

## Policy Endorsement for all new policies issued on or after 1<sup>st</sup> December 2015

With effect from *policy effective date* as stated in the *schedule*, the following endorsement 1, 2, 3, 4, 5 & 6 shall be applicable to the *insured person* as stated in the *schedule*.

1. The definition of "**Waiting Period**" under PART 1 - DEFINITIONS of the policy to be deleted and substituted by the following:-

"For Section 1 to 5 of PART 3 – BENEFITS, thirty (30) days from the *upgrade effective date* or effective date of any additional benefit(s) which is subsequently added (applicable to the *upgraded* portion or additional benefit(s) only), or last reinstatement date, whichever is the later. During such period, no benefit will be payable for any cause, other than in respect of an *accident*. For Section 6 of PART 3 – BENEFITS, any *critical illness* of which, the signs or symptoms first occurred within ninety (90) days from the *policy inception date*, or *upgrade effective date* for this section (applicable to the *upgraded* portion only), or last reinstatement date, whichever is the later. During such period, no benefit will be payable for any cause, other than in respect of an *accident*."

2. Clause (9) & (10) under PART 5 - EXCLUSIONS of the policy to be deleted.
3. Clause 2.7 "**Cancer Treatment and Kidney Dialysis Benefit**" under Section 2 of PART 3 – BENEFITS of the policy to be deleted and substituted by the following:-

This is an extension of the cover under Section 2.2 of PART 2 – TABLE OF BENEFITS. We will pay the actual reasonable and customary charges incurred for the following special treatment and any medical expenses arising directly therefrom, recommended in writing by the insured person's attending medical practitioner regardless of whether the special treatment is performed during confinement or on outpatient or day patient basis, upon the first diagnosis of any kind of cancer or chronic and irreversible kidney failure, including any and all complications arising therefrom or closely related thereto:

- (i) Chemotherapy;
- (ii) Radiotherapy;
- (iii) Cyberknife and/or gamma knife for cancer treatment;
- (iv) Renal Dialysis (haemodialysis or peritoneal dialysis); or
- (v) Targeted Cancer Therapy.

The maximum aggregate amount payable for treatment specified in this Section 2.7 which may also be payable under Sections 1, 2 and/ or 3 in respect of any one (1) disability shall be the Maximum Benefit shown in Section 2.2 and Section 2.7 under the selected plan in PART 2 – TABLE OF BENEFITS.

The insured person will not be entitled to this benefit if the insured person suffers from cancer within ninety (90) days from the *upgrade effective date*, or the last reinstatement date, whichever is the later.

4. Clause 10 "**Premium Charge**" under PART 6 – GENERAL PROVISIONS of the policy to be deleted and substituted the following:
  - (i) This policy is an annual medical policy. *You* may pay the premium to *us* on an annual or a monthly basis. All premiums after the first premium are payable to *us* on or before the due date. *You* are required to settle the annual premium for the concurrent policy year.
  - (ii) *We* reserve the right to revise or adjust the premium under the following circumstances:

- a) According to *our* applicable premium rate at the time of the premium due date by giving thirty (30) days' written notice to *you*.
- b) The premium rate shall be adjusted automatically as the *insured person* enters into the next *age* band at the time of renewal. The *Age* bands are classified as follows:

15 days - 5 years	6 years - 17 years	18 years - 24 years	25 years - 29 years	30 years - 34 years
35 years - 39 years	40 years - 44 years	45 years - 49 years	50 years - 54 years	55 years - 59 years
60 years - 64 years	65 years - 69 years*	70 years - 75 years*	Above 75 years*	

\* Renewal only.

5. Clause 16 "**Renewal**" under PART 6 – GENERAL PROVISIONS of the policy to be deleted and substituted by the following:

The policy shall remain in force for a maximum of one (1) year from the *policy effective date* in consideration of the payment of the applicable premium and shall be renewed by us (unless otherwise (i) terminated pursuant to Clause 15 - "Termination of Policy" of PART 6 or (ii) we discontinue the scheme type specified in Part 2 - Table of Benefits or any part of the scheme) automatically on an annual basis subject to successful collection of the premium at such rate and on such terms as we may determine and other terms and conditions in this policy. Yet *we* reserve the right to alter the terms and conditions, including but not limited to the premiums or exclusions of this policy at the time of renewal of any *period of insurance* of this policy by giving thirty (30) days' written notice to *you*, on the condition that the maximum benefit is not adjusted as permitted under this policy. *We* will not be obligated to reveal *our* reasons for such amendments. After all, such renewal will not have to take place eventually if such amendments are not acceptable to *you* before the *policy effective date* of any *period of insurance*. *We* guarantee that the claims experience or history of a particular insured individual would not result in his/her policy renewal rejected or not invited by us.

