



AIA Singapore Private Limited

HEALTHSHIELD GOLD MAX

APPLICATION AND

PRODUCT SUMMARY BOOKLET

(For SG Citizen, SPR and Foreigner)

19 July 2018

SUBMISSION CHECKLIST

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For Foreigner Plans, one of the following Valid Passes is required if the Insured is a foreigner

- (i) Employment Pass (EP);
- (ii) Personalised Employment Pass(PEP);
- (iii) EntrePass;
- (iv) S Pass;
- (v) Dependant Pass;
- (vi) Student Pass; or
- (vii) selected categories of Long Term Visit Pass.

CUSTOMER'S COPY

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APPLICATION FORM FOR HEALTH INSURANCE (PARTNERSHIP DISTRIBUTION)

Insurance Representative's Unit Code: <input style="width:40px;" type="text"/>	Referral's Unit Code: <input style="width:40px;" type="text"/>
Insurance Representative's Code: <input style="width:40px;" type="text"/>	Referral's Code: <input style="width:40px;" type="text"/>
Insurance Representative's Name/Channel: <input style="width:180px;" type="text"/>	Referral's Name: <input style="width:180px;" type="text"/>

Corporate ID: WM Master Policy No. (For Worksite Marketing Only)

WARNING: In accordance with Section 25(5) of the Insurance Act Cap.142, as may be amended from time to time, you are to fully and faithfully disclose in this Application Form all facts which you know, or ought to know, failing which you may receive nothing from the policy and/or the policy issued may be void. If a foreign currency policy is applied for, the equivalent of returns in Singapore-dollars will depend on the prevailing exchange rate (as determined by AIA Singapore), which may be highly volatile.

1 DETAILS OF APPLICANT/OWNER (Please tick the options as appropriate)

Name (shown on NRIC/FIN/Passport):		
Date of Birth: dd mm yyyy	Gender: <input type="radio"/> Male <input type="radio"/> Female	
Place of Birth:	NRIC/FIN/Passport No.:	
Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed / Divorced / Separated	<i>For AIA HealthShield Gold Max application, please fill in NRIC/FIN No. only.</i>	
	CPF Medisave Account (If different from NRIC No.):	
Current Residence Address:	Citizenship: <i>if not Singaporean</i>	
	Country of Residence:	
	Residency Status: <input type="radio"/> Singapore <input type="radio"/> Singapore PR <input type="radio"/> Pass Holders <input type="radio"/> Others <small><i>If the Proposed Insured / Applicant / Owner (Payor) is not Singaporean or Singapore PR, he/she must hold one of the following Valid Passes (Visa) to apply for AIA HealthShield Gold Max: S Pass, Employment Pass, Personalised Employment Pass, EntrePass, Student Pass, selected categories of Long Term Visit Pass, Dependent Pass or Work Permit.</i></small>	
Postal Code:	Foreign Permanent Residence Address - <i>Please write in English (Compulsory for non-Singaporeans.)</i>	
Singapore Mailing Address: - if different from Current Residence Address (Use of P.O. Box is not allowed)		
Postal Code:		
Please provide the reason if: 1. Your "Current Residence Address" is different from your identity documents and/or 2. Your "Singapore Mailing Address" is different from your "Current Residence Address" Note: Please provide separate reasons if all the addresses do not match.		
Occupation:	Contact Details	
Company Name:		Home: Country Code - Phone No.
Exact Duties (please provide in details):		Office: Country Code - Phone No.
		Mobile: Country Code - Phone No.
		Email:
Nature of Business:	Business Address:	
	Postal Code:	

PART0005 (02/2017 01/2018 07/2018)



