

## PRIVILEGES AND CONDITIONS

### 1. BENEFITS

#### 1.1 Benefit Payable

- (a) Subject to Clauses 1.3 and 1.4 and Endorsement E020, if the Insured dies, becomes Totally and Permanently Disabled or suffers from and is diagnosed with any Dread Diseases, we will pay an amount equal to the Cash-in Value or the Basic Benefit, whichever is higher.
- (b) This Policy will terminate immediately upon payment of this Benefit, less any loan or debt.

#### 1.2 Accidental Death Benefit

- (a) Subject to sub-clause (d) below and Clause 1.3, if the Insured dies as a result of any violent, accidental, external and visible means ("**Accidental Death**"), we will pay an amount equal to the Cash-in Value or the Basic Benefit, whichever is higher.
- (b) Subject to sub-clause (d) below and Clause 1.3, if the Insured was engaged in, performing or taking part in any Restricted Activity which caused directly or indirectly, wholly or partly the death of the Insured, we will pay an amount equal to the Cash-in Value or 30% of the Basic Benefit, whichever is higher.
- (c) Subject to sub-clause (d) below and Clause 1.3, if the Insured dies as a result of an Act of Terrorism, we will pay:
  - (i) S\$10,000 or an amount equal to 5% of the Basic Benefit, whichever is the lower, or
  - (ii) an amount equal to the Cash-in Value,whichever is higher.
- (d) We will pay an amount equal to the Cash-in Value for this Benefit if the Insured's death was caused directly or indirectly, wholly or partly by:
  - (i) war, invasion, act of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, military or popular uprising, insurrection, rebellion, revolution, military or usurped power or martial law;

- (ii) radioactivity or from the use, existence or escape of any nuclear fuel, material or waste;
  - (iii) racing on wheels, wilful exposure to needless perils (except in an attempt to save human life);
  - (iv) criminal act;
  - (v) self-injury, suicide or attempted suicide, provoked assault, intoxication, drugs, insanity, venereal disease or any physical defect or infirmity, pregnancy or childbirth;
  - (vi) taking part in flying or other aerial activities except naval, military or air forces operations during peace time or as a fare-paying passenger in a licensed passenger aircraft; or
  - (vii) engaging in or taking part in naval, military or airforce services or operations or participating in operations planned or conducted by the civil or military authorities except for naval, military or airforce training and exercises for, including duties as national servicemen, reservists, full time and regular servicemen during peacetime.
- (e) This Policy will terminate immediately upon payment of this Benefit, less any loan or debt.

### **1.3 Medical Conditions**

- (a) If the Insured is suffering from or diagnosed with any Medical Conditions at the time of proposal or within 3 months from the Date of Issue of this Policy or the date of receipt by us of any top-up in premiums or the effective date of increase in the amount of the regular premiums, whichever is applicable, the amount of the Benefits payable under Clauses 1.1 and 1.2 will be equal to the Cash-in Value, less any loan or debt.
- (b) Medical Conditions shall mean any of the following:
- (i) Cancer
  - (ii) Heart and / or Heart Valve Conditions
  - (iii) Chronic Kidney Disease
  - (iv) Stroke and/or Transient Ischaemic Attacks
  - (v) Liver Cirrhosis and / or End Stage Liver Failure
  - (vi) Systemic Lupus Erythematosus
  - (vii) Terminal Illness

- (viii) Severance or total loss of use of one or both limbs OR total loss of use of one or both eyes
- (ix) Chronic Obstructive Lung Disease and/or End Stage Lung Disease
- (x) Diabetes
- (xi) Combination of any 2 conditions of Hypertension, High Cholesterol or where Body Mass Index (BMI) is greater than 30.

#### **1.4 Total and Permanent Disability Benefit**

- (a) Total and Permanent Disability / Totally and Permanently Disabled means:
  - (i) the complete and continuous inability of the Insured at that time and at all times thereafter to engage in any business or occupation or perform any work of any kind for remuneration or profit; or
  - (ii) Total Physical Loss.
- (b) Total Physical Loss means any one of the following:
  - (i) the total and irrecoverable loss of sight of both eyes;
  - (ii) the loss by complete severance or total and irrecoverable loss of use of both limbs at or above the wrist or ankle or;
  - (iii) the total and irrecoverable loss of sight of one eye and the loss by complete severance or total and irrecoverable loss of use of one limb at or above the wrist or ankle.
- (c) Payment of this Benefit is subject to the following conditions:-
  - (i) the Total and Permanent Disability must occur before the Insured attains the age of 65 years;
  - (ii) this Benefit will be payable subject to a maximum payment of S\$1,000,000 each year, and any amount of this Benefit in excess of S\$1,000,000 will be paid 12 months later. But if the Insured dies or suffers from and is diagnosed with any Dread Diseases, we will immediately pay any balance of this Benefit; and
  - (iii) we must receive satisfactory evidence of the Insured's Total and Permanent Disability as certified by a Registered Medical Practitioner.

