



APPLICATION FORM

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

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

IMPORTANT:

- Please attach the following documents to your application:
 - Copy of Identity Card
 - If address is not available in the Identity Card, a copy of fixed line telephone, utility or tax bill or any documents issued by a local government body.
- To be eligible for Singlife Shield Standard Plan, the assured must be a Singapore citizen or Singapore permanent resident and have a MediSave account. The life assured must be a Singapore citizen or Singapore permanent resident.

Select the person(s) to be insured:

For Official Use Only

Singlife Shield

Proposer

Contract No.

Dependant 1

Contract No.

Dependant 2

Contract No.

Dependant 3

Contract No.

Dependant 4

Contract No.

Particulars of Financial Adviser Representative

Name

Source Code

Name of Firm

Contact No. (HP)
 (O)

Email Address

For Financial Adviser Representative Use Only

Referral ID

Please complete in capital letters and tick boxes as appropriate.

SECTION A: PARTICULARS OF PROPOSER (ASSURED)

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

Family Name Given Name

Gender Male Female Marital Status Single Married Widowed Divorced

Identity Card No. Race Chinese Malay Indian Others

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

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

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

(Please provide at least mobile number)

Occupation Name of Employer

Exact Duties Nature of Business

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

Residential Address Block/Street No. Street Name

Unit No. Building Name Postal/Zip Code Country

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

Unit No. Building Name Postal/Zip Code Country

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

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

Yes No

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

DEPENDANT 1

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

Family Name Given Name

Gender Male Female Marital Status Single Married Widowed Divorced

Identity Card No. Race Chinese Malay Indian Others

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

Nationality ID Type Singaporean Singapore PR Others

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

Occupation Name of Employer

Exact Duties Nature of Business

DEPENDANT 2

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

Family Name Given Name

Gender Male Female Marital Status Single Married Widowed Divorced

Identity Card No. Race Chinese Malay Indian Others

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

Nationality ID Type Singaporean Singapore PR Others

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

Occupation Name of Employer

Exact Duties Nature of Business

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

DEPENDANT 3

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

Family Name Given Name

Gender Male Female Marital Status Single Married Widowed Divorced

Identity Card No. Race Chinese Malay Indian Others

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

Nationality ID Type Singaporean Singapore PR Others

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

Occupation Name of Employer

Exact Duties Nature of Business

DEPENDANT 4

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

Family Name Given Name

Gender Male Female Marital Status Single Married Widowed Divorced

Identity Card No. Race Chinese Malay Indian Others

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

Nationality ID Type Singaporean Singapore PR Others

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

Occupation Name of Employer

Exact Duties Nature of Business

SECTION C: PLAN TYPE

Singlife Shield:

If any applicant crosses the age band while the application is being processed, we will charge the higher premium according to the age next birthday.

Please tick the box according to your plan selection.

Singlife Shield Please do not tick if you have an existing Singlife Shield Plan. This is not applicable for upgrading/downgrading of plan.	Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4
Standard Plan					

SECTION D: PAYMENT DETAILS

Note:

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

Singlife Shield Standard Plan

Payment Frequency: Yearly

Please tick ONE option for both initial and subsequent premium payments

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

VISA/MASTERCARD AUTHORISATION

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

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

Identity Card/FIN No.

Card Number

Card Expiry Date (MM/YY)

 - - - /

Signature of Cardholder

Visa Mastercard

Issuing Bank

SECTION E: SOURCE OF WEALTH/FUNDS

Source of Wealth (Where your wealth is derived from)

Employment/Trade Income Rental Income Investment Income

Others, please specify

Source of Funds (Origin of the funds used to pay premiums)

Employment/Trade Income Sales of Property Savings Maturity or Surrender of Policy

Others, please specify

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

Identity Card/Passport No.*

Payer's Relationship to Assured

Please provide reason for paying for this policy

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

SECTION F: REPLACEMENT OF EXISTING INTEGRATED SHIELD PLAN/DECLARATION

(Please complete this Section if you are purchasing Singlife Shield for yourself and/or your dependant(s))

Please tick the appropriate boxes.

1. Is this application to replace or intended to replace your / your dependants' existing Integrated Shield Plan?

If 'Yes', please complete the table below and answer Question 2.

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

<input type="checkbox"/> Proposer	<input type="checkbox"/> Dependant 1	<input type="checkbox"/> Dependant 2	<input type="checkbox"/> Dependant 3	<input type="checkbox"/> Dependant 4
Name of Insurer	<input style="width: 100%;" type="text"/>			
Name of Plan	<input style="width: 100%;" type="text"/>			
<input type="checkbox"/> Proposer	<input type="checkbox"/> Dependant 1	<input type="checkbox"/> Dependant 2	<input type="checkbox"/> Dependant 3	<input type="checkbox"/> Dependant 4
Name of Insurer	<input style="width: 100%;" type="text"/>			
Name of Plan	<input style="width: 100%;" type="text"/>			
<input type="checkbox"/> Proposer	<input type="checkbox"/> Dependant 1	<input type="checkbox"/> Dependant 2	<input type="checkbox"/> Dependant 3	<input type="checkbox"/> Dependant 4
Name of Insurer	<input style="width: 100%;" type="text"/>			
Name of Plan	<input style="width: 100%;" type="text"/>			
<input type="checkbox"/> Proposer	<input type="checkbox"/> Dependant 1	<input type="checkbox"/> Dependant 2	<input type="checkbox"/> Dependant 3	<input type="checkbox"/> Dependant 4
Name of Insurer	<input style="width: 100%;" type="text"/>			
Name of Plan	<input style="width: 100%;" type="text"/>			
<input type="checkbox"/> Proposer	<input type="checkbox"/> Dependant 1	<input type="checkbox"/> Dependant 2	<input type="checkbox"/> Dependant 3	<input type="checkbox"/> Dependant 4
Name of Insurer	<input style="width: 100%;" type="text"/>			
Name of Plan	<input style="width: 100%;" type="text"/>			