2 DETAILS OF INSURED DEPENDANT(S)

Name of Insured Dependant 1 (shown on NRIC/FIN/Passport):	
Date of Birth: dd mm yyyy	NRIC/FIN/Passport No.:
Place of Birth:	<i>For AIA HealthShield Gold Max application, please fill in NRIC/FIN No. only.</i>
Gender: <input type="radio"/> Male <input type="radio"/> Female	CPF Medisave Account (If different from NRIC No.):
Occupation:	Country of Residence:
Company Name:	Residency Status: <input type="radio"/> Singapore <input type="radio"/> Singapore PR
Exact Duties (please provide in details):	<input type="radio"/> Pass Holders <input type="radio"/> Others
Nature of Business:	<i>If the Proposed Insured / Applicant / Owner (Payor) is not Singaporean or Singapore PR, he/she must hold one of the following Valid Passes (Visa) to apply for AIA HealthShield Gold Max: S Pass, Employment Pass, Personalised Employment Pass, EntrePass, Student Pass, selected categories of Long Term Visit Pass, Dependent Pass or Work Permit.</i>
Relationship of Applicant/Owner to Insured Dependant 1: <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Grandchild <input type="radio"/> Spouse	Citizenship: <i>if not Singaporean</i>
Name of Insured Dependant 2 (shown on NRIC/FIN/Passport):	
Date of Birth: dd mm yyyy	NRIC/FIN/Passport No.:
Place of Birth:	<i>For AIA HealthShield Gold Max application, please fill in NRIC/FIN No. only.</i>
Gender: <input type="radio"/> Male <input type="radio"/> Female	CPF Medisave Account (If different from NRIC No.):
Occupation:	Country of Residence:
Company Name:	Residency Status: <input type="radio"/> Singapore <input type="radio"/> Singapore PR
Exact Duties (please provide in details):	<input type="radio"/> Pass Holders <input type="radio"/> Others
Nature of Business:	<i>If the Proposed Insured / Applicant / Owner (Payor) is not Singaporean or Singapore PR, he/she must hold one of the following Valid Passes (Visa) to apply for AIA HealthShield Gold Max: S Pass, Employment Pass, Personalised Employment Pass, EntrePass, Student Pass, selected categories of Long Term Visit Pass, Dependent Pass or Work Permit.</i>
Relationship of Applicant/Owner to Insured Dependant 2: <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Grandchild <input type="radio"/> Spouse	Citizenship: <i>if not Singaporean</i>

3 DETAILS OF PLAN APPLIED FOR

	Applicant/Owner	Insured Dependant 1	Insured Dependant 2
AIA HealthShield Gold	H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="radio"/> Max A <input type="radio"/> Max B	<input type="radio"/> Max A <input type="radio"/> Max B	<input type="radio"/> Max A <input type="radio"/> Max B
	<input type="radio"/> Max B Lite	<input type="radio"/> Max B Lite	<input type="radio"/> Max B Lite
	<input type="radio"/> Standard Plan	<input type="radio"/> Standard Plan	<input type="radio"/> Standard Plan
	<input type="radio"/> Max A Foreigner	<input type="radio"/> Max A Foreigner	<input type="radio"/> Max A Foreigner
AIA Max Essential (Not applicable for Standard Plan)	<input type="radio"/> Yes For AIA Healthshield Gold Max A, please indicate :	<input type="radio"/> Yes For AIA Healthshield Gold Max A, please indicate :	<input type="radio"/> Yes For AIA Healthshield Gold Max A, please indicate :
	<input type="radio"/> Plan A <input type="radio"/> Plan A Saver	<input type="radio"/> Plan A <input type="radio"/> Plan A Saver	<input type="radio"/> Plan A <input type="radio"/> Plan A Saver
Please complete AIA Vitality Application form	<input type="radio"/> +AIA Vitality	<input type="radio"/> +AIA Vitality	<input type="radio"/> +AIA Vitality
Existing HealthShield Gold Max Assured?	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
AIA Hospital Income	P <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	P <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	P <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3	<input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3	<input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3

