan** for this **policy** will also be limited to the **benefits** under the **plan** before the **upgrade**.

In addition, **we** will change the **life assured's option** to the available **option** under **your new Singlife Shield plan** according to the following table if the **life assured's option** is not available under the new **plan** under **your policy**.

	Attached to Singlife Shield plan 1	Attached to Singlife Shield plan 2	Attached to Singlife Shield plan 3
Singlife Health Plus option available	Private Lite	Public Lite	
	Deductible Cover		
	Private Prime	Public Prime	

5.4. Change your option

You may write to **us** at any time and ask to change the **life assured's option**.

If **you** ask to **upgrade** the **life assured's option**, **you** must give **us** satisfactory proof of insurability for each **life assured** and pay for the costs involved. Any claim that arises from a **pre-existing condition** after the **upgrade** of **option** will be assessed based on the terms and conditions of the **option** before the **upgrade** of **option**.

If **you** ask to **downgrade** the **life assured's option**, **you** do not need to declare **your** medical conditions to **us**.

If **we** approve **your** request to change the **life assured's option**, **we** will write to tell **you** when the new **option** will take effect. The **benefits** shown in the **benefits schedule** for the new **option** will apply from the date on which the new **option** takes effect.

Change of options (on or after 1 January 2019)

After 1 January 2019, a mix of **option** types will not be available if **you** choose to change **options** or apply for a new **option**.

For example, if **you** have an existing Deductible Cover and **you** wish to buy Private / Public Lite, **we** will change Deductible Cover to Private / Public Prime.

6. What your policy does not cover

In addition to 'What your policy does not cover' as stated in **your Singlife Shield** policy, the following treatment items, conditions, activities and their related or consequential expenses are excluded and are not covered under **your policy**:

- all **pre-existing conditions** unless:
 - **your policy** is under the **full medical underwriting option**, **you** have specifically declared the **pre-existing condition**, and **we** have agreed in writing to cover it under **your policy**, or
 - **your policy** is under the **moratorium underwriting option** and **you** have met the **moratorium** terms and conditions stated in **your policy**. However, the **moratorium** does not apply to the **critical illness** benefit and all **pre-existing conditions** are permanently excluded from the **critical illness** benefit,
- all costs arising from admission to a **hospital** before the **cover start date**.

Please refer to **your Singlife Shield** policy for the full list of exclusions. If **we** say that because of an exclusion, any loss, damage, cost or expense is not covered by **your policy**, the burden is on **you** to prove otherwise.

7. What you need to note

7.1. Eligibility

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

- **age** 75 years old or below 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.

7.2. When the critical illness benefit will take effect

The **critical illness** benefit under **your policy** only applies if the **life assured**:

- has crossed his first birthday, and
- is not older than **age 65** years old.

If the **life assured** has not crossed his first birthday on the **cover start date**, his **critical illness** benefit will only come into effect on his first birthday.

7.3. Geographical scope

The **life assured** must seek treatment in Singapore. Any treatment provided to the **life assured** outside Singapore is limited to the emergency overseas treatment and planned overseas treatment covered under **your Singlife Shield** policy.

7.4. 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.

7.5. Co-operation

We will not pay under **your policy** unless **you**, the **life assured** and his personal representatives:

- co-operate fully with **us** and **our** medical advisers,
- fully and faithfully disclose all material facts and matters, and
- sign all documents needed to empower **us** to obtain relevant information from any **doctor**, **hospital** or other sources.

You, the **life assured** and his personal representatives must pay for any costs involved.

7.6. Guaranteed renewal

We guarantee renewal of **your policy** every year for life as long as:

- **we** receive the **premium** before the **renewal date**, and
- the cover for the **life assured** has not been ended under **clause 4**.

7.7. 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.

7.8. Entry age of the life assured

The **premium** is based on the **life assured's age**.

If the **life assured's age** is misstated, **we** have the right to adjust **premiums** according to the correct age. **We** will collect any shortfall in **premium** and refund any extra **premium** paid without interest.

If at the correct age a **life assured** is not eligible for cover under **your policy**, no benefit is payable and **our** liability under **your policy** is limited to the refund of the total **premium** paid without interest.