2. In answering 'Yes' to Section F Question 1 for the proposer and/or any of the dependant(s), please tick to confirm the below declaration:

- I confirm that my Financial Adviser Representative has explained to my satisfaction the implications associated with this switch/replacement and, based on his/her recommendation, I agree to proceed with the switch/replacement of my existing Integrated Shield Plan. I am aware that each Life Assured can only have one Integrated Shield Plan. Once this policy commences, the existing Integrated Shield Plan covering the Life Assured will be automatically terminated.
- My Financial Adviser Representative has explained to me the implications associated with this switch/replacement. I am aware that the implications that may arise from a switch/replacement could outweigh any potential benefit(s) such as:
- The new policy may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at higher cost and, the new policy may be less suitable for me.
 - If I am switching to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may lose coverage for those conditions.

SECTION G: UNDERWRITING HISTORY

This section must be fully completed.

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

If 'Yes', please complete the table below.

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

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

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

SECTION H: UNDERWRITING QUESTIONS

This section must be fully completed.

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

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

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

SECTION H: UNDERWRITING QUESTIONS *(continued)*

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

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

SECTION H: UNDERWRITING QUESTIONS *(continued)*

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

<input type="checkbox"/> Proposer <input type="checkbox"/> Dependant 1 <input type="checkbox"/> Dependant 2 <input type="checkbox"/> Dependant 3 <input type="checkbox"/> Dependant 4		
Question no	Medical condition and exact diagnosis	Date of first symptoms, diagnosis or recurrence <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> > 5 yrs
Have you made a full recovery with no further treatment, recurrence of condition, ongoing symptoms or complications? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How long since your full recovery ? <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> > 5 yrs		
What treatment or medication did you take? <input style="width: 100%;" type="text"/>		
Name and address of doctor consulted <input style="width: 100%;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>		

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

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

If 'Yes', please complete the table below:

<input type="checkbox"/> Proposer <input type="checkbox"/> Dependant 1 <input type="checkbox"/> Dependant 2 <input type="checkbox"/> Dependant 3 <input type="checkbox"/> Dependant 4		
Name of medical test	Date of initial test <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> > 5 yrs	
Have you had a follow-up test? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', what was the result? <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Don't know		
Date of follow-up test <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> > 5 yrs		
Have you been prescribed treatment or been advised to have any further test or required follow-up/monitoring? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If 'Yes', please provide details <input style="width: 100%;" type="text"/>		
Name and address of doctor whom you consulted <input style="width: 100%;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>		

<input type="checkbox"/> Proposer <input type="checkbox"/> Dependant 1 <input type="checkbox"/> Dependant 2 <input type="checkbox"/> Dependant 3 <input type="checkbox"/> Dependant 4		
Name of medical test	Date of initial test <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> > 5 yrs	
Have you had a follow-up test? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', what was the result? <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Don't know		
Date of follow-up test <input type="checkbox"/> 0 – 6 mths <input type="checkbox"/> 7 – 12 mths <input type="checkbox"/> 1 – 2 yrs <input type="checkbox"/> 2 – 3 yrs <input type="checkbox"/> 3 – 5 yrs <input type="checkbox"/> > 5 yrs		
Have you been prescribed treatment or been advised to have any further test or required follow-up/monitoring? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If 'Yes', please provide details <input style="width: 100%;" type="text"/>		
Name and address of doctor whom you consulted <input style="width: 100%;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>		

SECTION H: UNDERWRITING QUESTIONS *(continued)*

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

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

If 'Yes', please complete the table below:

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

SECTION I: PERSONAL DATA CONSENT

Let's stay in touch!

I consent to Singapore Life Ltd. ("Singlife") collecting, using, disclosing and/or transferring my personal data to Singlife related group of companies, service providers and intermediaries (including my financial adviser, where applicable) to provide me with information about Singlife's and Singlife related group of companies' products and services (including marketing offers and promotions).

What's the best way for us to keep in touch?

By Mail or E-Mail Messages on any messaging platform (including SMS) By Telephone Call

Update your preference anytime, anywhere at MySinglife (www.singlife.com/mysinglife) or contact Singlife at +65 6827 9933.

- I/We, for and on behalf of myself and all proposed Lives Assured, consent to Singapore Life Ltd. ("Singlife") collecting, using and/or disclosing my/our personal data (whether contained in this form or obtained from other sources; existing data in Singlife's record or to be collected in future) for the following purposes:
 - to issue and administer my/our existing and/or new policy(ies) and/or account(s) with Singlife and such other purpose ancillary or related to the administering of the policy(ies) and/or account(s), including the processing of my/our personal data for underwriting purposes, payment of premiums (including, where applicable, the deduction of premiums due from the MediSave accounts of the proposed Lives Assured) and/or claims purposes;
 - for statistical, research, compliance, audit and regulatory purposes; and
 - to provide general information on product enhancements and services relevant to my/our needs or policies (including increasing benefits, adding riders/supplements and/or Lives Assured) as well as to provide financial advice or product recommendations to me/us, where applicable.
- I/We, for and on behalf of myself and all proposed Lives Assured, also consent to Singlife disclosing and/or transferring my/our personal data to Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my/our financial adviser, where applicable), whether located in Singapore or elsewhere, for the above purposes and such other purposes as described in Singlife's Data Protection Notice.
- Where applicable, I/we, for and on behalf of myself and all proposed Lives Assured, confirm that for the personal data of other individuals (contained in this form) that I/we have disclosed to Singlife, that I/we have prior to disclosing such personal data to Singlife, obtained the appropriate consent from the individual(s) to:
 - permit me/us to collect, use and/or disclose the individual's(s') personal data to Singlife for the above purposes;
 - permit Singlife to collect, use and/or disclose the individual's(s') personal data for the above purposes; and
 - permit Singlife to disclose and/or transfer the individual's(s') personal data to Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my/our financial adviser, where applicable), whether located in Singapore or elsewhere, for the above purposes.
- I/We, for and on behalf of myself and all proposed Lives Assured, confirm that I/we have read, understood and agree to be bound by the terms of Singlife's Data Protection Notice (which may be found on <https://singlife.com/en/pdpa>) as may be amended, supplemented and/or substituted by Singlife from time to time, and confirm that I/we am/are aware that the latest version of such terms (amended, supplemented and/or substituted version) will be posted on Singlife's website and such version shall bind me/us upon posting and/or where I/we continue to use the relevant products and services offered by Singlife to which such terms relate to.