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PREMIUM PAYMENT DETAILS

		Applicant/Owner	Insured Dependant 1	Insured Dependant 2
AIA HealthShield Gold	Mode	Annual	Annual	Annual
	Method	<input type="radio"/> My CPF Medisave Account [^]	<input type="radio"/> My CPF Medisave Account [^] <input type="radio"/> Insured Dependant 1 CPF Medisave Account ^{**}	<input type="radio"/> My CPF Medisave Account [^] <input type="radio"/> Insured Dependant 2 CPF Medisave Account ^{**}
AIA Healthshield Gold Max A Foreigner	Mode ⁺	<input type="radio"/> Annual <input type="radio"/> Monthly	<input type="radio"/> Annual <input type="radio"/> Monthly	<input type="radio"/> Annual <input type="radio"/> Monthly
	Method	<input type="radio"/> Cash/Cheque <input type="radio"/> My CPF Medisave Account [^]	<input type="radio"/> Cash/Cheque <input type="radio"/> My CPF Medisave Account [^]	<input type="radio"/> Cash/Cheque <input type="radio"/> My CPF Medisave Account [^]
AIA Max Essential	Mode	<input type="radio"/> Annual <input type="radio"/> Monthly	<input type="radio"/> Annual <input type="radio"/> Monthly	<input type="radio"/> Annual <input type="radio"/> Monthly
AIA Hospital Income	Mode	<input type="radio"/> Annual <input type="radio"/> Semi-Annual <input type="radio"/> Monthly	<input type="radio"/> Annual <input type="radio"/> Semi-Annual <input type="radio"/> Monthly	<input type="radio"/> Annual <input type="radio"/> Semi-Annual <input type="radio"/> Monthly

+If you are also applying for AIA Max Essential, the mode of payment will follow the basic plan.

[^]Refers to the Applicant/Owner's CPF Medisave Account

DECLARATION OF APPLICANT/OWNER

^{**}For each of the following Insured Dependant(s) selected above (each a "Selected Insured Dependant"), please deduct the premium for him/her from his/her respective CPF Medisave Account. I (Applicant/Owner) confirm that each Selected Insured Dependant is my child/ward and is below 16 years of age.

I (Applicant /Owner) confirm that I have received the notification letter from the CPFB confirming the successful creation of the CPF Medisave Account(s) for the Selected Insured Dependant(s). If there is insufficient funds in a Selected Insured Dependant's CPF Medisave Account, please deduct the premium for him/her from my CPF Medisave Account.

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CREDIT CARD AUTHORISATION

I authorise AIA Singapore to charge to my credit card and issuer of the card the initial premium, including additional premiums levied (if any), and all subsequent premiums payable to AIA Singapore. Should payment not be successfully effected pursuant to this authorisation for any reason, AIA Singapore shall under no circumstances be held responsible or liable for any non-inception, lapse or termination of the policy due to late or non-payment of premiums. This authorisation shall be binding and remain valid, notwithstanding death of the cardholder, irrespective of whether or not this application is accepted by AIA Singapore.

Name of Cardholder (as shown on Credit Card): Contact No.(HP): Credit Card No.: Visa Mastercard

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Card Expiry Date (MM/YY): Relationship of Cardholder to the Applicant/Owner: Name of Issuing Bank: Country of Issuing Bank:

<input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Recurring Payment: Yes - applicable to monthly, quarterly and semi-annually modes for the FIRST YEAR'S premium only
 No

Cardholder's Signature (as per Credit Card)

Date (DD/MM/YYYY)

Important Notes

- Credit Card payments for renewal premium and single premium policies will NOT be accepted.
- Credit Card deduction will be processed upon receipt of this authorisation by AIA Singapore. The deduction does not constitute approval of the application.
- For applications where the premium is on monthly mode, premiums for the first two months will be deducted for initial premium.
- Recurring Credit Card payment is not applicable for AIA Healthshield Gold Max Plans.



