

Product Summary

MyShield A Medisave-Approved Integrated Medical Insurance



1. Product Information

MyShield is a Medisave-Approved Integrated Medical Expense insurance plan that can be purchased using CPF Medisave. It covers eligible inpatient and outpatient expenses as a result of any Illness or Accident subject to the limits as set out in the Benefits Schedule shown below depending on the plan You have chosen.

Any Insured Person of MyShield is also insured under MediShield operated by the Central Provident Fund Board (CPF) which is governed by the Central Provident Fund Act (Chapter 36) and Central Provident Fund (MediShield Scheme) Regulations provided he/she meets the eligibility criteria. The Insured Person shall enjoy all benefits of MediShield and shall be compensated based on the higher of benefits under the Enhancement Plan or MediShield as well as any premium discount if he/she satisfies the eligibility criteria.

Benefits Schedule (All amount in S\$)			
	MyShield		
	Plan 1	Plan 2	Plan 3 ¹
Hospital Ward Type	Any Private Ward	Any Government/ Restructured Ward	B1 Government/ Restructured Ward
Inpatient Benefits	As charged		
Daily Room & Board			
Intensive Care Unit			
Hospital Miscellaneous Services (including surgical implants and approved medical consummables)			
Surgical Benefits (including Radiosurgery ² & day surgery)			
Surgical Benefits for Major Organ Transplant (including cost of procuring organs from cadaveric donor)			
Accident Inpatient Dental Treatment (within 14 days following Accident)			
Daily In-Hospital Doctor's Visit			
Pre-Hospital Specialist's Consultation (within 90 days prior to admission)			
Pre-Hospital Diagnostic and Laboratory Services (within 90 days prior to admission)			
Post-Hospital Follow-up Treatment (within 90 days after discharge)			
Confinement in Community Hospital (Up to 45 days per Policy Year)			
Inpatient Congenital Anomalies (after waiting period of 24 months)			
Inpatient Pregnancy Complications (after waiting period of 10 months)			
Living Donor Organ Transplant (per Lifetime) (after waiting period of 24 months)	\$50,000	\$30,000	\$20,000
Outpatient Catastrophic Treatments	\$1,000		
Outpatient Kidney Dialysis (including Erythropoietin drug as part of the treatment for chronic renal failure)			
Outpatient Cancer Treatment: Radiotherapy/ Chemotherapy/ Immunotherapy			
Major Organ Transplant - Approved Immunosuppressant Drugs (including Cyclosporin and Tacrolimus)			
Final Expenses Benefit ³	\$1,000		
Special Benefits			
Extra Inpatient Coverage for Heart Attack, Major Cancer, Stroke, End Stage Lung Disease and End Stage Liver Disease (per Policy Year)	\$150,000	\$100,000	\$50,000
Inpatient Psychiatric Treatment (after 10 months of continuous coverage) (per Policy Year)	As charged up to 60 days	As charged up to 45 days	N.A.
Free Coverage for Child(ren) (under Plan 2 for children up to 20 years old at age next birthday provided both parents take up either Plan 1 or 2)	Yes	Yes	N.A.

Benefits Schedule (All amount in S\$)			
	MyShield		
	Plan 1	Plan 2	Plan 3 ¹
Hospital Ward Type	Any Private Ward	Any Government/ Restructured Ward	B1 Government/ Restructured Ward
Inpatient Medical Complaint outside Singapore	As charged (pegged to costs of Singapore Private Hospitals)	As charged (pegged to costs of Singapore Restructured Hospitals)	As charged (pegged to costs of B1 ward of Singapore Restructured Hospitals)
Pro-ration Factor			
Private Hospital/ Medical Institutions and Hospitals outside Singapore	N.A.	65% ⁴	50% ⁵
Restructured Hospitals - Class A	N.A.	N.A.	85% ⁵
Unsubsidised wards in Community Hospitals	N.A.	N.A.	85% ⁶
Annual Deductible⁷ for Insured Persons 80 years old and below at age next birthday			
Inpatient			
C Class Ward	\$1,000	\$1,000	\$1,000
B2 Class Ward	\$1,500	\$1,500	\$1,500
B1 Class Ward	\$2,000	\$2,000	\$2,000
A1 Class Ward/ Private Hospital and Hospitals outside Singapore	\$3,000	\$3,000	\$3,000
Day Surgery	\$3,000	\$3,000	\$2,000
Co-Insurance (applicable to claimable amount after deductible)	10% Maximum \$25,500 per Policy Year		
Maximum Claim Limits:			
Policy Year Limit	\$500,000	\$300,000	\$150,000
Lifetime Limit	Unlimited	Unlimited	Unlimited
Age Limits (Age Next Birthday)			
Last Entry Age	75 years old	75 years old	75 years old
Maximum Coverage Age	Lifetime	Lifetime	Lifetime