7.9. Pre-existing conditions

(a) Except as provided in (b) below, all **pre-existing conditions** are excluded under **your policy**.

(b) **We** will cover the following **pre-existing conditions**:

- if **your policy** is under the **full medical underwriting option**, **you** have declared the **pre-existing condition**, and it has been accepted by **us** in writing, or
- if **your policy** is under the **moratorium underwriting option**, and during the **moratorium**, 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**.

(c) If the **life assured** is already covered under Singlife Health Plus but does not fall under (b), and **we** had excluded a **pre-existing condition** before under **your policy**, the **moratorium underwriting option** will apply. The **moratorium** will be deemed to start from the **cover start date**.

(d) To avoid doubt, the **moratorium underwriting option** is not available for:

- the **critical illness** benefit. All **pre-existing conditions** are permanently excluded from the **critical illness** benefit, and
- the following list of **pre-existing conditions** and these **pre-existing conditions** are permanently excluded from **your policy** if **you** choose the **moratorium underwriting option** before 1 December 2016:
 - heart attack, heart bypass, angioplasty
 - chronic obstructive lung disease, chronic cor pulmonale, pulmonary hypertension
 - stroke
 - liver cirrhosis
 - paralysis
 - osteoporosis
 - AIDS or HIV infection
 - thalassaemia intermediate / major
 - diabetes with complications such as protein in urine or eye problem
 - kidney failure
 - organ transplant
 - systemic lupus erythematosus (SLE)
 - muscular dystrophy
 - multiple sclerosis
 - Alzheimer's disease
 - dementia
 - any form of cancer (other than skin cancer)
 - autism

7.10. Fraud

If there is any fraud, **we** will cancel **your policy** immediately and **you** will forfeit all **benefits** and **premiums** paid.

7.11. Trust

We do not recognise and **our** rights will not be affected by any notice of trust, charge or assignment relating to **your policy**.

7.12. Currency

We pay all **benefits** in Singapore dollars. **We** will convert bills which are shown in foreign currency to Singapore currency at the exchange rate **we** decide to use on the date **we** process the claim.

7.13. Applications and notices

All applications and notices to **us** must:

- be in writing on **our** prescribed form (if any),
- contain all required relevant information,
- contain correct and complete information,
- be supported by documentary proof acceptable to **us**, and
- be signed by **you**.

We must be satisfied that the application or notice and supporting documents are authentic. **We** may ask **you** to provide additional information or documents to **us** before **we** act on the application or notice.

An application or notice to **us** will be treated as received by **us** only if the original application or notice is sent to **our** registered office. However, **we** may act on any application or notice received by facsimile, email or other electronic means.

7.14. Dispatch of documents, notices and cheques

We will post any documents, notices and cheques to **your** address held in **our** records at the relevant time. **You** will receive documents and notices electronically if **you** choose to receive e-documents. The notices, cheques and documents are considered delivered 7 days after the date **we** sent them.

We will not be responsible for any consequences if **you** fail to inform **us** of any change of address.

7.15. Excluding third party rights

Anyone not a party to **your policy** cannot enforce it under the Contracts (Rights of Third Parties) Act 2001.

7.16. Applicable law

Your policy is governed by and interpreted according to the law of Singapore. The Singapore courts have exclusive jurisdiction.

7.17. Legal proceedings

You will not bring any action in law or equity for or relating to any claim under **your policy** before 60 days have expired from the date **you** give **us** satisfactory proof of claim according to the terms and conditions of **your policy**.

7.18. Arbitration

Any difference of medical opinion regarding the results of an **accident, illness**, death or expense will be settled by 2 medical experts appointed respectively in writing by **you** and **us**. Any difference of opinion between the 2 medical experts will be referred to an umpire appointed by the medical experts at the outset.

7.19. Severability

If any provision (or part of a provision) of **your policy** is invalid or unenforceable, it does not affect the remaining provisions. We will consider the affected provision (or part of the provision) as cut off.

7.20. Non-waiver

If we

- fail to enforce any provision of **your policy**, or
- accept any **premium** with actual or implied knowledge of any non-disclosure, misrepresentation, fraud and/or breach of **your policy** or of the law,

it does not mean **we** waive of **our** rights under the **policy** or at law.