- (d) The maximum aggregate liability under this Total and Permanent Disability Benefit in respect of this Policy and every other policies issued by us that may be in force is limited to S\$2,000,000/- (excluding any bonuses). In such event:
- (i) we will not be liable for and will not pay any amount in excess of S\$2,000,000/- (excluding any bonuses);
  - (ii) this Total and Permanent Disability Benefit will be paid in the following priority:
    - firstly, under any mortgage protection policies or policies of like nature;
    - secondly, under other policies.
- Within each category above, payment will be made first under the policy which is effected earliest in time.
- (e) This Policy will terminate immediately upon any payment of this Benefit, less any loan or debt.
- (f) We will not pay this Benefit if the Total and Permanent Disability is a result of any intentional self-inflicted bodily injury.
- (g) If the Insured is Totally and Permanently Disabled as defined under clause 1.4(a)(i), the Insured must provide additional satisfactory evidence to us that the Insured has been Totally and Permanently Disabled for a continuous period of at least six (6) months. Such evidence must also be certified by a Registered Medical Practitioner appointed by us.

### **1.5 Basic Benefit**

- (a) The Basic Benefit means a value calculated as follows:
- (i) in the absence of any partial withdrawal under Clause 4.2:  
 $(N \times \text{Annualised Premium}) + (M \times \text{Sum of Top-ups})$ 
    - M is 1.05 if attained age upon death/Total and Permanent Disability/Accidental Death/Dread Disease is below 65\*.
    - M is 1.00 if attained age upon death/Accidental Death/Dread Disease is 65 or above\*.

N is derived as follows:

Attained Age *	N applied for death	N applied for Total and Permanent Disability:	N applied for Dread Diseases	N applied for accidental death
0-49	10	10	5	20
50-64	5	5	2	10
>= 65	1	N.A.	1	2

*The value of the Basic Benefit for death is reflected under the Sum Assured in the Policy Schedule based on the age of the Insured on the Policy Entry Date.*

\* Age last birthday as at the date on which a written notice of death, Total and Permanent Disability, Accidental Death or Dread Disease, as the case may be, is received by us.

- (ii) if there is any partial withdrawal under Clause 4.2, the computation of the Basic Benefit as set out in sub-clause (a) above will be adjusted according to a formula as determined by us.
- (b) Any top-up in premiums or increase in the amount of the regular premiums on or after the date of death or Accidental Death or diagnosis of any Total and Permanent Disability or Dread Disease will not be included in the computation of the Basic Benefit and will not increase the amount of the Basic Benefit if a claim is made for death, Accidental Death, Total and Permanent Disability or Dread Disease, as the case may be.
- (c) In the event of any change in the regular premium amount, the amount of the Basic Benefit will be revised accordingly.

## **2. PREMIUM**

### **2.1 Payment of Regular Premium**

You are allowed a grace period of 30 days from the premium due date ("**Grace Period**") to pay your regular premiums. During the Grace Period, this Policy will be maintained in full force.

### **2.2 Increase in Premium**

While this Policy remains in force and subject to such conditions as we may impose, you may:

- (a) increase the regular premium amount, such increase to be effective from the date on which your next premium is due;
- (b) make advance payments of regular premiums subject to the following conditions:
  - (i) the advance regular premiums will be allocated in accordance with the allocation rates as set out in Clause 2.5(a);
  - (ii) the advance payment of regular premiums will not increase the amount of the Basic Benefit payable under this Policy; and
  - (iii) we will use the advance regular premiums to purchase Units based on the Offer Price as at the date of receipt of the advanced premiums.

We may suspend or terminate this mode of advance payment or revise any conditions for payment at any time.

### **2.3 Top-up of Premium**

- (a) While this Policy remains in force and subject to such conditions as we may impose, you may top-up your premiums with such minimum amount as prescribed by us at the prevailing time. The premium amount that is allocated into each Fund will also be subject to such minimum amount as prescribed by us at the prevailing time.
- (b) Any top-up of premiums will be used to purchase Units in your specified Fund(s) according to your specified allocations pursuant to Clause 3.2, unless you inform us otherwise in writing. But if, in addition to your specified Funds, you wish to purchase Units in new Fund(s), we may determine the amount of minimum allocation for each Fund.

### **2.4 Reduction in Premium**

While this Policy remains in force and subject to such conditions as we may impose, you may reduce the amount of regular premiums provided that:

- (a) the reduced regular premium amount must not be less than such minimum amount (at Policy level and Fund level) as prescribed by us; and
- (b) all regular premiums due for the first twelve (12) months of this Policy must be fully paid before any reduction in premium amount is allowed.