SECTION J: E-DOCUMENTS

Let's work together to save the trees.

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

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

SECTION K: DECLARATION

AUTHORISATION & DECLARATION BY PROPOSER (CPF ACCOUNT HOLDER)

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

AUTHORISATION & DECLARATION BY PROPOSER AND/OR DEPENDANTS

1. I/We, the Life/Lives to be Insured named under this application, hereby consent to the transfer and disclosure, at any time and without notice to me/us, of any medical information on me/us, in the Insurer's possession, between the Insurer and other Insurers administering or operating the PMIS, for the purpose of assessing the insurability of me/us and/or the making of a claim under the PMIS.
2. I/We, the Life/Lives to be Insured named under this application, hereby consent to the transfer and disclosure, at any time and without notice to me/us, of any medical information on me/us, in the Insurer's or the CPF's possession, between the Insurer and the CPF for the purpose of assessing the insurability of me/us and/or the making of a claim under the PMIS.
3. I/We understand that the insurance shall not become effective until it is accepted and confirmed in writing by Singapore Life Ltd.
4. I/We declare that:
 - (a) all the information on this Application Form is true and complete and no material fact likely to influence the assessment and acceptance of this application, has been withheld to the best of my/our knowledge and understand that any misrepresentation or concealment of facts shall render the policy to be issued and any other policy which I/we have with Singapore Life Ltd. to which the information applies null and void.
 - (b) I/We agree to inform Singapore Life Ltd. ("Singlife") if there is any change in my/our and/or any dependant's health or other disclosures, statements, information or declarations that I/we have made in this Application Form between the date of this application and the date the policy is issued. This includes but is not limited to any change in the state of my/the proposed life assured's health, or if I/the proposed life assured plan to seek medical consultation, investigation, or treatment, or any change to my coverage under my existing insurance policies or concurrent insurance applications that I/we have. If any information disclosed to Singlife (whether on this Application Form or otherwise) disagrees with any information disclosed to Singlife on another application form or otherwise, I/we shall answer all questions and provide all documentation which Singlife may require; and if a Pre-Existing Condition is found, Singlife may, in its absolute discretion, impose conditions (including but not limited to permanent exclusion of the Pre-Existing Condition), void or terminate my/our policy or reject my/our application. I/We understand the terms of accepting me/us and/or any dependant as a risk for insurance coverage may vary accordingly to such information received.
5. I/We authorise any medical source, insurance office, or organisation to release to Singapore Life Ltd. and Singapore Life Ltd. to release to any medical source, insurance office or organisation, to the extent permitted by law, all relevant information concerning me/us and/or any proposed life assured at any time, regardless of whether the application is accepted by Singapore Life Ltd. A photographic or electronic copy of this authorisation shall be as valid as the original.
6. I/We understand and agree that Singapore Life Ltd. is entitled not to accept or process this application should a person connected with the relevant Policy be found to be a Prohibited Person. A Prohibited Person means a person or entity (including any director or direct/indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, beneficiaries, or my/our beneficial owners or beneficiaries' beneficial owners therein) subject to any laws, regulations and/or sanctions administered by any regulatory authorities in any country, which have the effect of prohibiting Singapore Life Ltd. from providing insurance coverage, transaction business with or otherwise offering any economic benefits to me/us or any other beneficiaries or assignees under the relevant Policy. The decision of Singapore Life Ltd. shall be final.
7. I/We further agree that in the event that Singapore Life Ltd. becomes aware subsequently that a person connected with the relevant Policy has become a Prohibited Person, Singapore Life Ltd. may block and/or terminate the relevant Policy, including but not limited to, making or receiving any payments under the relevant Policy. As an ongoing obligation, I/we will immediately inform Singapore Life Ltd. if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons. If an application is accepted or processed by Singapore Life Ltd. despite a person connected with the relevant Policy being a Prohibited Person, Singapore Life Ltd. shall be entitled to block/terminate the relevant Policy at any time, whether with effect from inception of the relevant Policy or otherwise.
8. I/We declare that my/our Financial Adviser Representative has advised me/us that:
All Singapore Citizens and Permanent Residents will be covered by MediShield Life, regardless of my/our decision on an Integrated Shield Plan. An Integrated Shield Plan comprises two parts - a MediShield Life portion provided by the Central Provident Fund Board (CPF) and an additional private insurance coverage provided by Singapore Life Ltd. I/We am/are aware and have considered the long-term financial commitments to pay the premiums. As Integrated Shield Plan premiums are higher than MediShield Life premiums, there should be sufficient monies in my/our MediSave account(s) or I/we should have enough cash to pay for MediShield Life premiums on an ongoing basis before I/we consider purchasing an Integrated Shield Plan.
9. If I/we opt to receive my/our policy, endorsements and communications electronically ("**e-docs**"), I/we agree that:
 - (a) my/our e-docs will be made available in my/our MySinglife account; and
 - (b) an e-doc is deemed to have been received by me/us upon my receipt of the SMS and/or email that it is accessible on MySinglife. The SMS or email will be sent to the last known mobile number and/or email address notified to Singapore Life Ltd.
10. If my/our policy, any endorsements or communications is mailed, I/we am/are deemed to have received it 7 days from the date of posting to the last known address notified to Singapore Life Ltd.
11. I/We represent, warrant and undertake that:
 - (a) my/our mobile number, address and email address notified to Singapore Life Ltd. is correct and complete;
 - (b) I/we will notify Singapore Life Ltd. immediately of any change to my/our mobile number, address or email address; and
 - (c) I/we shall indemnify Singapore Life Ltd. for any losses, damages or other consequences arising from or in connection with any incomplete or incorrect mobile number, address and email address.