PART I. DETAILS OF PREVIOUS CONCURRENT INSURANCE APPLICATION AND PURSUITS OF APPLICANT/OWNER AND INSURED DEPENDANTS		Applicant/Owner		Insured Dependant 1		Insured Dependant 2	
		Yes	No	Yes	No	Yes	No
1	<p>Is this proposal to replace or intended to replace in full or in part any insurance policy or investment products with AIA Singapore or any other financial adviser or institution?</p> <p>If the answer is “yes” and you are replacing an existing integrated shield plan, please tick to confirm:</p> <p>I confirm that my Insurance Adviser has explained to my satisfaction this switch/replacement and, based on his/her recommendation, I agree to proceed with the switch/replacement of my existing Integrated Shield Plan. I am aware that each Life Assured can only have one Integrated Shield Plan. Once this policy commences, my previous Integrated Shield Plan will be automatically terminated.</p> <p>My Insurance Adviser has explained to me the implications associated with this switch/replacement. I am aware that the implications that may arise from a switch/replacement could outweigh any potential benefits.</p> <p>- The new plan may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at higher cost and, the new plan may be less suitable for me.</p> <p>- If I am switching to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may lose coverage for those conditions.</p> <p>- If I am replacing my old plan by upgrading to this plan and I have existing medical conditions that are currently covered by my old plan, I am aware that I may not enjoy the enhanced benefits for those conditions.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Is any application for or reinstatement of your life, critical illness, accidental, medical, disability or health-related insurance policy pending or has it ever been declined, postponed, rated or modified in any way? (If yes, please indicate Company and provide details).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Are you now a member of a military force (except NS men), are you contemplating or have you, in the last 5 years engaged in any private flying or hazardous sports or races or flying other than as a fare paying passenger on a regular scheduled airline? (If yes, please provide details).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Remarks: In connection with Insurance applied for, if any answer to question is “Yes”, please give details below, quoting the relevant Applicant/Owner/Insured Dependant(s) and question number(s).</p>							
PART II. LIFESTYLE AND HEALTH DETAILS OF INSURED DEPENDANT(S) – JUVENILE BELOW AGE 16 YEARS (ATTAINED AGE)		Insured Dependant 1		Insured Dependant 2			
		Yes	No	Yes	No		
1	a. Height (metres):		m		m		
	b. Weight (kilograms):		kg		kg		
	c. Was there any weight change in the past year? If yes, how much and state the reason.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	d. Please indicate the following						
		Name and address of the Doctor		Date, reason and result of the last consultation			
	Insured Dependant 1						
	Insured Dependant 2						
2.	Has the child received medical advice, counselling or treatment in connection with AIDS, AIDS Related Complex or any other AIDS related condition, been told the child has any of these; or that the child had HIV testing done OR in the last 3 months had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, enlarged nodes or unusual skin lesions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
3.	To the best of your knowledge and belief, has any member of the child’s immediate family ever had tuberculosis, diabetes, cancer, cardiomyopathy, polycystic disease, mental disease or any AIDS related condition? If yes, please indicate relationship, age at onset, current age, illness/age at death (if deceased).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
4.	Has the child ever had, or have been told or been treated for:						
	a. any respiratory disease, prolonged cough, bronchitis, asthma, heart problems, fits, epilepsy or disorder affecting the nervous system?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	b. any heart disorder, blood disorder, diabetes, endocrine disorder, liver disease or any gastrointestinal disorder, kidney problems, nephritis or abnormality of the genitourinary system?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	c. condition affecting the sight, hearing or speech, physical or developmental defects, abnormal or premature birth or any cancer, growth, tumor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
5.	a. In the past 5 years, has the child had any (other than for immunisation or vaccination) of the following tests done? Blood test, Biopsy, Chest X-ray, CT Scan, ECGs, Cholesterol, Liver Function Tests, PAP smear, Ultrasound, Urine or other tests not mentioned. If yes, please specify the type of test done, date, reason and results of the respective test.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	b. In the past 5 years, has the child had any (other than for immunisation or vaccination) illness, operation, medical advice, investigations or hospital treatment not mentioned above?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

Remarks: In connection with Insurance applied for, if any answer to question is "Yes", please give details below, quoting the relevant Applicant/ Owner/Insured Dependand(s) and question number(s).