## 2.5 Premium Allocation

- (a) The following allocation rates will apply for the regular premiums including any increase in amount or advance payment of the regular premiums:

Monthly regular premium* for each Premium Stream	Allocation rate for purchase of Units
1 <sup>st</sup> to 12 <sup>th</sup>	55%
13 <sup>th</sup> to 24 <sup>th</sup>	65%
25 <sup>th</sup> to 36 <sup>th</sup>	75%
37 <sup>th</sup> onwards	100%

*\*or its equivalent if regular premiums are paid annually, bi-annually or quarterly*

- (b) The allocation rate for top-up of premiums will be 100% but subject to our revision at any time.
- (c) If there is any increase in regular premium, the additional regular premium will be treated as a new regular premium stream ("**Premium Stream**") and subject to the same allocation rate as set out in sub-clause (a) above.
- (d) If there is any reduction in regular premium when there is/are one (1) or more Premium Stream(s), then the reduction in regular premium will be reflected in the Premium Stream which commences latest in time.

## 2.6 Premium Holiday

- (a) You are allowed the Grace Period to pay your regular premiums. If any premium due is not paid after the expiry of the Grace Period, this Policy is considered to have entered into a premium holiday ("**Premium Holiday**").
- (b) If the Insured dies (Accidental Death or otherwise), becomes Totally and Permanently Disabled or suffers from and is diagnosed with any Dread Diseases ("**Event**") during the Premium Holiday, the amount of Benefits payable for any Event will be the same and subject to the same terms and conditions as set out in Clause 1 ("**Full Cover**") provided that:
- (i) to enjoy the Full Cover for the first Premium Holiday, a minimum aggregate amount of thirty six (36) months of regular premiums (or its equivalent if regular premiums are paid annually, bi-annually or quarterly) must have been paid consecutively on the premium due dates prior to the commencement of the Premium Holiday. To enjoy Full Cover during any subsequent Premium Holiday(s), a minimum aggregate amount of thirty six (36) months of regular premiums (or its equivalent if regular premiums are paid annually, bi-annually or

quarterly) must have been paid of which at least twelve (12) months of regular premiums (or its equivalent if regular premiums are paid annually, bi-annually or quarterly) must have been paid consecutively on the premium due dates prior to the commencement of the Premium Holiday; and

- (ii) the period of any Full Cover shall not exceed twenty-four (24) months. If the Event occurs anytime after twenty-four (24) months, the amount of Benefits payable for any Event will be equal to the Cash-in Value, less any loan or debt.
- (c) For the avoidance of doubt:
- (i) if the conditions under sub-clause (b) are not satisfied and the Event occurs during any Premium Holiday, the amount of Benefits payable for any Event will be equal to the Cash-in Value, less any loan or debt;
  - (ii) any fee, charges and expenses payable under this Policy will continue to be payable and paid during any Premium Holiday; and
  - (iii) any Premium Holiday will terminate upon resumption of payment of the regular premiums.

#### **2.6A Resumption of Regular Premium**

If no application in writing has been made to us prior to the start of the Premium Holiday or the application is made after the start of the Premium Holiday, then, if the Insured suffers from or is diagnosed with any Medical Conditions (as set out in Clause 1.3(b)) during the Premium Holiday or within three (3) months of the termination of the Premium Holiday or the Insured dies by his or her own hands, whether sane or insane, within one (1) year of the termination of the Premium Holiday, the amount of Benefits payable for any Event that occurs after the Premium Holiday will be equal to the Cash-in Value, less any loan or debt.

#### **2.7 Retrenchment Benefit**

- (a) If any Event occurs while Policyholder is Retrenched and remains involuntarily unemployed for a period of three (3) consecutive months following the date of Retrenchment, the amount of Benefits payable for any Event will be the same and subject to the same terms and conditions as set out in Clause 1 ("**Full Cover**") even if no regular premium is paid and if the Policyholder chooses to surrender this Policy, the deductions as set out in Clause 4.1(a) will not be applied to the surrender proceeds.