5. First paragraph under Provision **Part 3 – BENEFITS** of the policy to be deleted and substituted the following:

### **PART 3 – BENEFITS**

If the *insured person* is *confined* in a *hospital* (unless otherwise specified under Section 2.8 of this Part) on the recommendation of an attending *medical practitioner* due to *sickness* or *injury* occurring during the *period of insurance* which is *medically necessary*, upon receipt of proof acceptable to *us* and subject to the terms and conditions of this policy, *we* will pay up to the Maximum Benefits shown in the *schedule*. In no event shall the maximum amount payable for any one (1) *disability* exceed the Maximum Benefit as stated under the plan selected in PART 2 – TABLE OF BENEFITS.

If the *medically necessary hospital confinement*, surgical operation at *day patient* or *outpatient* basis of the *insured person* is incurred anywhere in the world, benefit entitlement stated in PART 2 – TABLE OF BENEFITS shall be adjusted as follows:-

- (i) *we* will pay the benefits as stated under Sections 1, 2 and 3;
- (ii) should the optional benefit(s) under Section(s) 4a, 4b, 5 and/or 6 is/are shown as being operative in the *schedule*:
  - a) *we* will pay the benefits as stated under Section 4a;
  - b) *deductible* shall be applied according to Section 4b – *Voluntary Deductible*;
  - c) *we* will pay the hospital cash under Section 5 for each and every day of *confinement* up to a maximum of thirty (30) days per *disability*; and
  - d) *we* will pay the benefit as stated under Section 6.

6. **Section 4b - Voluntary Deductible** under Part 3 – BENEFITS of the policy to be deleted and substituted the followings:

A discount on the policy premium payable in respect of sections 1 to 3 of PART 2 – TABLE OF BENEFITS will be offered to the *insured person* who voluntarily accepts a *deductible* for each and

every claim made under Sections 1 to 3 of this policy. The amount of *deductible* selected is set out in the *schedule*.

In the event that the *insured person* has received, or is entitled to receive, a reimbursement of the medical expenses under other policy(s) from *us* or other insurer(s) for a *disability* covered by this policy, the maximum amount we pay under this policy will be the remaining balance of the medical expenses after deducting either the *deductible*, or the reimbursement paid under other policy(s), whichever deducted amount is the higher, up to the Maximum Benefit as shown under the selected plan in PART 2 – TABLE OF BENEFITS.

The *insured person* can apply to reduce or remove the *deductible* once before Termination of Policy pursuant to clause 15 under PART 6 – GENERAL PROVISIONS without the need to provide health declaration only upon

- anniversary of the *policy effective date* immediately subsequent to the *insured person's* birthday of 50, 55, 60 or 65 years old. Removal or reduction of *deductible* will be effective on the anniversary of the *policy effective date* immediately subsequent to the *insured person's* birthday of 50, 55, 60 or 65 years old.
- anniversary of the *policy effective date* immediately subsequent to the *insured person's* new employment date or marriage date or the date(s) of birth of his/her child(ren) or the date of his/her university graduation. Removal or reduction of *deductible* will be effective on the anniversary of the *policy effective date* immediately subsequent to the date of occurrence of the above event for which the insured person applied removal or reduction of *deductible*. For the avoidance of doubt, the event for which the insured person applied removal or reduction of deductible must occur within the policy year immediately before the anniversary of the *policy effective date* on which the reduction or removal of deductible is effective.

To reduce or remove the *deductible*, the *insured person* must give no less than thirty (30) days' notice in writing to *us* and provide the proof accepted by *us* before such anniversary of the *policy effective date*.

**Special Conditions applicable to Section 4b only**

1. The plan level selected in respect of Section 4b must be the same as the one selected in respect of Sections 1 to 3 of PART 2 – TABLE OF BENEFITS.
2. If the *insured person* is insured under other medical policy(s) underwritten by other insurer(s) (including group medical cover provided by the *insured person's* employer) with same or similar medical benefits as those under Sections 1 to 3 of PART 2 – TABLE OF BENEFITS of this policy, the *insured person* must make a claim against such other policy(s) before making any claim against this policy.
3. This section is only available to the *insured person* if all of the Sections 1 to 3 of PART 2 – TABLE OF BENEFITS of this policy are shown as being operative in the *schedule*.