PART III. LIFESTYLE AND HEALTH DETAILS OF APPLICANT/OWNER AND INSURED DEPENDANT(S) – ADULT AGE 16 YRS AND ABOVE (ATTAINED AGE)		Applicant/ Owner		Insured Dependant 1		Insured Dependant 2																																																																																																	
		Yes	No	Yes	No	Yes	No																																																																																																
1.	a. Have you smoked any cigarettes in the past 12 months? b. If yes, please state how many cigarettes per day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																
		/day		/day		/day																																																																																																	
2.	Do you drink? If yes, please state how many glasses of alcohol do you consume every week, indicating - Beer(Cans/330ml), Wine(Glasses/100ml) and Spirits(Tots/30ml).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																
3.	a. Height (metres):	m		m		m																																																																																																	
	b. Weight (kilograms):	kg		kg		kg																																																																																																	
	c. Was there any weight change in the past year? If yes, how much and state the reason.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																
	d. Please indicate the following	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 45%;">Name and address of the Doctor</th> <th style="width: 40%;">Date, reason and result of the last consultation</th> </tr> </thead> <tbody> <tr> <td>Applicant/Owner</td> <td></td> <td></td> </tr> <tr> <td>Insured Dependant 1</td> <td></td> <td></td> </tr> <tr> <td>Insured Dependant 2</td> <td></td> <td></td> </tr> </tbody> </table>							Name and address of the Doctor	Date, reason and result of the last consultation	Applicant/Owner			Insured Dependant 1			Insured Dependant 2																																																																																						
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Insured Dependant 2																																																																																																							
4.	Have you ever used any habit forming drugs or narcotics or been treated for drug habits or consumed alcohol excessively or been treated for alcoholism?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																
5.	Have you ever had or been told to have or been treated for:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>a. epilepsy, fits, stroke, paralysis, weakness of limb, prolonged headache, unconsciousness, nervous breakdown, depression or any other nervous/mental disorders?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>b. diabetes, thyroid disorders or any other endocrine disorders?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>c. ear discharge, nose bleeds, double vision, impaired sight, hearing, or speech or any other disorders of ear, eye, nose or throat?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>d. asthma, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints/discomfort or any other lung disorders?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>e. raised cholesterol, high blood pressure, heart attack, heart murmur, cardiomyopathy, mitral valve prolapse or other heart valve disorders, breathlessness, irregular or fast heart rate, chest discomfort or pain, disease of or any other disorders of the heart or blood vessels?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>f. gastritis, stomach or duodenal ulcer, blood in stools, fistula, piles or any other stomach or bowel disorders?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>g. jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disorder?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>h. blood, protein or sugar in urine, kidney stones, infection or any other disorders of the kidney, bladder or genital organs?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>i. slipped disc, gout, arthritis, pain or deformity or disorders of the muscles, spine, limbs or joints or severe injury?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>j. cancer, tumours, cysts or growths of any kind?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>k. anaemia, any other disorders of the blood, advised to abstain from donating blood or received blood transfusion or blood products on account of haemophilia or any other reason?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>l. any other illness, disorder, operation, physical disability or accident not mentioned above?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>						a. epilepsy, fits, stroke, paralysis, weakness of limb, prolonged headache, unconsciousness, nervous breakdown, depression or any other nervous/mental disorders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	b. diabetes, thyroid disorders or any other endocrine disorders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	c. ear discharge, nose bleeds, double vision, impaired sight, hearing, or speech or any other disorders of ear, eye, nose or throat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	d. asthma, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints/discomfort or any other lung disorders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	e. raised cholesterol, high blood pressure, heart attack, heart murmur, cardiomyopathy, mitral valve prolapse or other heart valve disorders, breathlessness, irregular or fast heart rate, chest discomfort or pain, disease of or any other disorders of the heart or blood vessels?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	f. gastritis, stomach or duodenal ulcer, blood in stools, fistula, piles or any other stomach or bowel disorders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	g. jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	h. blood, protein or sugar in urine, kidney stones, infection or any other disorders of the kidney, bladder or genital organs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	i. slipped disc, gout, 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6.	Have you or your spouse been told to have, received any medical advice, counselling or treatment in connection with sexually transmitted disease, AIDS, AIDS Related Complex or any other AIDS related condition?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																
7.	a. Have you ever had HIV test done? If yes, please state reason, date and results. b. In the last 3 months have had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, enlarged nodes or unusual skin lesions? If yes, please state reason, date and results.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																
8.	a. In the past 5 years, have you had any (other than for immunisation or vaccination) of the following tests done? Blood test, Biopsy, Chest X-ray, CT Scan, ECGs, Cholesterol, Liver Function Tests, PAP smear, Ultrasound, Urine or other tests not mentioned. If yes, please specify the type of test done, date, reason and results of the respective test. b. In the past 5 years, have you had any (other than immunisation or vaccination) illness, operation, medical advice, hospital treatment not mentioned above?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																
9.	Have either of your natural parents or any siblings died or suffered from cancer, heart disease, stroke, high blood pressure, cardiomyopathy, diabetes, kidney diseases, mental disorder, tuberculosis or any hereditary disease? If yes, please indicate relationship, age at onset, current age and illness/age at death(if deceased).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																