- (b) This Benefit is applicable subject to the following:
- (i) this Policy is in force and regular premiums have been paid for at least six (6) months (or its equivalent if regular premiums are paid annually, bi-annually or quarterly);
  - (ii) the Retrenchment must happen after six (6) months from the Date of Issue of this Policy or the effective date of any increase in the amount of the Benefits payable under this Policy, whichever is applicable;
  - (iii) this Benefit is given for a period not exceeding twenty-four (24) months (***“Maximum Retrenchment Benefit Period”***); and
  - (iv) the Policyholder will bear all costs and expenses in providing us with any satisfactory proof, supporting documents and assistance which we may require or deem necessary regarding the Policyholder’s claim for this Benefit.
- (c) This Benefit will not be applicable if the Retrenchment arises directly or indirectly, wholly or partly from any of the following:
- (i) the Policyholder’s retirement, non-confirmation of probation, resignation or dismissal;
  - (ii) the Policyholder’s nervous breakdown, stress, burnout, disability, illness or on medical grounds;
  - (iii) labour disputes such as strikes and lock-outs;
  - (iv) if the Policyholder is employed on contractual basis, the expiry of the contract term;
  - (v) if the Policyholder has actual or constructive knowledge of any staff reduction programme announced or of impending unemployment prior to the Policy Entry Date or the effective date of any increase in the amount of the Benefits payable under this Policy;
  - (vi) if the Policyholder has been employed for less than six (6) months with the new Employer; or
  - (vii) if the Policyholder makes a claim or is retrenched within six (6) months from the Date of Issue of this Policy or the effective date of any increase in the amount of the Benefits payable under this Policy, whichever is applicable.

- (d) This Benefit will immediately cease to apply on the date the Policyholder is offered or commences Permanent and Gainful Employment or upon expiry of the Maximum Retrenchment Benefit Period, whichever is the earlier. In such event, if the regular premiums are not paid on the premium due dates and any Event occurs, the amount of Benefits payable for any Event will be equal to the Cash-in Value, less any loan or debt.
- (e) For the purposes of this clause 2.7, “month” shall mean a period extending from a date in the calendar month of Retrenchment to the day preceding the corresponding date in the following month, and to such day preceding the corresponding date in the successive months, as the case may be.

### **3. INVESTMENT-LINKED FUND**

#### **3.1 Policy Account**

All premiums received will be credited to and all withdrawals will be debited from your account under this Policy (“**Policy Account**”), and the balance of the monies in the Policy Account will be invested, subject to Clause 3.2, by purchasing the Units in the Funds at the prevailing Offer Price of the Units.

#### **3.2 Investment-Linked Funds**

- (a) You shall choose and specify in writing to us to invest in any of the investment-linked funds offered under this Policy (“**Funds**”), subject to terms and conditions as determined by us from time to time.
- (b) Once the Funds and allocations are specified, unless you inform us otherwise in writing, you are deemed to have unconditionally and irrevocably authorised us to invest your premiums paid in the specified Funds according to your specified allocations provided that the premium amount that is allocated into each Fund will be subject to such minimum amount as prescribed by us at the prevailing time.
- (c) The Funds will be divided into units (“**Units**”) representing equal shares in the assets of the respective Funds. We shall credit all receipts and income and debit all withdrawals relating to this Policy to the Policy Account.

#### **3.3 Pricing Basis**

- (a) The bid price of each Unit (“**Bid Price**”) shall be calculated on a daily basis or at such other intervals determined by us based on forward pricing. The Bid Price of each Unit

shall be calculated by dividing the total value of the Fund(s), as determined by us, by the total amount of Units in the respective Fund(s).

- (b) In determining the value of the Fund(s), the investments and other assets of the Fund(s) shall be valued in accordance with the Insurance Regulations prevailing at that time. Due allowance shall be made for the expenses charged to the Fund(s), specified under Clause 6, and for any liability of the Fund(s) such as capital gains tax, capital levy or any other taxes.

Offer Price means the price at which the Policyholder purchases the Units of the Fund.

- (c) The buying and selling prices of the Units can be found on NTUC Income's website and major newspapers in Singapore. The dealing days to which such prices apply can be found on NTUC Income's website.

### **3.4 Reinvestment of Distributions**

- (a) Distributions may be declared and paid from certain Fund(s) according to such terms and conditions as determined by us from time to time. The distributions are paid from such Fund(s) if they are specified by you pursuant to Clause 3.2, and not under this Policy.
- (b) You will be entitled to the distributions only if this Policy is in force and the Units of such Fund(s) have been allocated to and are held in your Policy Account on the declaration date as specified in sub-clause (c) below. The amount of distributions will be based on the number of Units of such Fund(s) which are held in your Policy Account on the declaration date as specified in sub-clause (c) below.
- (c) The specific dates relating to the announcement, declaration and payout of the distributions are set out in the Semi annual Fund Report or Annual Fund Report (or their equivalent) ("**Fund Report**") found on NTUC Income's website.
- (d) The default option for any distributions is to reinvest them in the respective Fund(s) from which such distributions are paid unless specified otherwise by you in writing at least 30 days before the declaration date as set out in the Fund Report but any amount of distributions below S\$50 (such amount is subject to change) will be reinvested and encashment is not allowed.
- (e) Any distributions from Fund(s) which Units are purchased using CPFIS or SRS monies will be reinvested and will not be paid into the Policyholder's CPFIS Account or SRS Account.