¹ For Singapore Citizens only.
² Radiosurgery includes Gamma Knife & Novalis Treatment which can be performed as an Inpatient or day surgery procedure. The applicable Annual Deductible and Pro-ration Factor for Radiosurgery will depend on its classification as an Inpatient or day surgery procedure.
³ Final Expenses Benefit is a waiver of Annual Deductible and Co-Insurance amounts, up to the limit stated, upon death occurring during hospitalisation or within 30 days of discharge of the hospitalisation and provided death occurs as a result of the cause of the hospitalisation.
⁴ Pro-ration Factor is applied to reduce overseas/ higher class wards/ private hospital bills to Singapore Restructured Hospital equivalent in the claims computation of Plan 2. This is not applicable to Outpatient Catastrophic Treatments.
⁵ Pro-ration Factor is applied to reduce overseas/ higher class wards/ private hospital bills to B1 Restructured Hospital equivalent in the claims computation of Plan 3. This is not applicable to Outpatient Catastrophic Treatments and day surgery carried out in a Singapore Restructured Hospital.
⁶ Pro-ration Factor is applied to reduce the unsubsidised hospital charges to equivalent subsidised charges in a Community Hospital.
⁷ Annual deductible will be increased by 50% for any Insured Person above 80 years old at age next birthday.

2. This portion contains important information to explain how We underwrite Your Policy.

You may choose from two underwriting options – the Full Medical Underwriting Option or the Moratorium Underwriting Option.

For the Full Medical Underwriting Option, You have to complete a medical history declaration fully disclosing the Insured Person's medical history which existed before the date of application for the Policy, including any Pre-Existing Condition, if any.

For the Moratorium Underwriting Option, We will not ask You to give details of the Insured Person's medical history. Instead, We will not cover any Pre-Existing Condition that existed prior to the commencement of cover of MyShield.

Please refer to "5) Key Product Provisions – (a) Exclusions" for more information.

Any new, unexpected eligible conditions arising after the start of the Insured Person's cover will be covered immediately, subject to the terms and conditions of the Policy.

Important Notice

We strongly advise that You do not delay receiving medical advice and/or treatment when deemed necessary.

3. Premium Rates

The premium payable is based on an Insured Person's age next birthday at the Policy Commencement Date and will increase when he/she enters into the next age band. You may withdraw up to:

- (a) \$800 (for Insured Persons below 81 years old at age next birthday) per Insured Person per year, or
- (b) \$1,150 (for Insured Persons 81 years old and above at age next birthday) per Insured Person per year

from Your Medisave Account to pay for the premium. Any premium in excess of the applicable annual Medisave withdrawal limit has to be paid by cash.

Annual Premium per person in Singapore Dollars (inclusive of 7% GST) (Premium rates are non-guaranteed)							
Age Next Birthday	Plan 1	Plan 2	Plan 3	Age Next Birthday	Plan 1	Plan 2	Plan 3
1 to 30	\$158.55	\$109.61	\$89.80	76 to 78*	\$4,123.03	\$3,064.65	\$2,352.96
31 to 40	\$241.28	\$156.50	\$127.49	79 to 80*	\$4,123.03	\$3,064.65	\$2,352.96
41 to 45	\$446.70	\$314.05	\$248.85	81 to 83*	\$5,740.15	\$4,174.91	\$3,202.39
46 to 50	\$481.46	\$314.05	\$248.85	84 to 85*	\$5,963.26	\$4,257.34	\$3,251.35
51 to 55	\$717.42	\$531.80	\$409.10	86 to 88*	\$6,096.86	\$4,355.97	\$3,364.08
56 to 60	\$800.00	\$543.57	\$420.66	89 to 90*	\$6,220.16	\$4,443.72	\$3,465.58
61 to 65	\$1,224.97	\$911.42	\$695.55	91 to 93*	\$6,344.59	\$4,532.52	\$3,569.52
66 to 70	\$1,761.06	\$1,315.09	\$996.69	94 to 95*	\$6,471.25	\$4,622.40	\$3,677.14
71 to 73	\$2,525.23	\$1,887.22	\$1,437.78	96 to 98*	\$6,601.29	\$4,715.49	\$3,787.19
74 to 75	\$2,964.91	\$2,206.32	\$1,680.20	99 to 100*	\$6,732.44	\$4,810.71	\$3,899.69