PART III. LIFESTYLE AND HEALTH DETAILS OF APPLICANT/OWNER AND INSURED DEPENDANT(S) – ADULT AGE 16 YRS AND ABOVE (ATTAINED AGE)	Applicant/Owner		Insured Dependand 1		Insured Dependand 2	
	Yes	No	Yes	No	Yes	No
10. FOR ADULT FEMALE ONLY						
a. Have you suffered from or are you aware of any breast lumps or any other disorders of your breasts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorders of the female organs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you ever had any abnormal pap smear test or been told by any doctor to have a repeat pap smear within the next 6 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have you been advised to have a mammogram, biopsy, operation of the breasts, ultrasound of the pelvis or any other gynaecological investigations? If yes, please state type, reason, date of test done (dd/mm/yyyy) and results of test (copy to be submitted if available)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Are you now pregnant? If yes, please indicate the expected delivery date (dd/mm/yyyy) and when was the last time (dd/mm/yyyy) you visited the doctor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Has there been any complication(s) relating to this and/or previous pregnancies? If yes, please specify the complication(s) (Gestational diabetes, Caesarian section, Eclampsia, Hypertension, Diabetes, Thrombosis, Miscarriage or others not mentioned).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remarks: In connection with Insurance applied for, if any answer to question is "Yes", please give details below, quoting the relevant Applicant/Owner/Insured Dependand(s) and question number(s)						

7 DECLARATION

1. RESIDENCY – Please answer according to your Citizenship/Residency that you are holding.	Applicant/Owner *		Insured Dependand 1		Insured Dependand 2	
	Yes	No	Yes	No	Yes	No
A. For Singapore Citizen						
A.1 Have you resided outside of Singapore continuously for at least 5 years preceding the date of application?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A.2 Are you currently residing in Singapore?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. For Singapore Permanent Resident & employment pass, work permit, dependant pass or other work pass holders						
Have you resided in Singapore for a total of less than 183 days in the 12 months preceding the date of application?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. For student pass or long term visit pass holders						
C.1 Does your pass have a duration of less than 90 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.2 Have you resided in Singapore continuously for less than 90 days during the 12 months preceding the date of application?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. If you do not belong to any of the above categories, please tick here	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
* For Applicant/Owner application, both the Applicant/Owner and Insured Dependand(s) need to answer; where the Applicant/Owner is not an individual, only the Insured Dependand(s) needs to answer.						
I/We acknowledge and agree that the policy to be issued in relation to this application shall be deemed to be a Singapore policy.						
2. YOUR GUIDE TO LIFE/HEALTH INSURANCE - Tick as appropriate						
<input type="radio"/>	I have been informed and directed to view or download a copy of (1) "Your Guide to Life Insurance" and/or (2) "Your Guide to Health Insurance" (applicable only to accident and health business) from www.aia.com.sg , or www.lia.org.sg					
<input type="radio"/>	I have been informed and I request to be given a hardcopy of (1) "Your Guide to Life Insurance" and/or (2) "Your Guide to Health Insurance" (applicable only to accident and health business).					