- (f) In the event of reinvestment, the Units will be purchased based on the Bid Price (unless specified otherwise by us) on the payout date as set out in the Fund Report.
- (g) Distributions (including the amount and frequency of distributions) are given as determined by us and we do not guarantee that any distribution will be made. If any distribution is made, it should not be construed, interpreted nor deemed to be a forecast, indication or projection of the future performance (including the amount and frequency of distribution) of the Fund(s).

### **3.5 Dealing Deadlines**

- (a) All transactions submitted and premiums received by us by 3pm Singapore time, subject to revision at any time, ("**Cut Off Time**"), each day will be executed based on the prices of the Units valued for that day. For transactions submitted on a non-working day (i.e. Saturday, Sunday or public holiday), the execution will be based on the prices valued for the following working day.
- (b) If premiums are received after the Cut-Off Time, the transaction will be effected and based on the prices valued on the following working day.

### **3.6 Fund Switching**

- (a) Subject to sub-clause (c) below and any conditions which we may impose, you may change your investment in any or all of your existing Fund(s) to any other investment-linked Fund(s) offered under this Policy provided that you give us prior written notice of your intention, together with specified allocations, on the fund switch.
- (b) The fund switch will be done on a bid-to-bid basis, and transacted based on the dealing deadlines as specified in Clause 3.5.
- (c) We reserve the right to at any time to terminate or suspend this fund switch option, or reject any fund switches if the fund switch amount falls below the prevailing minimum amount as prescribed by us.
- (d) There is no fee imposed for the fund switch, but we reserve the right to charge the fee at any time.

## **4. SURRENDERS AND WITHDRAWALS**

### **4.1 Full Surrender**

- (a) At any time while this Policy is in force and subject to such conditions as we may

determine, this Policy may be fully surrendered, and we will pay the Cash-in Value less any debt or loan. If less than an aggregate amount of sixty-one (61) months of regular premiums (or its equivalent if the regular premiums are paid annually, bi-annually, or quarterly) has been paid for a Premium Stream, the Cash-in Value will be subject further to the following deductions:

<b>Monthly premiums paid for each Premium Stream*</b>	<b>Deductions</b>
Less than 13 months	25% of the Annualised Premiums of a Premium Stream
13 to 24 months	20% of the Annualised Premiums of a Premium Stream
25 to 36 months	15% of the Annualised Premiums of a Premium Stream
37 to 48 months	10% of the Annualised Premiums of a Premium Stream
49 to 60 months	5% of the Annualised Premiums of a Premium Stream

*\*or its equivalent if the regular premiums are paid annually, bi-annually or quarterly*

- (b) Where there are more than one (1) Premium Streams, only the Cash-in Value of the Premium Stream(s) where less than an aggregate amount of sixty-one (61) months of regular premiums (or its equivalent if the regular premiums are paid annually, bi-annually, or quarterly) has been paid will be subject to the deductions as set out under sub-clause (a) above.

#### **4.2 Partial Withdrawals**

- (a) At any time while this Policy is in force, subject to such conditions as we may determine, this Policy may be partially surrendered provided that after withdrawal, the remaining Cash-in Value must not be less than such minimum amount (at Policy level and Fund level) as prescribed by us at the prevailing time.
- (b) The partial surrender shall have the effect of reducing the number of Units credited to your Policy Account and the amount of the Cash-in Value and the amount of the Basic Benefit will be reduced according to a formula as determined by us.

#### **5. POLICY FEE AND CHARGES**

So long as this Policy is in force, an annual policy fee of S\$150 for the first policy year and S\$60 for subsequent policy years (such amounts are subject to change) is payable and deducted via cancellation of Units at the Bid Price. In addition to the annual policy fee, we may impose any other additional fees, charges and expenses under this Policy as determined by us.

## **6 EXPENSES CHARGED TO THE FUND(S)**

The following expenses will be charged to the Fund(s):

- (a) all direct expenses related to the purchase, sale and valuation of the investments of the Fund(s); and
- (b) an annual management fee as determined from time to time, which shall not exceed 2.0% of the balance of the Fund(s).

## **7. POLICY TERMINATION**

- (a) This Policy is deemed to be cancelled from the inception if we do not receive the first regular premium within 30 days from the Date of Issue of this Policy.
- (b) If your Policy Account falls to zero after deduction of any loan or debt, this Policy will be automatically terminated.

## **8. GENERAL PROVISIONS**

### **8.1 Incontestability**

After one year from the Date of Issue of this Policy, this Policy shall be incontestable except for fraud or non-payment of premiums.