SECTION K: DECLARATION (continued)

WARNING:

Anyone who pays for, or is insured under Singlife Shield/Singlife Health Plus is not eligible for Additional Premium Support (APS) from the Government.*

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

In addition, if you choose to be insured under this Singlife Shield/Singlife Health Plus policy, the person paying for Singlife Shield/Singlife Health Plus will stop receiving APS, if he or she is currently receiving APS.

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

Important Notes:

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

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

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

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

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

Signature of Dependant 1	Signature of Dependant 2	Signature of Dependant 3	Signature of Dependant 4
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Singlife Shield Standard Plan

A MediSave-approved Integrated Shield Plan underwritten by Singapore Life Ltd.



PRODUCT SUMMARY

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

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

Warning:

Anyone who pays for, or is insured under Singlife Shield Standard Plan is not eligible for Additional Premium Support (APS) from the Government.*

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

In addition, if you choose to be insured under this Singlife Shield Standard Plan policy, the person paying for Singlife Shield Standard Plan will stop receiving APS, if he or she is currently receiving APS.

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

DESCRIPTION OF PRODUCT

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

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

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

Singlife Shield Standard Plan is available for coverage of Singapore citizens or Singapore permanent residents only.

1. Comparison of Benefits between MediShield Life and Singlife Shield Standard Plan

A Singlife Shield Standard Plan policy is made up of two parts:

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

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

In the event of hospitalisation / medical treatment, your final payout will comprise the MediShield Life payout and the Singlife Shield Standard Plan additional coverage payout. For example,

- if the payout computed based on the full Singlife Shield Standard Plan benefits is S\$2,000, and the payout based on MediShield Life benefits is S\$500, the policyholder will receive S\$2,000, which comprises S\$500 from the MediShield Life payout, and S\$1,500 from the Singlife Shield Standard Plan additional coverage payout.
- In the case where the payout based on MediShield Life benefits is higher than that from the Singlife Shield Standard Plan benefits, the eventual payout will be based on the MediShield Life benefits.

Benefits Schedule in SG Dollars						
Benefit Parameters	Singlife Shield Standard Plan (Payout includes MediShield Life payout)			MediShield Life (as of 1st September 2022)		
Hospital ward type	Any 4-bed standard ward of a public hospital			Any 6-bed (B2) standard ward of a public hospital		
Inpatient hospital treatment						
Daily room, board and medical related services ¹	S\$2,250 per day (S\$2,550 per day for first 2 days of hospitalisation)			S\$800 per day (S\$1,000 per day for first 2 days of hospitalisation)		
Intensive care unit (ICU) ¹	S\$6,850 per day (S\$7,150 per day for first 2 days of hospitalisation)			S\$2,200 per day (S\$2,400 per day for first 2 days of hospitalisation)		
Surgical benefit ² (per procedure)	A	B	C	A	B	C
Table 1 A/B/C (less complex procedures)	S\$590	S\$1,050	S\$1,050	S\$240	S\$340	S\$340
Table 2 A/B/C	S\$1,800	S\$2,300	S\$2,370	S\$580	S\$760	S\$760
Table 3 A/B/C	S\$3,290	S\$4,240	S\$4,760	S\$1,060	S\$1,160	S\$1,280
Table 4 A/B/C	S\$5,970	S\$8,220	S\$8,220	S\$1,540	S\$1,580	S\$1,640
Table 5 A/B/C	S\$8,920	S\$9,750	S\$11,030	S\$1,800	S\$2,180	S\$2,180
Table 6 A/B/C	S\$15,910	S\$15,910	S\$17,300	S\$2,360	S\$2,360	S\$2,360
Table 7 A/B/C (more complex procedures)	S\$21,840	S\$21,840	S\$21,840	S\$2,600	S\$2,600	S\$2,600
Surgical implants and medical consumables ³	S\$9,800 per admission			S\$7,000 per admission		
Radiosurgery ⁴ including Proton beam therapy – Category 4 ¹¹	S\$31,300 per treatment course			S\$10,000 per treatment course		
Stay in a community hospital ⁵ (Rehabilitation)	S\$760 per day			S\$350 per day		
Stay in a community hospital ⁵ (Sub-acute)	S\$960 per day			S\$430 per day		
Inpatient palliative care service ⁶ (General)	S\$560 per day			S\$250 per day		
Inpatient palliative care service ⁶ (Specialised)	S\$760 per day			S\$350 per day		
Inpatient psychiatric treatment	S\$680 per day up to 60 days per policy year			S\$160 per day up to 60 days per policy year		
Continuation of autologous bone marrow transplant treatment for multiple myeloma ⁷	S\$14,040 per treatment			S\$6,000 per treatment		
Serious pregnancy and delivery-related complications ⁸	Covered under inpatient hospital treatment limits (after a waiting period of 11 months)			Covered under inpatient hospital treatment limits		