We will still have the right to enforce every provision of **your policy** even if **we** have not done so in the past.

7.21. 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).

8. Definitions

A&E means the accident and emergency unit of a **hospital**.

Accident when used in the definition of **critical illness** means:

An event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the **critical illness**.

Except for **critical illness**, in these General Provisions, **accident** means:

An unexpected incident that results in an **injury**. Except for **injury** caused specifically by drowning, choking on food, food poisoning or suffocation by smoke, fumes or gas, the **injury** must be caused entirely by violent, external and visible means and not by sickness, disease or gradual physical or mental process.

Act means the MediShield Life Scheme Act 2015, as amended, extended or re-enacted from time to time.

Activities of daily living when used in the definition of **critical illness** means the following:

- Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means,
- Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances,
- Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa,
- Mobility - the ability to move indoors from room to room on level surfaces,
- Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene,
- Feeding - the ability to feed oneself once food has been prepared and made available.

Age means age next birthday.

Application documents mean the application form and any related document attached to **your policy**.

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

Benefits means the benefits set out in **your policy** and the **benefits schedule**.

Benefits schedule means the schedule attached to **your policy** which sets out the **benefits** payable under **your policy**, as amended by **us** from time to time.

Cancer Drug List / CDL means the list of clinically proven and more cost-effective cancer drug treatments on the **MOH** website: <https://go.gov.sg/moh-cancerdruglist>. Outpatient cancer drug treatments are only claimable under **your policy** if used according to the clinical indications specified in the **CDL**, unless otherwise stated in **your policy**. **MOH** may update the **CDL** from time to time.

Co-insurance means the amount that **you** need to co-pay on the claimable amount after **Singlife Shield annual deductible / Singlife Health Plus annual deductible** (as the case may be) have been paid. The **co-insurance** percentages for the **benefits** are shown in the **benefits schedule** of this **policy**.

Community hospital means any approved community hospital under the **act** and **regulations** and the **CPF Act** and any subsidiary legislation under the **CPF Act** as amended, extended or re-enacted from time to time that provides an intermediate level of care for individuals who have simple **illnesses** that do not need care in a **hospital**.

Covered illnesses and medical procedures means any of the following:

- **Cancer treatment**

The treatment of:

- Any malignant tumour including leukaemia, sarcoma and lymphoma characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissues,
- Any In-situ Cancer which is limited to the epithelium where it originated and did not invade the stroma or the surrounding tissues,
- Any pre-cancerous change in the cells that are cytologically or histologically classified as high-grade dysplasia or severe dysplasia.

Treatment for the following forms of cancer will be excluded:

- Any tumour in the presence of Acquired Immune Deficiency Syndrome (AIDS).
- Any non-melanoma skin cancer that has not been histologically classified as having caused invasion beyond the epidermis (the outer layer of the skin).

- **Coronary artery by-pass surgery**

The undergoing of **Surgery** on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

Following treatments will be excluded:

- Any coronary disease treated using techniques other than the by-pass of the coronary arteries, like any kind of angioplasty **Surgery**, stents.

- **Heart valve replacement or repair**

The invasive replacement or repair of one or more heart valves, independent whether this is performed with open chest **surgery**, minimally invasive or by means of cardiac catheter treatment on the advice of a Consultant Cardiologist.

- **Inter-cranial and specific spinal cord surgery**

- Any Surgical intervention of the brain or any other intracranial structures,
- Treatment of benign tumours located in the spinal cord (Medulla spinalis).

- **Live-donor organ Transplant**

A Surgical transplant in which the **life assured** receives a kidney, a segment of liver, a pulmonary lobe or a section of pancreas from another living compatible donor.

Following treatments will be excluded:

- Any transplant when the need for a transplant arises as a consequence of alcoholic liver disease.
- Any transplant when the transplant is conducted as a self-transplant.
- Any transplant when the **life assured** is a donor for a third-party (not covered by the **policy**).
- Any transplants from a dead donor.
- Any organ transplant that involves stem cells treatment.
- The transplant made possible by the purchase of donor organs.