### **8.2 Residence, Travel and Occupation**

No restrictions are placed upon the Insured with regard to residence, travel and occupation, except as provided in any Endorsement to this Policy issued by us.

### **8.3 Suicide**

If the Insured dies by his or her own hands whether sane or insane, within one year from the Date of Issue of this Policy, we will pay the Cash-in Value.

### **8.4 Admission of Age**

If the date of birth was incorrectly stated in the proposal form, then the amount of the Benefits payable under this Policy shall be adjusted based on the correct date of birth.

## **8.5 Loans**

- (a) Loan on the security of this Policy may be granted as determined by us and subject to such terms and conditions as determined by us from time to time. All such loans and interest thereon will be a first charge on this Policy and will be deducted from any amount payable under this Policy. If at any time the amount of such loans and interests, together with any debts, exceed the value of the Units standing to the credit of this Policy, this Policy shall automatically cease.
- (b) Repayments in whole or in parts may be made at any time. We shall charge interest on the loan amount and the interest charged shall be based on the rate agreed at the time the loan is taken. We may change the interest rate at any time and, if any change is made, we shall provide one month's notice about such change.

## **8.6 Assignment**

We shall not be bound by any assignment of this Policy unless we are notified of the assignment in writing and have endorsed this Policy accordingly.

## **8.7 Arbitration**

Any dispute arising out of or in connection with this Policy, including any question regarding its existence, validity or termination, shall be referred to and finally resolved by arbitration in Singapore in accordance with the Arbitration Rules of the Singapore International Arbitration Centre for the time being in force, which rules are deemed to be incorporated by reference in this Clause 8.7.

## **8.8 Exclusion of Third Party Rights**

A person who is not party to this Policy shall have no right under the Contracts (Rights of Third Parties) Act (Chapter 53B) to enforce any of its terms.

## **9. PREMIUM THROUGH CPFIS OR SRS**

If this Policy is subject to the provisions of the Central Provident Fund Investment Scheme (CPFIS), or Supplementary Retirement Scheme (SRS) regulations, the following clauses shall apply:

- (a) no assignment or loan is allowed;

- (b) this Policy may be cancelled by written request to us within 14 days from receipt of the Policy Document. The Free Look Provision refund will be paid into the Policyholder's CPFIS Account or SRS Account, whichever is applicable.
- (c) if this Policy is partially or totally surrendered then the surrender proceeds will be paid into the Policyholder's CPFIS Account or SRS Account.
- (d) in the event of Total and Permanent Disability or Dread Diseases, we will pay the amount of Benefits payable to the Policyholder's CPFIS Account or SRS Account.
- (e) upon the death of the Insured during the term of this Policy, we will pay the amount of the Benefit payable for death to the nominee(s) under this Policy, less any applicable tax payable on the proceeds where the Insured was a Singapore Permanent Resident or a foreigner.
- (f) in the event that the premium is not received from the Central Provident Fund or Supplementary Retirement Scheme Operator within 30 days from the Date of Issue of this Policy, we reserve the right to cancel this Policy.

#### **10. SPECIAL CIRCUMSTANCES**

- (a) If we deem it necessary to realise the investments of any or all of the Funds in order to meet payments in respect of surrenders and if it is in the best interest of policyholders for us to delay making payments, we shall be entitled to calculate the Bid Price of the Units to be surrendered on a date not later than thirty days from receipt of a written notice requesting surrender. In such event, we will make payment only on the day following such date.
- (b) If at any time during the term of this Policy as a result of any law, legislation or otherwise it becomes impossible or impractical for us to carry out any of the above procedures, then we shall have the right to adjust the basis of calculating the Units, which in our opinion satisfies the principles governing these provisions.
- (c) If we deem it necessary as being in the best interest of the policyholders to change any of the terms in this Policy we shall be entitled to do so by notifying you.
- (d) We reserve the right to create new funds, or close (by expiry or otherwise) or merge any of the Funds if we deem it necessary as being in the best interest of policyholders, by giving you sufficient prior notice.
- (e) Upon closure (by expiry or otherwise) of any Fund(s), unless you inform us otherwise in writing, we will reinvest the Cash-in Value in any of our Fund(s) with investment

objectives similar to the Fund(s) which have been closed.

- (f) We reserve the right to suspend dealings/valuation at any time during the term of this Policy as a result of any law, legislation or otherwise, or when circumstances exist as a result of which in the opinion of the fund manager it is not reasonably practical for the dealings/valuation to be carried out.
- (g) The management of the Funds, the selection of respective investments of the Funds and fund managers will be determined by us. We reserve the right to change and determine the investment objectives, focus and approach and fund managers of any Funds.