Benefits Schedule in SG Dollars							
Benefits		Singlife Shield Standard Plan (Payout includes MediShield Life payout)			MediShield Life (as of March 2021)		
Hospital ward type		Any 4-bed standard ward of a public hospital			Any 6-bed (B2) standard ward of a public hospital		
Major outpatient treatment							
Outpatient kidney dialysis		S\$3,740 per month			S\$1,100 per month		
Outpatient erythropoietin		S\$450 per month			S\$200 per month		
Outpatient cancer drug treatment on Cancer Drug List ⁹		3 times MediShield Life claim limit per month			S\$200 – S\$9,600 per month (depending on cancer drug treatment)		
Outpatient cancer drug services ¹⁰		2 times MediShield Life claim limit per policy year			S\$1,200 per year		
Outpatient radiotherapy for cancer which includes:							
– Hemi-body radiotherapy		S\$2,510 per treatment			S\$900 per treatment		
– External or superficial radiotherapy		S\$880 per treatment			S\$300 per treatment		
– Brachytherapy (with or without external radiotherapy)		S\$1,100 per treatment			S\$500 per treatment		
– Stereotactic radiotherapy		S\$6,210 per treatment			S\$1,800 per treatment		
– Proton beam therapy – Category 1 ¹¹		S\$880 per treatment			S\$300 per treatment		
– Proton beam therapy – Category 2 ¹¹		S\$1,100 per treatment			S\$500 per treatment		
– Proton beam therapy – Category 3 ¹¹		S\$6,210 per treatment			S\$1,800 per treatment		
Major organ transplant – approved Immunosuppressant drugs		S\$1,480 per month			S\$550 per month		
Long-term parenteral nutrition ¹²		S\$3,980 per month			S\$1,700 per treatment		
Pro-ration factor							
		Singapore Citizen (SC)	Singapore Permanent Resident (SPR)	Foreigner	SC	SPR	
Public hospital	Class C ward		100%			100%	44%
	Class B2 ward					100%	58%
	Class B2+ ward					70%	47%
	Class B1 ward		100%	90%	80%	43%	38%
	Class A ward		80% ¹³			35%	35%
	Day surgery / short stay ward	Subsidised	100%			100%	58%
		Unsubsidised				35%	35%
	Major outpatient treatment	Subsidised	100%			100%	67%
Unsubsidised					50%*	50%*	
Private hospital	Inpatient		50% ¹³			25%	25%
	Day surgery		65% ¹³			25%	25%
	Major outpatient treatment		65% ¹³			50%*	50%*
Community hospital / MOH-approved Inpatient Hospice Palliative Care Service (IHPCS) provider	Class C ward		100%			100%	50%
	Class B2 ward						
	Class B2+ ward						
	Class B1 ward		100%	90%	80%	50%	50%
	Class A ward		80% ¹³			50%	50%

Benefits Schedule in SG Dollars			
Benefits	Singlife Shield Standard Plan (Payout includes MediShield Life payout)	MediShield Life (as of March 2021)	
Hospital ward type	Any 4-bed standard ward of a public hospital	Any 6-bed (B2) standard ward of a public hospital	
Annual deductible¹⁴ for life assured age 80 years and below next birthday			
Inpatient			
Class C ward	S\$1,500	S\$1,500	
Class B2 / B2+ ward	S\$2,000	S\$2,000	
Class B1 ward	S\$2,500		
Class A ward / Private hospital	S\$2,500		
Day surgery / short stay ward	Subsidised	S\$1,500	S\$1,500
	Unsubsidised	S\$2,000	
Annual deductible¹⁴ for life assured age 81 years and above next birthday			
Inpatient			
Class C ward	S\$2,000	S\$2,000	
Class B2 / B2+ ward	S\$3,000	S\$3,000	
Class B1 ward	S\$3,000		
Class A ward / Private hospital	S\$3,000		
Day surgery / short stay ward	Subsidised	S\$2,000	S\$2,000
	Unsubsidised	S\$3,000	
Co-insurance			
All ward classes and day surgery claimable amount ¹⁵			
Inpatient (including day surgery)	S\$0 - S\$3,000	10% (applicable to claimable amount after deductible)	10%
	S\$3,001 - S\$5,000		10%
	S\$5,001 - S\$10,000		5%
	>S\$10,000		3%
Major outpatient treatment ¹⁶			10%
Maximum Claim Limits			
Policy year limit	S\$200,000	S\$150,000	
Lifetime limit	Unlimited	Unlimited	
Age Limits (age next birthday)			
Last entry age	None	None	
Maximum cover age	Lifetime	Lifetime	

Footnotes

¹ Includes:

- treatment fees
- meals
- prescriptions
- medical consumables
- doctor's attendance fees
- medical examinations
- laboratory tests
- miscellaneous medical charges

² Includes:

- surgeon's fees
- anaesthetist's fees
- operating theatre and facility fees

Footnotes

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

- ⁴ Radiosurgery includes:
- Novalis radiosurgery and Gamma Knife treatments which can be performed as an inpatient or day surgery procedure, and
 - Proton beam therapy (Category 4) for MOH-approved indications, subject to patient eligibility criteria for proton beam therapy under MediShield Life, as provided on the MOH website: <https://go.gov.sg/pbt-approved-indications>. MOH may update this from time to time.