- **Bone Marrow Transplant**

The Bone Marrow Transplantation (BMT) or Peripheral Blood Stem Cell Transplantation (PBSCT) of bone marrow cells to the **life assured** originating from:

- the **life assured** (Autologous bone marrow transplant), or
- from a living compatible donor (allogeneic bone marrow transplant).

Haemopoietic Stem Cell transplantation (HCT) using the umbilical cord blood will be excluded.

Cover start date means the date shown in the **policy schedule**, on which cover for a **benefit** starts.

CPF Act means the Central Provident Fund Act 1953 as amended, extended or re-enacted from time to time.

CPF Board means the Central Provident Fund Board of Singapore.

Critical illness means any of the following critical illnesses:

(a) Major Cancer

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

The term Major Cancer includes, but is not limited to, leukaemia, lymphoma and sarcoma.

Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
 - Pre-malignant,
 - Non-invasive,
 - Carcinoma-in-situ (Tis) or Ta,
 - Having borderline malignancy,
 - Having any degree of malignant potential,
 - Having suspicious malignancy,
 - Neoplasm of uncertain or unknown behaviour, or
 - All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia,
- Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond,
- Malignant melanoma that has not caused invasion beyond the epidermis,
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below, or Prostate cancers of another equivalent or lesser classification,
- All thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below,
- All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below, and all pituitary neuroendocrine tumours (PitNET) except Metastatic PitNET and Pituitary Carcinoma,
- All tumours of the urinary bladder histologically classified as T1N0M0 (TNM Classification) or below,

- All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below,
- Chronic Lymphocytic Leukaemia less than RAI Stage 3,
- All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment, and
- All tumours in the presence of HIV infection.

(b) Heart Attack of Specified Severity

Death of heart muscle due to ischaemia, that is evident by at least 3 of the following criteria proving the occurrence of a new heart attack:

- History of typical chest pain,
- New characteristic electrocardiographic changes, with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block,
- Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above,
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by **us**.

For the above definition, the following are excluded:

- Angina,
- Heart attack of indeterminate age, and
- A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

(c) Stroke with Permanent Neurological Deficit

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit. This diagnosis must be supported by all of the following conditions:

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event, and
- Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks,
- Brain damage due to an **accident** or **injury**, infection, vasculitis, and inflammatory disease,
- Vascular disease affecting the eye or optic nerve,
- Ischaemic disorders of the vestibular system, and
- Secondary haemorrhage within a pre-existing cerebral lesion.

(d) Coronary Artery By-pass Surgery

The actual undergoing of open-chest **surgery** or Minimally Invasive Direct Coronary Artery Bypass **surgery** to correct the narrowing or blockage of one or more coronary arteries with bypass grafts.

This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

Angioplasty and all other intra-arterial, catheter-based techniques, 'keyhole' or laser procedures are excluded.

(e) End Stage Kidney Failure

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

(f) Irreversible Aplastic Anaemia

Chronic persistent and irreversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood product transfusion,
- Bone marrow stimulating agents,
- Immunosuppressive agents, or
- Bone marrow or haematopoietic stem cell transplantation.

The diagnosis must be confirmed by a haematologist.

(g) End Stage Lung Disease

End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:

- FEV₁ test results which are consistently less than 1 litre,
- Permanent supplementary oxygen therapy for hypoxemia,
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($\text{PaO}_2 \leq 55\text{mmHg}$), and
- Dyspnea at rest.

The diagnosis must be confirmed by a respiratory **doctor**.

(h) End Stage Liver Failure

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

- Permanent jaundice,
- Ascites, and
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

(i) Coma

A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the following:

- No response to external stimuli for at least 96 hours,
- Life support measures are necessary to sustain life, and
- Brain damage resulting in **permanent neurological deficit** which must be assessed at least 30 days after the onset of the coma.

For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.

(j) Deafness (Irreversible Loss of Hearing)

Total and irreversible loss of hearing in both ears as a result of **illness** or **accident**. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) **specialist**.

Total means “the loss of at least 80 decibels in all frequencies of hearing”.

Irreversible means “cannot be reasonably restored to at least 40 decibels by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention.”