## 11. DEFINITIONS

**“We, us, our or NTUC Income”** means NTUC Income Insurance Co-operative Limited.

**“Act of Terrorism”** means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put public, or any section of the public, in fear.

**“Annualised Premium”** means the regular premiums payable in one policy year under this Policy for each and every Premium Stream.

**“Cash-in Value”** means the value of the Units in your Policy Account calculated at the Bid Price prevailing at the date on which a written notice of death, Total and Permanent Disability, Accidental Death or Dread Disease or surrender (partial or full), as the case may be, is received by us, and payment of the Cash-in Value of the Units may be deferred to the valuation date immediately following the date of receipt of such notice.

**“Employer”** means any person, company, association, club, society or body of persons, whether or not incorporated, that is formed, incorporated or registered in Singapore, by whom an employee is employed, and, includes the Government and any statutory body or authority in Singapore.

**“Permanent and Gainful Employment”** means the entering into any contract of service with any person, company, association, club, society, body of persons, government or statutory body or authority, whether in Singapore or overseas, in writing or oral, express or implied, whereby you agree to serve as an employee, including an apprenticeship contract or agreement, or being Self-employed.

**“Registered Medical Practitioner”** means a doctor qualified by degree in western medicine who is legally licensed in Singapore or have the qualifications recognised by the Singapore Medical Council.

**“Restricted Activity”** means any of the below activities:

- (a) Duties as firemen, policemen, armed security guards, air crew, ship crew, marine salvage crew, oil riggers, stevedores, involving the handling of explosives;
- (b) Naval, military or airforce training and exercises for, including duties as, national servicemen, reservists, full time and regular servicemen during peacetime; or
- (c) Motor cycling, rock climbing, mountaineering, any underwater activities involving the use of underwater breathing apparatus, racing other than on foot, professional sports, ice or winter sports, water skiing, power boating, hunting, polo, show jumping, martial arts.

**“Retrenched / Retrenchment”** means being terminated from or termination of service by your Employer on grounds of redundancy or by reason of any reorganization of your Employer’s profession, business, trade or work.

## **ENDORSEMENT E020**

### **BENEFIT FOR DREAD DISEASE**

- (a) We will pay this Benefit if the Insured suffers from and is diagnosed with any of the Dread Diseases listed below.
- (b) The Insured must provide adequate medical evidence to our satisfaction and must be prepared to undergo a medical examination by a doctor appointed by us. Every diagnosis of any of the below Dread Diseases must be supported by acceptable clinical, radiological, histological and laboratory evidence and confirmed by a Registered Medical Practitioner.
- (c) This Benefit will not be payable if the Dread Disease is caused by any of the following :
  - (i) Self inflicted injury or illness;
  - (ii) Wilful misuse of drugs and/or alcohol;
  - (iii) An episode of coronary artery or ischaemic heart disease that occurred before the Date of Issue of this Policy;
  - (iv) Acquired Immunodeficiency Syndrome (AIDS), AIDS related complex or infection by Human Immunodeficiency Virus (HIV).
- (d) This Benefit will not be payable in respect of a claim for Dread Disease arising from Major Cancer or Heart Attack if the initial diagnosis is made within three months from the Date of Issue of this Policy or the effective date of any increase in the amount of this Benefit, whichever is applicable.
- (e) This Benefit will not be payable in respect of a claim for Dread Disease arising from Coronary Artery By-pass Surgery or Angioplasty & Other Invasive Treatment for Coronary Artery if a recommendation for the same is made by consultant cardiologist within three months from the Date of Issue of this Policy or the effective date of any increase in amount of this Benefit, whichever is applicable.
- (f) The Insured must notify us as soon as an initial diagnosis of a Dread Disease is made but no later than 6 months from the date when this diagnosis is made. If such notice is given to us later than 6 months from the date the initial diagnosis is made, we will not pay any amount for this Benefit.

- (g) If the Total and Permanent Disability Benefit is being paid under this Policy and the Insured suffers from and is diagnosed with any of the Dread Diseases, we will immediately pay any balance of the Total and Permanent Disability Benefit.
- (h) It is hereby declared that the following shall be defined as Dread Diseases for the purpose of this Policy:

### **1 Major Cancers**

A malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. This diagnosis must be supported by histological evidence of malignancy and confirmed by an oncologist or pathologist.

The following are excluded:

- Tumours showing the malignant changes of carcinoma-in-situ and tumours which are histologically described as pre-malignant or non-invasive, including, but not limited to: Carcinoma-in-Situ of the Breasts, Cervical Dysplasia CIN-1, CIN-2 and CIN-3;
- Hyperkeratoses, basal cell and squamous skin cancers, and melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3, unless there is evidence of metastases;
- Prostate cancers histologically described as TNM Classification T1a or T1b or Prostate cancers of another equivalent or lesser classification, T1N0M0 Papillary micro-carcinoma of the Thyroid less than 1 cm in diameter, Papillary micro-carcinoma of the Bladder, and Chronic Lymphocytic Leukaemia less than RAI Stage 3; and
- All tumours in the presence of HIV infection.