The annual deductible and pro-ration factor for radiosurgery that applies depends on whether it is classified as an inpatient or day surgery procedure.

- ⁵ The life assured must first receive:
- inpatient treatment in a hospital, or
 - A&E treatment in a public hospital,
- and be admitted to the community hospital for continuous stay immediately following discharge from the hospital or A&E.

The admission to the community hospital must be:

- for necessary medical treatment,
- recommended by the attending doctor in the hospital where the life assured had received inpatient treatment or A&E treatment, and
- for treatment that arises from the same injury or illness for which the life assured received inpatient treatment or A&E treatment at the hospital.

Rehabilitative care refers to therapy to improve the life assured's post-illness disability and functional impairment. Sub-acute care is for complicated medical conditions that require additional medical and nursing care at a lower intensity compared to that provided at the acute hospitals.

- ⁶ Inpatient palliative care service benefit covers charges the life assured has to pay for inpatient palliative care services from a MOH-approved Inpatient Hospice Palliative Care Service (IHPCS) provider. The life assured must be admitted for inpatient palliative care service by a doctor, according to the relevant MOH guidelines.

- ⁷ Continuation of autologous bone marrow transplant treatment for multiple myeloma benefit covers charges the life assured has to pay for continuation of autologous bone marrow transplant treatment for multiple myeloma, as an outpatient. These include:

- consultation charges,
 - clinical and lab investigations,
 - consumables, and
 - chemotherapy and prescribed medication,
- incurred as a result of the following treatments:
- stem-cell mobilization
 - harvesting of healthy stem cells
 - pre-transplant workup
 - use of high dosage chemotherapeutic drugs to destroy the cancerous cells
 - engraftment of healthy stem cells
 - post-transplant monitoring

Annual deductible applies for continuation of autologous bone marrow transplant treatment for multiple myeloma.

Subsidized patients will follow the inpatient deductible for Class C and non-subsidized patients will follow the inpatient deductible for Class B2.

- ⁸ Please refer to appendix A for the list of serious pregnancy and delivery-related complications covered under inpatient hospital treatment benefit. The complications must be first diagnosed by a registered obstetrician after a waiting period of 11 months. Please note that delivery charges are not covered, except in the event of caesarean section with hysterectomy.

- ⁹ Outpatient cancer drug treatment benefit covers the charges the life assured has to pay as an outpatient at a hospital or cancer treatment centre registered with the MOH or approved by us for cancer drug treatment that are listed in the Cancer Drug List / CDL. Treatments are defined as drug-indication pairs, as described in the CDL: <https://go.gov.sg/moh-cancerdruglist>.

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

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

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

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

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

For avoidance of doubt, for CDL treatments, the indications refer to the clinical indications of the drug as specified in 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".

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

Footnotes

¹⁰ Outpatient cancer drug services covers the charges the life assured has to pay for cancer drug services for outpatient cancer drug treatments. The services are not required to be specific to treatments on the CDL and are payable even if they were for a non-CDL treatment.

These include:

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

as long as these are part of cancer drug treatment.

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

The cancer drug services benefit does not cover:

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

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

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

- ¹¹ Please refer to the MOH website: <https://go.gov.sg/pbt-approved-indications> for the MOH-approved indications and patient eligibility criteria for use of Proton beam therapy. MOH may update this from time to time.
- ¹² Long-term parenteral nutrition benefit covers charges the life assured has to pay for parenteral nutrition bags and consumables necessary for the administration of long-term parenteral nutrition. The life assured must meet the clinical criteria for long-term and home parenteral nutrition covered under MediShield Life.
- ¹³ Pro-ratio factor is applied to reduce higher class wards / private hospital bills to Singapore public hospital 4-bed ward equivalent in the claims computation. This is not applicable to expenses incurred for major outpatient treatment and day surgery at a Singapore public hospital and for major outpatient treatment at a subsidised dialysis or cancer centre in Singapore.
- ¹⁴ Annual deductible is waived for all major outpatient treatments.
- ¹⁵ Claimable amount is the:
- claim limit in the table, or
 - amount after adjusting the charges for pro-ratio (if needed), whichever is lower.
- ¹⁶ Co-insurance for major outpatient treatments is 10% of a percentage of the charges incurred.

*Note: Pro-ratio for unsubsidised outpatient cancer treatments will be applicable from 1 Nov 2016 onwards. Dialysis-related treatment and immunosuppressants will not be pro-rated.

2. Premium Rates

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

We may deduct your premium from the designated MediSave account according to the act and regulations and the CPF Act and any subsidiary legislation under the CPF Act, as may be amended, extended or re-enacted from time to time.

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

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

Breakdown of Standard Premiums for Singlife Shield Standard Plan

The table below shows the breakdown of premiums for a standard life[^]:

For Singapore Citizens / Singapore Permanent Residents

Singlife Shield Standard Plan				
Annual premium per person in SG Dollars (inclusive of GST). Premium rates are non-guaranteed.				
Age Next Birthday	MediShield Life Premiums (Fully payable by MediSave*)	Additional Private Insurance Coverage		
		Premiums	Additional Withdrawal Limits	Cash Outlay
1 to 20	147.71	46.86	300.00	0
21 to 30	254.67	50.94	300.00	0
31 to 40	397.29	71.31	300.00	0
41 to 45	534.81	109.00	600.00	0
46 to 50	534.81	137.53	600.00	0
51 to 55	814.95	166.05	600.00	0
56 to 60	814.95	169.10	600.00	0
61 to 65	1039.07	292.36	600.00	0
66 to 70	1120.56	406.46	600.00	0
71 to 73	1217.34	646.87	900.00	0
74 to 75	1344.67	751.79	900.00	0
76 to 78	1558.60	1005.45	900.00	105.45
79 to 80	1619.72	1008.50	900.00	108.50
81 to 83	1706.31	1236.69	900.00	336.69
84 to 85	1971.17	1242.81	900.00	342.81
86 to 88	2062.85	1795.95	900.00	895.95
89 to 90	2062.85	1870.32	900.00	970.32
91 to 93	2093.41	2024.14	900.00	1124.14
94 to 95	2093.41	2104.62	900.00	1204.62
96 to 98	2093.41	2188.15	900.00	1288.15
99 and above	2093.41	2273.72	900.00	1373.72

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

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

The total distribution cost of this product is 41% of additional private insurance premiums for the first year and 5% of additional private insurance premiums for renewal years.