(k) Open Chest Heart Valve Surgery

The actual undergoing of open-heart **surgery** to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

(l) Irreversible Loss of Speech

Total and irreversible loss of the ability to speak as a result of **injury** or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) **specialist**.

All psychiatric related causes are excluded.

(m) Major Burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the **life assured's** body.

(n) Major Organ / Bone Marrow Transplantation

The receipt of a transplant of:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation, or
- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

(o) Multiple Sclerosis

The definite diagnosis of Multiple Sclerosis, and must be supported by all of the following:

- Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis, and
- Multiple neurological deficits which occurred over a continuous period of at least 6 months.

Other causes of neurological damage such as SLE and HIV are excluded.

(p) Muscular Dystrophy

The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the **life assured** to perform (whether aided or unaided) at least 3 of the 6 **activities of daily living** for a continuous period of at least 6 months:

For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

(q) Idiopathic Parkinson’s Disease

The unequivocal diagnosis of idiopathic Parkinson’s Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- The disease cannot be controlled with medication, and
- Inability of the **life assured** to perform (whether aided or unaided) at least 3 of the 6 **activities of daily living** for a continuous period of at least 6 months:

For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

(r) Open Chest Surgery to Aorta

The actual undergoing of major **surgery** to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

(s) Alzheimer's Disease / Severe Dementia

Deterioration or loss of cognitive function as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the **life assured**. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by **our** appointed **doctor**.

The following are excluded:

- Non-organic diseases such as neurosis and psychiatric illnesses, and
- Alcohol related brain damage.

(t) Fulminant Hepatitis

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- Rapid decreasing of liver size as confirmed by abdominal ultrasound,
- Necrosis involving entire lobules, leaving only a collapsed reticular framework,
- Rapid deterioration of liver function tests,
- Deepening jaundice, and
- Hepatic encephalopathy.

(u) Motor Neurone Disease

Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in **permanent neurological deficit**.

(v) Primary Pulmonary Hypertension

Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.

The NYHA Classification of Cardiac Impairment:

- Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.
- Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.
- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

(w) HIV Due to Blood Transfusion and Occupationally Acquired HIV

- (a) Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:
 - The blood transfusion was medically necessary or given as part of a medical treatment,
 - The blood transfusion was received in Singapore after the **policy issue date**, date of endorsement or **reinstatement date** of this **policy**, whichever is the latest, and
 - The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood.
- (b) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an **accident** occurring after the **policy issue date**, date of endorsement or **reinstatement date** of this **policy**, whichever is the latest whilst the **life assured** was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to **our** satisfaction:
 - Proof that the **accident** involved a definite source of the HIV infected fluids,
 - Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented **accident**. This proof must include a negative HIV antibody test conducted within 5 days of the **accident**, and
 - HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This benefit is only payable when the occupation of the **life assured** is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic (in Singapore).

This benefit will not apply under either section (a) or (b) where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

(x) Benign Brain Tumour

Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met:

- It has undergone surgical removal or, if inoperable, has caused a **permanent neurological deficit**, and
- Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- Cysts,
- Abscess,
- Angioma,
- Granulomas,
- Vascular Malformations,
- Haematomas, and
- Tumours of the pituitary gland, spinal cord and skull base.

(y) Severe Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in **permanent neurological deficit** which must be documented for at least 6 weeks. This diagnosis must be certified by a consultant neurologist and supported by any confirmatory diagnostic tests.

Encephalitis caused by HIV infection is excluded.

(z) Severe Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and **permanent neurological deficit**. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:

- The presence of bacterial infection in cerebrospinal fluid by lumbar puncture, and
- A consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

(aa) Angioplasty & Other Invasive Treatment for Coronary Artery

The actual undergoing of balloon angioplasty or similar intra-arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Payment under this condition is limited to 10% of the 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.

Diagnostic angiography is excluded.

(bb) Blindness (Irreversible Loss of Sight)

Permanent and irreversible loss of sight in both eyes as a result of **illness** or **accident** to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.

The blindness must not be correctable by surgical procedures, implants or any other means.