* For renewal only

4. Eligibility

- (a) The Proposer must be a Singapore Citizen or Singapore Permanent Resident, 75 years old or below, at age next birthday at the Policy Commencement Date of MyShield and the Proposer must be a member of CPF with a CPF Medisave Account;
- (b) Cover can be extended to the Proposer's eligible dependants who must be 75 years old or below, at age next birthday as at the Policy Commencement Date of MyShield;
- (c) A newborn child from 15 days old or the date of discharge from the Hospital after birth, whichever is later is also eligible for cover;
- (d) Any applicant applying for Plan 3 must be a Singapore Citizen.

5. Key Product Provisions

The following are some key provisions found in the Policy contract of MyShield. This is only a brief summary and You are advised to refer to the actual terms and conditions in the Policy contract. Please consult Your insurance adviser should You require further explanation.

a) Exclusions

There are certain conditions under which no benefit will be payable. These are stated as General Exclusions in the Policy contract. **You are advised to read the Policy contract for the precise terms and conditions of all exclusions.** The following is a simplified list of some of the exclusions applicable under MyShield. It is not exhaustive.

- Pre-Existing Condition means any Injury, Illness, condition or symptom that existed prior to the Effective Date, the date of Upgrade or the date of the last reinstatement, whichever is later:
 - for which treatment, medication, advice, or diagnosis has been sought or received or was foreseeable by You or the Insured Person, or
 - for which an ordinary and prudent person with such Injury, Illness, condition or symptom would have sought advice or treatment in connection with his/her health, or
 - for which You or the Insured Person knew existed, whether or not treatment, or medication, or advice, or diagnosis was sought or received.

Pre-Existing Conditions are excluded under this Policy unless

- (i) if You have chosen the Full Medical Underwriting Option, the Pre-Existing Condition has been declared by You and specifically accepted by Us in writing to be covered under the Policy; or
- (ii) if You have chosen the Moratorium Underwriting Option, during the period of 5 years' continuous insurance from the date of commencement of cover or the date of the last reinstatement or the date of Upgrade, whichever is later, under the Policy, the Insured Person has not, in relation to a Pre-Existing Condition:
 - experienced symptoms; or
 - sought advice or tests from a Physician, a Specialist or Alternative Medicine Provider (including checkups for that Pre-Existing Condition); or
 - required treatment or medication; or
 - received treatment or medication

in which case, We will cover that Pre-Existing Condition under the Policy. This 5-year period is known as the Moratorium. If an Insured Person has experienced any of the above during the Moratorium period, then that particular Pre-Existing Condition shall be permanently excluded from the Policy.

For the avoidance of doubt, the Moratorium will not apply to the following list of Pre-Existing Conditions and these Pre-Existing Conditions shall be permanently excluded under the Policy if You have selected Moratorium Underwriting:

- Heart attack, heart bypass, angioplasty
 - Chronic obstructive lung disease, chronic cor pulmonale, pulmonary hypertension
 - Stroke
 - Liver cirrhosis
 - Paralysis
 - Osteoporosis
 - AIDS or HIV infection
 - Thalassaemia Intermediate/ major
 - Diabetes with complications such as protein in urine or eye problem
 - Kidney failure
 - Organ transplantation
 - Systemic lupus erythematosus (SLE)
 - Muscular dystrophy
 - Multiple sclerosis
 - Alzheimer's disease
 - Dementia
 - Any form of Cancer (other than skin cancer)
 - Autism
- Entire period of hospitalisation if admission to Hospital is before the Policy Commencement Date;
 - Overseas medical treatment other than Inpatient Medical Complaint outside Singapore as covered under MyShield;
 - Any transport trips to obtain medical treatment;
 - Private nursing charges/services;
 - Routine medical examination or check-ups, elective cosmetic treatments, vaccination;
 - Congenital anomalies or birth defects, hereditary conditions except as provided for and covered under Inpatient Congenital Anomalies benefit under MyShield;
 - Pregnancy or childbirth, except as provided for and covered under Inpatient Pregnancy Complications benefit under MyShield; self-inflicted injuries, suicide, abuse of alcohol, drug addiction;
 - Sexually transmitted diseases and any treatment or test in connection with Human Immunodeficiency Virus (HIV) Infection and all 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.;
 - Hazardous sports or activity;
 - War and terrorism;
 - Mental Illness or personality disorder except as provided for and covered under Inpatient Psychiatric Treatment benefit under MyShield;
 - Experimental or pioneering medical and surgical techniques not commonly available or not approved by MOH.

