

Hospital Care Product Summary

Premium Rates Table

The premium rates for this plan are as set out below. Please note that the premium rates are not guaranteed and we may, at our sole discretion, increase the premium rates from time to time depending on our claims experience. The premium is based on the insured person's age last birthday.

Age	Yearly premium			Monthly premium		
	Classic	Deluxe	Preferred	Classic	Deluxe	Preferred
30 days to 25 years	\$209.28	\$303.02	\$514.48	\$18.37	\$26.59	\$45.14
26 to 30	\$223.45	\$323.73	\$551.54	\$19.61	\$28.40	\$48.39
31 to 35	\$243.07	\$353.16	\$600.59	\$21.33	\$30.99	\$52.69
36 to 40	\$251.79	\$366.24	\$621.30	\$22.10	\$32.13	\$54.50
41 to 45	\$281.22	\$420.74	\$842.57	\$24.67	\$36.91	\$73.92
46 to 50	\$285.58	\$442.54	\$882.90	\$25.06	\$38.82	\$77.45
51 to 55	\$416.38	\$646.37	\$1,291.65	\$36.53	\$56.70	\$113.31
56 to 60	\$419.65	\$672.53	\$1,343.97	\$36.82	\$59.00	\$117.89
61 to 65	\$588.60	\$941.76	\$1,883.52	\$51.64	\$82.62	\$165.22
66^	\$668.17	\$1,068.20	\$2,233.41	\$58.62	\$93.71	\$195.91
67^	\$746.65	\$1,194.64	\$2,390.37	\$65.50	\$104.80	\$209.69
68^	\$784.80	\$1,315.63	\$2,582.21	\$68.84	\$115.41	\$226.52
69^	\$863.28	\$1,446.43	\$2,788.22	\$75.73	\$126.89	\$244.59
70^	\$949.39	\$1,591.40	\$3,040.01	\$83.29	\$139.61	\$266.67
71^	\$1,044.22	\$1,750.54	\$3,312.51	\$91.60	\$153.56	\$290.57
72^	\$1,187.01	\$1,924.94	\$3,479.28	\$104.13	\$168.86	\$305.20
73^	\$1,305.82	\$2,117.87	\$3,652.59	\$114.55	\$185.78	\$320.41
74^	\$1,436.62	\$2,329.33	\$3,835.71	\$126.02	\$204.33	\$336.47
75^	\$1,543.44	\$2,561.50	\$4,026.46	\$135.40	\$224.70	\$353.20

^For renewals only.

Premium rates are inclusive of 9% GST, non-guaranteed and may be reviewed from time to time.

The Total Distribution Cost of this product is between 8.5% - 13.5% of the premium. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. Please note that the Total Distribution Cost is not an additional cost to the policyholder; it has already been allowed for in calculating the premium.

Product Information

This is an accident and health policy and will protect the policyholder and the insured person financially for injury or sickness which happens during the period of insurance. The amount we will pay depends on the conditions and maximum benefit limits of the insured person's plan as set out in the Table of Cover below.

This policy is not a Medisave-approved policy and the policyholder may not use Medisave to pay the premium for this policy.

Table of Cover¹

Benefits		Maximum benefit (\$\$)		
		Classic	Deluxe	Preferred
Section 1	Daily hospital cash² (per day; up to 730 days)	\$100	\$200	\$300
Section 2	ICU triple cover² (per day; up to 60 days)	\$300	\$600	\$900
Section 3	Day surgery³ (per injury or sickness)	\$250	\$750	\$1,200
Section 4	Emergency Outpatient expenses to treat an injury (per accident)	\$250	\$750	\$1,200
Section 5	Ambulance Expenses⁴ (per policy year)	\$500	\$500	\$500
Section 6	Home recovery after hospitalisation⁵ (per day; up to 5 days)	\$50	\$100	\$150

¹Note: Please refer to the Policy Conditions on details of policy coverage

²The insured person can only claim under either section 1 or 2 for each same day of hospitalisation, but not more than one section.