(cc) Major Head Trauma

Accidental head **injury** resulting in **permanent neurological deficit** to be assessed no sooner than 6 weeks from the date of the **accident**. This diagnosis must be confirmed by a consultant neurologist and supported by relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "**Accident**" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head **injury**.

The following are excluded:

- Spinal cord **injury**, and
- Head **injury** due to any other causes.

(dd) Paralysis (Irreversible Loss of Use of Limbs)

Total and irreversible loss of use of at least 2 entire limbs due to **injury** or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

(ee) Terminal Illness

The conclusive diagnosis of an **illness** that is expected to result in the death of the **life assured** within 12 months. This diagnosis must be supported by a **specialist** and confirmed by **our** appointed **doctor**.

Terminal illness in the presence of HIV infection is excluded.

(ff) Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally confirmed by a consultant rheumatologist and supported by biopsy or equivalent confirmatory test, and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea),
- Eosinophilic fasciitis, and
- CREST syndrome.

(gg) Persistent Vegetative State (Apallic Syndrome)

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved **hospital**. This condition has to be medically documented for at least one month.

(hh) Systemic Lupus Erythematosus with Lupus Nephritis

The unequivocal diagnosis of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class VI Lupus Nephritis, established by renal biopsy, and in accordance with the RPS/ISN classification system). The final diagnosis must be confirmed by a certified **doctor** specialising in Rheumatology and Immunology.

The RPS/ISN classification of Lupus Nephritis:

Class I: Minimal mesangial lupus nephritis

Class II: Mesangial proliferative lupus nephritis

Class III: Focal lupus nephritis (active and chronic; proliferative and sclerosing)

Class IV: Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global)

Class V: Membranous lupus nephritis

Class VI: Advanced sclerosis lupus nephritis

(ii) Other Serious Coronary Artery Disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of 2 others by a minimum of 60%, as proven by invasive coronary angiography, regardless of whether or not any form of coronary artery **surgery** has been performed.

Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.

(jj) Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause,
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

The diagnosis must be confirmed by a consultant neurologist or **specialist** in the relevant medical field.

(kk) Loss of Independent Existence

A condition as a result of a disease, **illness** or **injury** whereby the **life assured** is unable to perform (whether aided or unaided) at least 3 of the 6 **activities of daily living**, for a continuous period of 6 months.

This condition must be confirmed by **our** approved **doctor**.

Non-organic diseases such as neurosis and psychiatric illnesses are excluded.

For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

Permanent neurological deficit when used in the definition of **critical illness** means the following:

- “Permanent” means expected to last throughout the lifetime of the **life assured**.
- “**Permanent neurological deficit**” means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the **life assured**. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

Doctor means a doctor with a recognised degree in western medicine who is legally licensed to practise in the country in which treatment is provided but should not be **you**, the **life assured** or **your** or the **life assured**’s relative, sibling, spouse, child or parent.

Downgrade means a change of **option** to a new **option** with lower benefits under the same policy.

Full medical underwriting option means the underwriting option where **you** complete a medical history declaration giving details of the **life assured**’s medical history existing before application for **your policy**, including any **pre-existing conditions**.

Grace period means the grace period in **clause 3.2**.

GST means goods and services tax levied in Singapore.

Hospital means: A **public hospital**,
A private **hospital**,
A **community hospital**, or
Any other medical institution **we** accept.

Illness means a physical condition marked by pathological deviation from the normal healthy state.

Injury means bodily injury caused solely and directly by an **accident**.

Inpatient means a person admitted to a **hospital** for treatment for at least 6 consecutive hours who is charged a daily room and board charge by the **hospital**. It includes admission, for any length of time, for **surgery** and any preparation or procedure connected with **surgery** which does not have a room and board charge.

Life assured means the person named as the life assured in the **policy schedule**.

MOH means Ministry of Health, Singapore.

MediShield Life means the basic tier of insurance protection scheme run by the **CPF Board** and governed by the **act** and **regulations**.

MediShield Life Claims Rules means rules which guide whether a claim is appropriate for **MediShield Life** (refer to **MOH** website).

Moratorium means a **waiting period** of 5 years from the **cover start date**, the date of **upgrade**, or the last **reinstatement date**, whichever is later.

Moratorium underwriting option means the underwriting option where no full medical declaration is required.