b) Pro-ration Factor, Annual Deductible and Co-Insurance

The actual benefit payable will be subjected to the following factors as specified in the Benefit Schedule:

- **Pro-ration Factor:** If an Insured Person is admitted to a ward higher than what he/she is entitled to under the plan he/she has chosen, or received Inpatient treatment outside Singapore, the Pro-ration Factor (if applicable), which is expressed as a percentage, will be applied to the actual charges incurred and covered under the Policy, including charges in respect of Pre-Hospital and Post-Hospital Treatment received in connection with hospitalisation, or the Reasonable and Customary Charges for equivalent medical treatment in any Singapore private Hospital or at the Singapore General Hospital, depending on the Plan covered, whichever is lower.
- **Annual Deductible:** Before a claim is payable by Us, an Insured Person has to pay the Annual Deductible which is the accumulative total amount of covered expenses incurred by him/her during any one Policy Year. Any covered expenses incurred under Outpatient Catastrophic Treatment are not subject to the Annual Deductible.
- **Co-Insurance:** In the event a claim is payable by Us, an Insured Person has to pay the amount of Co-Insurance up to the maximum amount as stated in the Benefits Schedule. The amount payable by him/her is obtained by multiplying the benefit payable in excess of Annual Deductible with a fixed percentage as stated in the Benefits Schedule.

c) Non-Guaranteed Premium

Premium Rates payable under MyShield are not guaranteed and may be increased on the Policy renewal date based on the claims experience of the portfolio.

d) Renewal

MyShield is automatically renewed for a further period of 12 months by payment of the renewal premium before the Renewal Date. We may vary the benefits, cover, premium, clauses and conditions to all the Policies under this class of insurance by giving You 30 days' advance notice in writing but will not cancel any individual Policy.

e) Termination Clause

An Insured Person's cover under MyShield will automatically terminate on the date any one of the following events first occurs:

- (i) upon his/her death;
- (ii) on the expiry of the 30-day notice following Your request for Cancellation;
- (iii) non-payment of premium after the Grace Period;
- (iv) failure to refund Us money due to/owing to Us for any prior payment made by Us (if any); or
- (v) upon successful commencement of another Medisave-approved Integrated Shield Plan issued by another insurance company covering the Insured Person.

f) Reinstatement

If MyShield terminates due to non-payment of premium, You may apply to reinstate MyShield within 30 days of the date of notice of Termination by providing Us with satisfactory evidence of insurability at Your expense. All Insured Persons must be 75 years old or below at age next birthday at the date of reinstatement. All outstanding premiums must be received by Us before MyShield can be reinstated. Treatment provided to the Insured Person after the date of Termination and within 30 days of the date of notice of reinstatement will not be covered unless the treatment received as an Inpatient is for Injuries caused by an Accident occurring after the date of notice of reinstatement.

g) Cancellation Clause

You may cancel MyShield by giving Us 30 days' notice in writing. There will be a pro-rated refund based on the number of unused days for the rest of the Policy Year. The cover under MyShield will cease at the requested date of Termination. Cover under the MediShield will continue to remain in force as long as he/she still satisfies the eligibility criteria under MediShield. If You wish to terminate the cover under MediShield, you will have to notify the Central Provident Fund Board separately.

h) Change of Plan

You may change the plan of an Insured Person, subject to Our approval in writing, by giving Us a written notice at least 30 days prior to the Renewal Date of the Policy. This is subject to satisfactory evidence of insurability for each Insured Person at Your Expense for any upgrading of plan before the change can be effected on the Renewal Date.

In the event of an Upgrade whereby the Insured Person fails to satisfy the Moratorium of the upgraded plan, any claim arising from a Pre-Existing Condition after the Upgrade will be assessed under the terms and conditions of the plan prior to the Upgrade.

If such a claim is admissible after having satisfied the Moratorium of the plan prior to the Upgrade, any benefit payout would be limited to the benefits under the plan prior to the Upgrade.

Any Pre-Existing Condition which has been permanently excluded under the Policy as provided in the General Conditions clause of the Policy Contract will remain permanently excluded under the upgraded plan.

i) Last Payer Status

If the Insured Person has other medical insurance, including medical benefits under any employment contract, which makes provision for reimbursement of medical expenses, We shall be the last payer reimbursing the claim. If benefits payable under this Policy has been made to You first before a claim is made under any other medical insurance policies or employee benefits, the other medical insurers or employer will need to reimburse Us their share. You shall provide Us with the full details of such other insurance policies or employee benefits and all relevant documentary proof necessary to make a claim.