1. I authorise the Central Provident Fund Board (the "CPF Board") to deduct premium(s) due for the Life/Lives to be Insured as named under this application (the "Life/Lives to be Insured") from my CPF Medisave Account (including any new CPF Medisave Account(s) which I may have arising from obtaining Singapore Permanent Resident status or otherwise) in accordance with the provisions of the Central Provident Fund Act (Chapter 36), the MediShield Life Scheme Act (Act No. 4 of 2015) and the respective subsidiary legislation made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the CPF Board from time to time for the purposes of the Private Medical Insurance Scheme (or by such other name as it may be referred to from time to time) (PMIS).

I authorise the CPF Board to disclose information/seek information on a confidential basis to/from any Insurer(s) for the PMIS in respect of the insurance cover issued following this application. Such information includes but is not limited to:

- (i) payment and amount of premiums due, including the deduction of premiums from my CPF Medisave Account and my CPF Medisave Account balance;
- (ii) the making of refunds under the PMIS, as the CPF Board shall reasonably consider appropriate; and
- (iii) the amount of premium subsidies for the Life/Lives to be Insured and the amount of additional premium applicable to the Life/Lives to be Insured.

Applicable for Selected Insured Dependant(s):

I, on behalf of each Selected Insured Dependant, hereby authorise the CPF Board to deduct the premium due for him/her from his/her respective CPF Medisave Account (including any new CPF Medisave Account(s) which he/she may have arising from obtaining Singapore Permanent Resident status or otherwise) in accordance with the provisions of the Central Provident Fund Act (Chapter 36), the MediShield Life Scheme Act (Act No. 4 of 2015) and the respective subsidiary legislation made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the CPF Board from time to time for the purposes of the PMIS.

I, on behalf of each Selected Insured Dependant, hereby authorise the CPF Board to disclose information/seek information on a confidential basis to/from any Insurer(s) for the PMIS in respect of the insurance cover issued for him/her following this application. Such information includes but is not limited to:

- (i) payment and amount of premiums due, including the deduction of premiums from his/her respective CPF Medisave Account and his/her respective CPF Medisave Account balance;
- (ii) the making of refunds under the PMIS, as the CPF Board shall reasonably consider appropriate; and
- (iii) the amount of premium subsidies for him/her and the amount of additional premium applicable to him/her.

2. I/We, the Life/Lives to be Insured named under this application, hereby consent to the transfer and disclosure, at any time and without notice to me/us, of any medical information on me/us, in AIA Singapore's or the CPF Board's possession, between AIA Singapore and the CPF Board for the purpose of assessing the insurability of me/us and/or the making of a claim under the PMIS.

I, on behalf of each Life/Lives to be Insured who is/are below 16 years of age, hereby consent to the transfer and disclosure, at any time and without notice to him/her/them, of any medical information on him/her/them, in AIA Singapore's or the CPF Board's possession, between AIA Singapore and the CPF Board for the purpose of assessing the insurability of him/her/them and/or the making of a claim under the PMIS.

3. Subject to the relevant laws and terms and conditions, I understand that:

- (i) Upon the commencement of this HealthShield Gold Max cover, any other existing Integrated Shield Plan (if any) under the PMIS in favour of the Life/Lives to be Insured shall automatically terminate; and
- (ii) Upon the commencement of another Integrated Shield Plan in favour of the Life/Lives to be Insured, this HealthShield Gold Max Cover of the Life/Lives to be Insured shall automatically terminate.

4. I/We declare that my insurance adviser(s) has/have advised me/us that all Singapore Citizens and Permanent Residents will be covered by Medishield Life. An Integrated Shield Plan comprises two parts- a Medishield Life portion provided by the CPF Board and an additional private insurance coverage provided by the Insurance Company. As Integrated Shield Plan premiums are higher than Medishield Life premiums, there should be sufficient monies in my/our CPF Medisave Account(s) or I/we should have enough cash to pay for Medishield Life premiums on an ongoing basis before I/we consider purchasing an Integrated Shield Plan.