³The insured person can only claim under section 3 if the day surgery is performed in a hospital.

⁴The insured person can only claim this if we are paying him/her under section 1 or 2. We will pay for only one ambulance transportation for the same injury or sickness during the policy year.

⁵The insured person can only claim for Section 6 for each day of medical leave, up to 5 days for every injury or sickness if we are paying him/her under Section 1 or 2.

Key Product Provisions

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

1. Eligibility

This policy is only available to the insured person if:

- he/she is living or working in Singapore, or away from Singapore for no more than 90 days during each policy year;
- he/she and the policyholder hold a valid Singapore identification document such as a Singapore National Registration Identification Card (NRIC), Employment Pass, Work Permit or Long Term Visit Pass;
- he/she is between 30 days and 65 years of age (we may continue cover for him/her up to 75 years old and we may apply new terms depending on our decision); and
- he/she has fully paid his/her premium.

2. Free-look Period

We will give the policyholder 14 days from the time they receive this policy to decide whether to continue with it. If the policyholder does not want to continue and there is no claim made under this policy, he/she may call or write to us to cancel this policy. The policyholder will get a full refund of the premium paid. We consider that this policy has been delivered (and received) on the same day we email it, or seven days after we post it. This condition does not apply to policies with a period of insurance of less than a year and policy renewals.

3. Cancellation and refund

- a For policy cancellation, we will not refund any premium if a claim has been made under this policy.
- b If we cancel the policy
 - (i) We can cancel this policy by giving the policyholder seven days' written notice. We will consider that the policyholder has received this cancellation notice on the same day if we deliver the notice by hand, mail, fax or email.
 - (ii) We will cancel this policy on the date the premium is due if we do not receive the premium due or we are not successful in taking the premium from the credit card or GIRO account the policyholder has chosen.

If we cancel this policy because the premium has not been paid, the insured person may apply for a new policy. However, the insured person's application will depend on us accepting it and his/her latest physical or medical conditions.

- c If there is no claim under this policy and the policyholder wishes to cancel the policy
 - (i) Monthly recurring payment arrangement
 - The policyholder may cancel this policy by calling us or writing to us and cancellation will be effective from the date we receive the notice of cancellation.
 - For cancellation after the 14-day free-look period, we must receive the notice of cancellation no later than 21 days before the next monthly premium due date. The policy will then be cancelled on the day the monthly premium is due.

- But, if we receive the notice of cancellation less than 21 days before the next monthly premium due date, the policy will be cancelled on the following month when the premium is due.

Cancellation of policy with monthly premium payment – For example	
Period of insurance	22 Sep 2019 to 21 Sep 2020
Monthly premium due date	22 (Sep, Oct, Nov, Dec, Jan, Feb and so on)
If we receive the notice of cancellation:	
on 1 Oct 2019	cancellation will take effect on 22 Oct 2019.
on 20 Oct 2019	cancellation will take effect on 22 Nov 2019.

(ii) Yearly payment arrangement

- The policyholder may cancel this policy by calling us or writing to us and cancellation will apply from the date we receive the notice of cancellation.
- For cancellation after the 14-day free look period, and:
 - Before the start date of the policy; premium less \$10.90 (after GST).
 - After the start date of the policy, we will work out the premium refund as follows.

Period of insurance (in days) still left to run			
Original period of insurance of this policy	X	85% of the premium paid	

- We will not refund any premium below \$38.15 (after GST).

If we refund premiums, we will do so to the policyholder.

4. Terms of Renewal

This is a short-term accident and health policy and we are not required to renew this policy. We may end this policy by giving the policyholder seven days' notice in writing.

If this policy is renewed, we will provide the new terms and conditions (if these apply) for the next policy year before the start date of the next policy year.

If we did not receive any request to cancel the policy, we will take the premium using the last recurring payment arrangement chosen by the policyholder.

This policy will apply for as long as we can successfully take the premium before the premium due date.