For every claim, the total reimbursement to be made should not exceed the expenses actually incurred.

j) Waiting Period

This is applicable to specific benefits under the Policy as set out under the relevant benefit provisions, starting from:

- (i) the date which the benefit first becomes effective under the Policy;
- (ii) the Policy Commencement Date of the Policy;
- (iii) the date of last reinstatement; or
- (iv) the date of Upgrade (applicable to any increased or additional benefit(s)),

whichever is the latest, during which this Policy will not provide for those specific benefits regardless of treatment made necessary by any cause.

k) Full Disclosure

You are required to disclose fully and truthfully all material facts and circumstances to Aviva up to the date full cover is provided in respect of any Insured Person. Otherwise, We can declare the Policy void and avoid all liabilities existing under the Policy contract. If You were previously covered under MediShield or a Medisave-Approved Plan offered by another insurer, only Your cover under MediShield will be reinstated. We will refund You all premiums paid provided You have not made any claim under MyShield.

l) Free Coverage for Child(ren)

We will cover Your children (if any) up to 20 years old at age next birthday for free under Plan 2 if We accept their application in writing and both parents are insured under Plan 1 or 2. You only need to start paying premiums at renewal when Your children reach 21 years old at age next birthday in order to let them enjoy continuous coverage.

m) Aviva's Promise of Service

We wish to provide You with a high standard of one-stop service and to meet any claims covered by this Policy honestly, fairly and promptly. Information on distribution costs will be available at Your request.

Note: This is only product information provided by Us. Full details of the terms, conditions and exceptions of this insurance are provided in the MyShield Policy and will be sent to You upon acceptance by Aviva Ltd. You have a "Free Look" period of two (2) calendar months from the Policy Commencement Date or fourteen (14) days from the date of receipt of the MyShield Policy, whichever is the later. You are assumed to have received the MyShield Policy within seven (7) days after We have sent it by post. Please inform Aviva Ltd in writing within the "Free Look" period if You do not want the MyShield Policy. It will be cancelled from Policy Commencement Date and any premium that You may have paid will be refunded in full after deducting any expenses incurred in assessing the risk under the Policy, as long as no claim has been admitted under the Policy. MyShield is governed by and shall be construed according to the laws of Singapore.

Product Summary

MyShield Plus



1. Product Information

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

Benefits Schedule (All amount in S\$)			
	MyShield Plus		
	Plan 1	Plan 2	Plan 3
Hospital Ward Type	Any Private Ward	Any Government/ Restructured Ward	B1 Government/ Restructured Ward
OPTION A			
1) Co-Insurance Benefit	As incurred under MyShield		
2) Critical Illness Benefit (up to age 65) (per Lifetime)	\$10,000	\$10,000	\$10,000
3) Hospital-related Benefits			
(a) Daily Hospital Cash Benefit^ (per day)	\$300	\$150	\$100
(b) Ambulance Fees/ Transport by Taxi to Hospital (per injury or illness)	\$80	\$80	\$80
(c) Accommodation Benefit for Parent/ Guardian of Insured Child+ (per day)	\$80 Up to 10 days	\$65 Up to 10 days	\$50 Up to 5 days
(d) Post-Hospital Follow-up TCM# Treatment (up to 90 days after discharge) (per visit)	\$45	\$45	\$45
4) Free Coverage for Child(ren)*	Yes	Yes	N.A.
OPTION B			
5) Deductible Benefit	As incurred under MyShield		

^ For admission to government / restructured hospitals of wards lower than that of chosen plan. This excludes day surgery, confinement in Community Hospital and confinement in private Hospital.
+ Insured child refers to the Insured Person who is below 19 years old at age next birthday.
Traditional Chinese Medicine
* Based on benefits under Option A Plan 2, up to 20 years old at age next birthday, provided both parents take up MyShield Plus Plan 1 or 2 and are covered under Option A.

2. Premium Rates

Premium payable is based on an Insured Person's age next birthday at the Policy Commencement Date and will increase when he/she enters into the next age band. The Plan chosen must be the same as MyShield and premium must be paid by cash. If the plan of any Insured Person is different from the plan insured under MyShield, and the premium paid as a result is insufficient, We will collect the shortfall in premiums in cash or deduct from any claim payable under this Policy. Premium rates are not guaranteed and may increase at policy renewal at the full discretion of the Company.