3. Pro-ration Factor

We will apply the pro-ration factor if the life assured is admitted as an inpatient to a room or hospital above what he is entitled to under your policy or receive major outpatient treatment at a private hospital or medical institution. Pro-ration factor means the percentage shown in the benefits schedule.

4. Annual Deductible

Annual deductible applies to all claims made under your policy except for all major outpatient treatments.

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

5. Co-insurance

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

6. Eligibility

To be eligible for Singlife Shield Standard Plan, you must:

- be a Singapore citizen or Singapore permanent resident, and
 - have a MediSave account,
- and the life assured must be a Singapore citizen or Singapore permanent resident.

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

7. Guaranteed renewal

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

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

8. When your policy ends

Your policy automatically ends on the date:

- the life assured dies,
 - we receive your written notice requesting cancellation of your policy,
 - we do not receive your premium after the grace period,
 - you fail to give us any information or document which we require from you, which date will be determined by us,
 - you fail or refuse to refund any amount you owe us, which date will be determined by us,
 - fraud takes place,
 - you do not reveal information or misrepresent to us,
 - you or the life assured does not fulfil the eligibility requirements,
 - the cover of your policy ends, or
 - you take up another MediSave-approved integrated shield plan covering the life assured,
- whichever is the earliest.

ADDITIONAL INFORMATION

1. The Contract

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

2. Underwriting

Full medical underwriting only. You need to complete a medical history declaration giving details of the life assured's medical history before application for this policy, including any pre-existing conditions.

3. Pre-existing Conditions

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

- for which the life assured asked for or received treatment, medication, advice or diagnosis from a doctor before the cover start date, the last reinstatement date, or if you change your plan to another Singlife Shield plan, the cover start date of the new Singlife Shield plan, whichever is later,
- which existed or were evident before the cover start date, the last reinstatement date, or if you change your plan to another Singlife Shield plan, the cover start date of the new Singlife Shield plan, 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 if you change your plan to another Singlife Shield plan, the cover start date of the new Singlife Shield plan, whichever is later, whether or not the life assured asked for treatment, medication, advice or diagnosis.

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

4. Exclusions

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

- all expenses for treatment as an inpatient, if the life assured was admitted to the hospital before the cover start date,
- any pre-existing condition (unless we cover it),
- overseas medical treatment,
- transport for trips made to obtain medical treatment such as ambulance fees, emergency evacuation, or send home a body or ashes,
- private nursing charges and nursing home services (unless we cover it under inpatient palliative care service),
- inpatient room and board charges for surgery which can be done as day surgery,
- admission as an inpatient for medical services, examination or treatment which can be done on an outpatient basis including but not limited to X-ray, CT scan or MRI scan (unless we cover it under day surgery),
- health screenings (including endoscopy for health screening purposes) and primary prevention (refers to medical services for generally healthy individuals to prevent a disease from ever occurring, in the absence of medical indications, eg. general medical / health screening packages, general physical checkups, vaccinations, etc.),
- vaccinations, medical certificates, examinations for employment or travel, routine eye or ear examinations, hearing aids, spectacles, contact lenses and correction for refractive errors of the eye,