Multiple primary cancers means 2 or more cancers arising from different sites and/or are of a different histology or morphology group.

Necessary medical treatment means the services and supplies provided or ordered by a **doctor** which, according to the standards of good medical practice, and supported by the guidelines of **MOH** (where available such as **MediShield Life Claims Rules**), is consistent with the diagnosis and treatment of the **life assured's** condition, is required for reasons other than the convenience of the **life assured** or the **doctor** and the most appropriate supply or level of service which can be safely provided to the **life assured**. **GST** on **necessary medical treatment** is included.

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>.

Option means Private / Public Lite, Deductible Cover, Private Cover, or Private / Public Prime that **you** have chosen under **your policy** and which is shown in the **policy schedule**.

Period of insurance means each 12-month term of cover under **your policy** and starts on the **cover start date** (or if **you** change the **life assured's plan**, from the date on which the new plan takes effect) or the **renewal date**, whichever is later.

Plan means **Singlife Shield** plan 1, 2 or 3 that **you** have chosen under **your policy** and which is shown in the **policy schedule**.

Policy schedule means the schedule attached to **your policy** which sets out the particulars of **your policy**, as amended by **us** from time to time.

Policy issue date means the date that **we** issue the **policy** to **you** as shown in the **policy schedule**.

Policy year means a period of 12 months starting from the **cover start date** (or if **you** change the **life assured's plan**, from the date on which the new plan takes effect) and each consecutive 12-month period for which **your policy** is renewed.

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.

Premium means the amount shown in the **policy schedule** which **you** must pay **us** to apply for the **benefits** and keep the **benefits** in force.

Public hospital means a **hospital** in Singapore that:

- is run as a private company owned by the Singapore Government,
- is governed by broad policy guidance from the Singapore Government through **MOH**, and
- receives a yearly government subsidy to provide subsidised medical services to its patients.

Reasonable expenses mean expenses paid for medical services or treatment which **we** or **our** medical advisers consider reasonable and customary and which could not have reasonably been avoided without negatively affecting the **life assured's** medical condition. These expenses must not be more than the general level of charges of other medical care providers with similar standing in Singapore, for giving like or comparable treatment, services or supplies to individuals of the same gender, of comparable age, for a similar **illness** or **injury**.

Regulations mean any subsidiary legislation made under the **act**, as amended, extended or re-enacted from time to time.

Reinstatement date means the date on which **your policy** is reinstated after it has ended due to **you** not paying **premiums** within the **grace period**. **We** will tell **you** when **your policy** is reinstated.

Renewal date means the date on which **your policy** is renewed for a further **period of insurance**.

Singlife Shield means the Medisave-Approved Integrated Policy insured by Singapore Life Ltd.

Singlife Health Plus annual deductible means the cumulative total amount of medical expenses which **you** have to bear during any one **policy year** before applicable benefits are payable under this **policy**.

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

Specialist means a qualified and licensed **doctor**, who has the necessary extra qualifications and expertise to practise as a recognised specialist of diagnostic techniques, treatment and prevention, in a particular field of medicine, like psychiatry, neurology, paediatrics, endocrinology, obstetrics, gynaecology, dermatology and physiotherapy.

Surgery means an invasive procedure performed by a surgeon involving general or local anaesthesia for:

- the correction of deformities or defects,
- the repair of injuries, or
- the diagnosis or cure of **illnesses**

that are listed in **MOH's** Table of Surgical Procedures - Table 1 to 7.

Survival period means the period of 30 days from the date on which the **life assured** is diagnosed as suffering from a **critical illness**.

TCM practitioner means a person who is legally qualified to provide the prescribed practice of traditional Chinese medicine by the TCM Practitioners Board of Singapore.

TCM treatment means treatment provided by a **TCM practitioner** using traditional Chinese medicine.

Upgrade means a change of **plan** or **option** to a new **plan** or **option** with higher benefits under the same policy.

Waiting period means the period of time that applies to specific **benefits** under the **policy** as set out in the benefit provisions. The period of time starts 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.

We, us, our means Singapore Life Ltd.

You, your means the owner of the policy who is named as the assured in the **policy schedule**.