MyShield Plus Option A

Annual Premium per person in Singapore Dollars (inclusive of 7% GST) (Premium rates are non-guaranteed)							
Age Next Birthday	Plan 1	Plan 2	Plan 3	Age Next Birthday	Plan 1	Plan 2	Plan 3
1 to 30	\$52.00	\$37.45	\$27.05	76 to 78*	\$690.20	\$538.50	\$386.70
31 to 40	\$79.00	\$54.05	\$41.60	79 to 80*	\$804.55	\$627.85	\$422.05
41 to 45	\$145.55	\$103.95	\$72.80	81 to 83*	\$1,014.50	\$773.35	\$519.75
46 to 50	\$158.00	\$118.50	\$108.10	84 to 85*	\$1,110.10	\$829.55	\$555.05
51 to 55	\$237.05	\$182.95	\$166.35	86 to 88*	\$1,130.90	\$846.10	\$571.70
56 to 60	\$326.40	\$280.65	\$255.75	89 to 90*	\$1,153.80	\$862.75	\$590.40
61 to 65	\$465.75	\$407.45	\$367.95	91 to 93*	\$1,176.65	\$879.35	\$607.05
66 to 70	\$469.85	\$411.65	\$374.20	94 to 95*	\$1,199.50	\$898.10	\$623.70
71 to 73	\$476.05	\$415.80	\$378.45	96 to 98*	\$1,224.45	\$914.70	\$642.40
74 to 75	\$550.90	\$457.35	\$382.55	99 to 100*	\$1,247.35	\$935.50	\$663.15

MyShield Plus Option B

Annual Premium per person in Singapore Dollars (inclusive of 7% GST) (Premium rates are non-guaranteed)							
Age Next Birthday	Plan 1	Plan 2	Plan 3	Age Next Birthday	Plan 1	Plan 2	Plan 3
1 to 30	\$195.05	\$142.20	\$118.70	76 to 78*	\$905.65	\$752.35	\$659.00
31 to 40	\$223.45	\$162.90	\$127.00	79 to 80*	\$916.85	\$759.35	\$683.00
41 to 45	\$224.90	\$163.55	\$129.60	81 to 83*	\$1,050.30	\$779.45	\$706.90
46 to 50	\$226.40	\$164.15	\$132.20	84 to 85*	\$1,122.25	\$867.80	\$776.50
51 to 55	\$227.90	\$164.80	\$134.85	86 to 88*	\$1,159.05	\$1,003.90	\$879.70
56 to 60	\$229.40	\$180.35	\$137.45	89 to 90*	\$1,342.30	\$1,153.80	\$991.60
61 to 65	\$314.85	\$219.85	\$188.45	91 to 93*	\$1,544.05	\$1,318.65	\$1,066.30
66 to 70	\$544.85	\$441.05	\$380.15	94 to 95*	\$1,657.25	\$1,408.40	\$1,156.40
71 to 73	\$798.20	\$611.70	\$490.40	96 to 98*	\$1,775.15	\$1,520.20	\$1,273.40
74 to 75	\$838.55	\$665.85	\$573.10	99 to 100*	\$1,902.20	\$1,624.60	\$1,367.60

* For renewal only

3. Eligibility

The Insured Person must be:

- between 15 days old and 75 years old at age next birthday as at the Policy Commencement Date; and
- already insured under MyShield.

4. Coverage Options

Besides choosing the appropriate MyShield Plus Plan based on the desired hospital/ward type, the Insured Person may also choose to be covered on benefits under:

- Option A only; or
- Option B only; or
- Option A and Option B.

5. Key Product Provisions

The following are some key provisions found in the policy contract of this plan. This is only a brief summary and you are advised to refer to the actual terms and conditions in the policy contract. Please consult your insurance adviser should you require further explanation.

(a) Covered Benefits

The Company's liability is limited to the coverage as provided for in the policy contract.

Option A Benefits

(i) Co-Insurance Benefit

The Co-Insurance portion for MyShield will not have to be borne by you in the event of hospitalisation if the claim is payable under MyShield and the claim does not exceed the maximum claim limits as stated in the MyShield Benefits Schedule.

(ii) Critical Illness Benefit

To be eligible for the Critical Illness Benefit under this Policy, you must be aged between one year old and 65 years old at age next birthday at the point of commencement of cover. Any Insured Person below one year old will only be eligible for Critical Illness Benefit when he attains the age of one.