- elective cosmetic treatments and plastic surgery unless the surgery is necessary for:
 - repair of damage caused by an accident. The surgery must be done within 365 days from the date of accident, or
 - breast reconstruction after mastectomy due to breast cancer. The breast reconstruction must be done within 365 days from the date of mastectomy. Any surgery or reconstruction of the other breast to produce a symmetrical appearance will not be covered,
- any treatment claimed to prevent illness, promote health or improve bodily function or appearance including but not limited to vitamins, supplements, scar creams, soaps and moisturisers,
- dental treatment or oral surgery related to teeth (unless a dental or oral surgery is required as a result of an accident),
- palliative care, rest cures and services or treatment at any home, spa, hydro or aqua clinic, sanatorium or hospice, or long-term care facility that is not a hospital, (unless we cover it under inpatient palliative care service),
- infertility, contraception, sterilisation, impotence, sexual dysfunction or assisted conception tests or treatments or sex change operations,
- treatment or surgical procedures done at fertility clinics or centres and reproductive medicine clinics or centres,
- pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, or any form of related hospitalisation or treatment (unless we cover it under inpatient hospital benefit),
- treatment for obesity, weight reduction, weight improvement or procedure for weight management,
- treatment for birth defects, including hereditary conditions and disorders and congenital anomalies,
- prosthesis, corrective devices and medical appliances which are not surgically required including the buying or renting of the following for use at home or as an outpatient:
 - braces,
 - special / medical appliances which are not necessary for the completion of a surgical operation, including location, transport and associated administrative costs of such appliances,
 - durable medical equipment and machines,
 - corrective devices,
 - wheelchairs,
 - walking aids,
 - home aids,
 - kidney dialysis machines,
 - iron lungs,
 - oxygen machines,
 - hospital beds,
 - any other hospital type equipment,
 - replacement organs.
- alternative or complementary treatments, including traditional Chinese medicine (TCM), naturopathic, homeopathic, podiatric, chiropractic or osteopathic treatment or a stay in any health-care establishment for social or non-medical reasons,
- costs relating to cornea, muscular, skeletal or human organ or tissue transplant (unless we cover it under surgical benefit or major organ transplant – approved immunosuppressant drugs),
- all costs relating to the stem cell transplant such as cost of harvesting, laboratory test, investigations, storage, transport and cell culture,
- treatment resulting from drug addiction or under the influence of any controlled drugs listed under the First Schedule to the Misuse of Drugs Act 1973
- treatment for psychological, emotional or mental problems or conditions (unless we cover it under inpatient psychiatric treatment),
- experimental or pioneering medical or surgical techniques, and medical devices including medical treatments that were of an investigational or research nature, not approved by Health Sciences Authority and the Centre of Medical Device Regulation, as well as clinical trials for medicinal products, whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority,
- medical devices, drugs, therapeutic products and CTGTP (Cell, Tissue and Gene Therapy Products) not approved by Health Sciences Authority,
- injury or illness arising from or in connection with any illegal act such as imprisonment,
- injury or illness arising directly or indirectly from or in connection with engagement or involvement in any hazardous activities or sports when remuneration or income could or would be earned or in a professional or competitive pursuit full-time, part-time, contractual or ad hoc basis other than for leisure or as a hobby,
- costs arising out of any litigation or dispute between the life assured and any medical personnel or establishment from whom treatment has been sought or given, or any other costs not directly and specifically related to the payment of the medical expenses covered by your policy,
- any loss or damage, cost or expense of whatever nature that is caused directly or indirectly by, results from or is connected to the following even if some other cause or event may contribute to the loss:
 - ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from the burning of nuclear fuel,
 - radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component,
 - any weapon of war using atomic or nuclear fission or fusion or other reaction of radioactive force or matter,
- death, disability, loss, damage, destruction, legal liability, cost or expense including consequential loss which is directly or indirectly caused by, results from or is connected to any of the following even if some other cause or event may contribute to the loss:
 - (i) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war is declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions or amounting to an uprising, military or usurped power, or
 - (ii) any act of terrorism including but not limited to:
 - the use or threat of force or violence,
 - harm or damage to life or property (or the threat of harm or damage) including nuclear radiation or contamination by chemical or biological agents or any person or group of persons, which are carried out for political, religious, ideological or similar purposes, to put the public or a section of the public in fear, or
 - any action taken to control, prevent, suppress or in any way relating to (i) or (ii),
- sexually transmitted diseases and any treatment or test connected with human immunodeficiency virus (HIV) infection-related conditions or diseases, except:
 - HIV infection acquired through blood transfusion in Singapore, or
 - HIV acquired while performing regular professional duties in a medical profession in Singapore,
- charges for non-necessary medical goods or services such as telephone, television or newspapers,
- all outpatient medical expenses (unless we cover it under major outpatient treatment),
- claims incurred directly or indirectly as a result of violation or attempted violation of any law, subsidiary legislation, governmental notice, policy or other statutory requirement, or any change thereof,
- charges for outpatient cancer drug treatments that are not on the CDL (Non-CDL).

5. 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:

- 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.

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.

6. Upgrading or Switching of Plan

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

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

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

In the event that you cannot afford, or do not wish to continue paying the premiums for the life assured's Integrated Shield Plan, you can choose to cease the life assured's Integrated Shield Plan. If the life assured is a Singapore citizen or Singapore permanent resident, regardless of your decision, the life assured will continue to be covered by MediShield Life for life without any exclusion.

7. Change of Policy Terms or Conditions

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

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

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

8. Cancel Your Policy

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

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

9. Claims

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

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

10. Other Insurance

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

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

11. Free Look

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

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

12. Point-of-Sale Documents

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

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

13. Note

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

14. 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).

15. Details of Insurer

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

APPENDIX A

List of serious pregnancy and delivery-related complications covered:

- eclampsia and pre-eclampsia
- cervical incompetency
- accreta placenta
- placental abruption
- placenta praevia
- antepartum, intrapartum and postpartum haemorrhage
- placental insufficiency and Intrauterine growth restriction
- gestational diabetes mellitus
- acute fatty liver of pregnancy
- obstetric cholestasis
- twin to twin transfusion syndrome
- infection of amniotic sac and membranes
- amniotic fluid embolism
- fourth degree perineal laceration
- uterine rupture
- postpartum inversion of uterus
- obstetric injury or damage to pelvic organs
- complications resulting in a caesarean hysterectomy
- retained placenta and membranes
- abscess of breast
- ectopic pregnancy, hydatidiform mole and subsequent complications
- medically necessary abortions
- still-birth
- maternal death

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APPLICATION FORM

Please remember

- to countersign any amendments
- that the use of correction fluid/tape is not allowed
- to return the original form to Singapore Life Ltd.
- For POSB/DBS Account Holders, you can apply for GIRO via ibanking. For more details, please visit www.singlife.com/premium-payments

AUTHORISATION AND DECLARATION

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

1. FOR APPLICANT'S COMPLETION

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

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

2. FOR OUR COMPLETION

SWIFT BIC	Bank Account Number	Singapore Life Ltd.'s Customer's Reference Number		
DBSSSGSGXXX	<input type="checkbox"/> 0270007597			
	<input type="checkbox"/> 0039001886			
	<input type="checkbox"/> 0039167920			

3. FOR BANK'S COMPLETION

To: Singapore Life Ltd.

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

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

please delete where applicable

Name of Approving Officer

Authorised Signature

Date (DD/MM/YY)

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