### **2 Heart Attack**

Death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. This diagnosis must be supported by three or more of the following five criteria which are consistent with a new heart attack:

- History of typical chest pain;
- New electrocardiogram (ECG) changes proving infarction;
- Diagnostic elevation of cardiac enzyme CK-MB;
- Diagnostic elevation of Troponin (T or I);
- Left ventricular ejection fraction less than 50% measured 3 months or more after the event.

### **3 Stroke**

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

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

The following are excluded:

- Transient Ischaemic Attacks;
- Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
- Vascular disease affecting the eye or optic nerve; and
- Ischaemic disorders of the vestibular system.

### **4 Coronary Artery By-pass Surgery**

The actual undergoing of open-chest surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

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

### **5 Kidney Failure**

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

### **6 Aplastic Anaemia**

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

- Blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist.

## **7 Blindness (Loss of Sight)**

Total and irreversible loss of sight in both eyes as a result of illness or accident. The blindness must be confirmed by an ophthalmologist.

## **8 End Stage Lung Disease**

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

- FEV1 test results which are consistently less than 1 litre;
- Permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO<sub>2</sub>=55mmHg); and
- Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

## **9 End Stage Liver Failure**

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

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

Liver disease secondary to alcohol or drug abuse is excluded.

## **10 Coma**

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

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

Coma resulting directly from alcohol or drug abuse is excluded.

## **11 Deafness (Loss of Hearing)**

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

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

## **12 Heart Valve Surgery**

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

## **13 Loss of Speech**

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

All psychiatric related causes are excluded.

## **14 Major Burns**

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Insured’s body.

## **15 Major Organ /Bone Marrow Transplantation**

The receipt of a transplant of:

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

Other stem cell transplants are excluded.

## **16 Multiple Sclerosis**

The definite occurrence of Multiple Sclerosis. The diagnosis must be supported by all of the following:

- Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis;
- Multiple neurological deficits which occurred over a continuous period of at least 6 months; and
- Well documented history of exacerbations and remissions of said symptoms or neurological deficits.

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

## **17 Muscular Dystrophy**

A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist. The condition must result in the inability of the Insured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living:

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

## **18 Paralysis (Loss of Use of Limbs)**

Total and irreversible loss of use of at least 2 entire limbs due to injury or disease. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

## **19 Parkinson's Disease**

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

- The disease cannot be controlled with medication;
- Signs of progressive impairment; and
- Inability of the Insured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living:

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

Drug-induced or toxic causes of Parkinsonism are excluded.

## **20 Surgery to Aorta**

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

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

## **21 Alzheimer's Disease / Severe Dementia**

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

The following are excluded:

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

## **22 Fulminant Hepatitis**

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

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

## **23 Motor Neurone Disease**

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

## **24 Primary Pulmonary Hypertension**

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

The NYHA Classification of Cardiac Impairment (Source: "Current Medical Diagnosis & Treatment - 39th Edition"):

Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.

Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.

Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

## **25 Terminal Illness**

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

Terminal illness in the presence of HIV infection is excluded.

## **26 HIV Due to Blood Transfusion and Occupationally Acquired HIV**

(a) Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:

- The blood transfusion was medically necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore after the Date of Issue of this Policy or date of endorsement of this Policy, whichever is the later;
- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and
- The Insured does not suffer from Thalassaemia Major or Haemophilia.

(b) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Date of Issue of this Policy or date of endorsement of this Policy, whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to our satisfaction:

- Proof of the accident giving rise to the infection must be reported to us within 30 days of the accident taking place;
- Proof that the accident involved a definite source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

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

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

## **27 Benign Brain Tumor**

A benign tumour in the brain where all of the following conditions are met:

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

The following are excluded:

- Cysts;
- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland or spinal cord.

## **28 Encephalitis**

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.

Encephalitis caused by HIV infection is excluded.

## **29 Angioplasty & Other Invasive Treatment For Coronary Artery**

The Limited Advance Payment benefit equal to 10% of the Lump Sum Advance Payment subject to a S\$25,000 maximum shall be paid if the Insured actually undergoes balloon angioplasty or similar intra arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.

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

This benefit shall cease upon payment of one Limited Advance Payment.

Diagnostic angiography is excluded.

## **30 Bacterial Meningitis**

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

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

Bacterial Meningitis in the presence of HIV infection is excluded.