A lump sum benefit of \$10,000 will be paid upon your first diagnosis of any one of the following 30 Critical Illnesses. The list of 30 Critical Illnesses includes Heart Attack, Coronary Artery By-Pass Surgery, Heart Valve Surgery, Aorta Surgery, Primary Pulmonary Hypertension, Kidney Failure, Major Organ / Bone Marrow Transplantation, Fulminant Hepatitis, End Stage Liver Failure, End Stage Lung Disease, Major Cancers, Stroke, Coma, Multiple Sclerosis, Muscular Dystrophy, Alzheimer's Disease / Severe Dementia, Motor Neurone Disease, Parkinson's Disease, Apallic Syndrome, Major Head Trauma, Aplastic Anaemia, HIV Due to Blood Transfusion and Occupationally Acquired HIV, Deafness (Loss of Hearing), Blindness (Loss of Sight), Loss of Speech, Terminal Illness, Major Burns, Paralysis (Loss of Use of Limbs), Progressive Scleroderma and Benign Brain Tumor.

(iii) Hospital-related Benefits

Hospital Cash Benefit

In the event of hospitalisation at the recommendation of a Physician, we will pay a cash benefit of up to \$300 per day of hospitalisation provided that the Insured Person stays in a hospital ward lower than what he/she is entitled to under his/her chosen plan and the claim is payable under MyShield (other than MediShield). We will not pay the Hospital Cash Benefit in the event of a day surgery, confinement in community hospital, confinement in private hospital or if there is no hospital stay involved.

Ambulance Fees or Transport by Taxi to Hospital

We will pay for the one-way transportation within Singapore, of the Insured Person by either road ambulance or land taxi to a hospital, provided the Insured Person is hospitalised within 24 hours for treatment of an illness or injury covered under the MyShield Policy and the claim is payable under MyShield (other than MediShield).

Accommodation Benefit for Parent/Guardian of Insured Child

If one parent or guardian is a lodger sharing the hospital room of an Insured Person who is below 19 years old at age next birthday, we will pay for the accommodation charges incurred by the parent or guardian provided the Insured Person is hospitalised for treatment of an illness or injury covered under the MyShield Policy and the claim is payable under MyShield (other than MediShield).

Post-Hospital Follow-up TCM Treatment

As result of an accident, if the Insured Person is referred by the attending Physician of a restructured hospital to a Traditional Chinese Medicine (TCM) clinic of any restructured hospital, we will pay for the post-hospital follow-up TCM treatment by a registered TCM practitioner within 90 days after hospital discharge. The TCM treatment must be for the same injury or illness for which the Insured Person was hospitalised and the hospitalisation claim must first be payable under MyShield (other than MediShield).

We will not pay this benefit following a day surgery, confinement in Community Hospital or if there is no hospital stay involved. This benefit is also not applicable to Plan 3 of MyShield Plus.

(iv) Free Coverage for Child(ren)

Your dependant child who is eligible for free coverage under MyShield, is also eligible for free coverage under Option A Plan 2 of MyShield Plus if both parents are also insured under MyShield Plus and covered under Option A. The child shall enjoy the same benefits as provided for under Option A Plan 2 of the Benefits Schedule except for the Critical Illness Benefit, whereby a lump sum of \$10,000 will be paid only on the diagnosis of any one of the five Critical Illnesses namely Major Cancer, Major Organ / Bone Marrow Transplantation, Major Burns, Major Head Trauma and Kidney Failure.

(b) Option B Benefit

Deductible Benefit

The Annual Deductible portion for MyShield will not have to be borne by you in the event of hospitalisation if the claim is payable under MyShield.

(c) Material Changes

We must be informed immediately in writing of any material change in information or circumstances whether relating to occupation, business or sporting activity affecting You or any Insured Person. We reserve the right either to continue cover for the Insured Person on terms and conditions We consider appropriate because of the material change in information or circumstances or to decline to continue cover under this Policy.

(d) Renewal

MyShield Plus is automatically renewed subject to payment of the renewal premium. We may vary the benefits, cover, premium, clauses and conditions to all the policies under this class of insurance by giving you thirty (30) days' advance notice in writing but will not cancel any individual policy.

(e) Termination of Insurance

An Insured Person's cover under this Policy will terminate automatically on the date any one of the following events first occurs:

- (i) upon death of an Insured Person;
- (ii) upon request for cancellation by the Insured;
- (iii) non-payment of required premium due after the grace period; or
- (iv) upon the termination of your MyShield plan.

The Critical Illness Benefit of the Policy will terminate automatically on the date any one of the following events first occur:

- (i) if a valid claim for Critical Illness Benefit has been made; or
- (ii) on the expiry of the Policy Year during which the Insured Person attains the age of 65 years old.