5. Non-Guaranteed Premium

The premium that the policyholder pays for this policy can change. If we change the premium for this policy, we will write to the policyholder at their last known address or email address, at least 30 days before the change is to take place, to tell the policyholder what the new premium is.

6. Claims Conditions

- a The insured person or the policyholder must tell us as soon as possible, and in any case within 30 days, about any accident or sickness which may give rise to a claim under this policy. We have the right to reject the insured person's claim if he/she tells us later than 30 days from the date of accident or sickness.
- b The insured person, policyholder or anyone acting for the insured person must not:
 - i) misrepresent any circumstance which affects the insured person's health condition, country of residence or any information which may affect our decision to accept his/her application;
 - ii) make a claim under this policy knowing the claim to be false or fraudulently exaggerated in any way;
 - iii) make a statement to support a claim knowing the statement to be false in any way;
 - iv) send us a document to support a claim knowing the document to be forged or false in any way; or
 - v) make a claim for any loss or damage caused by the insured person's deliberate act or with the insured person's knowledge.
- c If the insured person can recover all or part of any expenses from other sources, we will only pay the policyholder the amount that cannot be recovered.
- d We pay all claims in Singapore dollars. If the insured person suffers a loss which is in a foreign currency, we will convert the amount into Singapore dollars at the exchange rate which we will decide on the date of the loss.
- e The policyholder, the insured person or the insured person's legal personal representatives must supply all information, reports, original invoices and receipts, evidence, medical certificates, documents (such as translation of a foreign-language document into the English language), confirmed by oath if necessary, we may need before we assess the insured person's claim. We will not refund any expense which the insured person cannot provide original receipts or invoices for.

For further information, you can visit or contact Income Insurance via any of the following channels:

- (i) <https://www.income.com.sg/claims/health-and-personal-accident/hospitalisation-claim>
- (ii) pcc@income.com.sg
- (iii) 6788 1777

7. Exclusions

There are certain conditions whereby we will not pay any benefits under this plan. These are shown as exclusions in the policy conditions. Some of the exclusions for this plan include, but are not limited to the following listed below. You should read the policy conditions which can be found at www.income.com.sg/hospital-care-policy-conditions.pdf for the full list of exclusions.

This policy does not cover claims directly or indirectly caused by or arising from:

- a any pre-existing medical condition that was present before the start date of the policy year when:
 - the insured person was first insured by us; or
 - we approve the insured person's application to upgrade his/her plan to receive a higher amount of benefit or when we receive the premium for this upgrade, whichever is later.

If the insured person upgrades his/her plan to receive a higher amount of benefit, we will pay him/her the benefits based on any of his/her earlier plans that do not exclude his/her pre-existing medical condition.

- b any physical disability or defects which existed before the start of this policy;
- c birth defects, including hereditary conditions and disorders, and congenital sickness or abnormalities;
- d any condition which is, results from or is a complication of birth control, sterilisation, infertility or treatment for infertility, pregnancy, childbirth, Caesarean, abortion or miscarriage, assisted conception, erectile dysfunction, impotence, any contraceptive treatment or all complications arising from these conditions.

8. Waiting Period

This policy does not cover claims directly or indirectly caused by or arising from any sickness which the insured person receives treatment, medication, advice, consultation or diagnosis for within 30 days from the start of this policy.

Disclaimer

You can ask for a copy of Your Guide to Health Insurance from us or download a copy at www.income.com.sg.

This product summary does not form a part of the contract of insurance. It is only meant to be a simplified description of the product features which apply to this plan and does not explain the whole contract. The contents of this product summary may be different from the terms of cover we eventually issue. Please read the policy contract for the precise terms, conditions and exclusions. Only the terms, conditions and exclusions in the policy contract will be enforceable by you and us.

It is usually detrimental to replace an existing policy with a new one. A penalty may be imposed for early plan termination and the new plan may cost more or have less benefit at the same cost.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Income Insurance or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).