(f) Cancellation Clause

You may cancel MyShield Plus by giving us thirty (30) days' notice in writing. If you cancel MyShield Plus only, your cancellation of this Policy will not affect the validity of MyShield.

Where premium is charged on an annual basis and the Insured cancels the Policy during the Policy Year after the Free Look Period, there will be a pro-rated refund based on the number of unused days for the rest of the Policy Year. However, if a claim has arisen in respect of that Policy Year, no refund will be made.

Where premium is charged on a non-annual basis and the Insured cancels the Policy, the Company is entitled to the balance of the premium payable for the entire Policy Year if a claim arises in respect of that Policy Year. The Company may deduct the balance of the premium from any claim amount due.

The Company reserves the right to terminate coverage of this Policy on the renewal date by giving you thirty (30) days' advance notice in writing. If this occurs, it will affect the whole class of policies in that category and not any individual policy in particular.

(g) Underwriting Method

The same method of underwriting MyShield will apply for your MyShield Plus.

(h) Waiting Period

For Major Cancers, Coronary Artery By-Pass Surgery and Heart Attack, the Critical Illness Benefit will only be payable if they are diagnosed 90 days after the date an Insured is first covered under this Policy or the date of reinstatement of this Policy (whichever is later).

(i) Survival Period

The Critical Illness Benefit will be payable after the end of the period of 30 days from the date on which an Insured Person is diagnosed as suffering from a Critical Illness.

(j) Co-ordination of Benefits

If, at the time of claim, the Insured Person has other medical insurance which makes provision for reimbursement of medical expenses, you shall advise us of the details of such other policies and we shall not be liable to contribute more than the rateable proportion of such reimbursement.

(k) Exclusions

There are certain conditions under which no benefit will be payable. In addition to the exclusions defined under MyShield policy, the following are excluded under this plan. It is not exhaustive. You are advised to read the MyShield and MyShield Plus policy contracts for the precise terms and conditions of the exclusions.

- (i) Pre-Existing Conditions are excluded, unless:
 - You have chosen the Full Medical Underwriting Option and the Pre-Existing Conditions have been declared by you and specifically accepted by Us in writing to be covered under the Policy; or
 - You have chosen the Moratorium Underwriting Option and satisfy the Moratorium terms and conditions as stated in the Policy. However, the Moratorium will not apply to the Critical Illness Benefit.
- (ii) Any costs incurred from admission to hospital before the Effective Date of the Policy.

Note: This is only product information provided by Us. Full details of the terms, conditions and exceptions of this insurance are provided in the MyShield Plus Policy and will be sent to You upon acceptance by Aviva Ltd. You have a "Free Look" period of fourteen (14) days from the date of receipt of the MyShield Plus Policy. You are assumed to have received the MyShield Plus Policy within seven (7) days after we have sent it by post. Please inform Aviva Ltd in writing within the "Free Look" period if you do not want the MyShield Plus Policy. We will cancel it from its start date and refund in full the premium You have paid after deducting any expenses incurred in assessing the risk under the Policy, as long as no claim has been admitted under the Policy. MyShield Plus is governed by and shall be construed according to the laws of Singapore.

Interbank Giro Application Form for MyShield Plus



PART 1: FOR APPLICANT'S COMPLETION

Date (dd/mm/yy): / /

Name of Billing Organisation ("BO"): **Aviva Ltd**

Name of Bank:

Name of Policyowner:

Branch:

Policy Number:

- (a) I/We hereby instruct you to process the BO's Instruction to debit my/our account.
 (b) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
 (c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.

My/Our Name(s):

My/Our NRIC Number(s):

Mr/Mdm/Ms/Dr:

Mr/Mdm/Ms/Dr:

My/Our Account Number:

My/Our Contact Number(s):

Office Tel No.: Home Tel No.:

My/Our Signature(s)/Thumbprint(s)*:

My/Our Residential Address :

*If your account is operated by thumbprint, your thumbprint needs to be verified by the Bank's staff.

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank

Branch

Billing Organisation's Account Number

Billing Organisation's Customer Reference Number:

7171

003

0039001886

Bank

Branch

Account Number to be Debited

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Billing Organisation

This Application is hereby Rejected (please tick) for the following reason(s) :

- | | |
|---|---|
| <input type="checkbox"/> Signature / Thumbprint# differs from Financial Institution's records | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Signature / Thumbprint# is incomplete/unclear | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by Signature / Thumbprint# | <input type="checkbox"/> Others: <input type="text"/> |

/ /

Name of Approving Officer

Authorised Signature

Date

#Please delete where applicable