I/We agree and declare on behalf of myself and any other person or persons, firm or corporation, who may have or claim any interest in any insurance on this application that:

1. I/We will take up the additional cover offered by AIA Max Essential, which is a complementary and non Medisave-approved health insurance plan.
2. I/We will pay the premium for AIA Max Essential in cash only. Such premiums are separate from that deducted by CPF for the AIA HealthShield Gold Max plan.
3. I/We have received a copy of (1) Financial Health Review (2) Product Summary (3) "Your Guide to Health Insurance", the contents of which have been explained to me/us to my/our satisfaction.
4. I/We understand that all Pre-Existing Conditions before the effective date of this Policy are not covered.
5. No statement, information or agreement made by/to or given by/to the person soliciting/taking this application or any other persons, shall be binding on AIA Singapore Private Limited ("AIA Singapore"), unless presented to me/us in writing and approved by an officer specified in the policy.
6. The statements and answers in this application together with any required questionnaire or amendments (the "Information") are full, complete, true and correct and that no information or material has been withheld. I/We understand that AIA Singapore, believing the Information to be such, will rely and act on the Information accordingly. I/We further agree that the Information shall form the basis of the contract between the parties hereto. I/We understand that if any of the Information is not full or complete or true or correct, the Policy issued hereunder may be void and I/we will receive only a refund of the premiums (without interest) less any and all medical expenses incurred in AIA Singapore's consideration of my/our application.
7. I (the Applicant/Owner if other than Proposed Insured) am not an undischarged bankrupt and that no bankruptcy application (including any statutory demand) or order has been made against me within the last twelve months.
8. AIA Singapore shall assume no liability whatsoever, and that my/our Policy/Policies will only be effective after this application is accepted by AIA Singapore and the initial premium duly paid in full to and accepted by AIA Singapore during the Insured's lifetime and good health.
9. All my/our declarations made and my/our statements or answers in this application and in any required medical examination, questionnaire or amendments together with the relevant policy shall constitute the entire contract between the parties in so far as it may be relevant to the policy or policies I/we have requested.
10. I am/We are aware that the Policy Contract and all other documents are considered to be received by me/us within 7 days of posting to the address which I/we have instructed AIA Singapore to send correspondences to. I/We agree to inform AIA Singapore immediately of any change in my/our correspondence address.
11. By signing this application, I/we confirm that the Insurance Adviser(s) of AIA Singapore has solicited insurance business from me/us in the Republic of Singapore and that the signing of this application has taken place in the Republic of Singapore.
12. I/We hereby authorise, agree and consent to
 - a. any medical source, insurance office or organisation to release to AIA Singapore, any relevant information concerning me/us at any time irrespective of whether the proposal is accepted by AIA Singapore; and
 - b. AIA Singapore to release to any medical source or insurance office any relevant information concerning me/us at any time, irrespective of whether the proposal is accepted by AIA Singapore; and
 - c. AIA Singapore or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my/our health status in relation to this application and any resulting claim; and



d. AIA Singapore Private Limited (“**AIA Singapore**”), its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively “**AIA Persons**”) to collect, use, disclose, store, retain and/or process (collectively, “**Use**”) all personal data and information (“**Personal Data**”) that had/has been provided to AIA Persons and/or that AIA Persons possess about me/us (whether from me/us or a third party), in the manner and for the purposes described in the AIA Personal Data Policy (“**PD Policy**”) which is available on AIA Singapore’s website, including but not limited to, processing of this Application/form and/or to provide subsequent advice or services to me/us in relation to this Application/Policy/form/AIA Vitality Programme and/or any other existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore. Without prejudice to the foregoing, I/we agree to comply with the terms of the PD Policy, including where such PD Policy is amended from time to time by AIA Singapore in accordance with its terms. Where Personal Data of another person is disclosed by me/us, I/we represent and warrant that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws: (i) to collect such Personal Data; (ii) to disclose such Personal Data to the AIA Persons; and (iii) for the AIA Persons to Use such Personal Data in the manner and for the purposes described in the PD Policy. I/We hereby specifically waive (on our own behalf and on behalf of each such other person, and I/we represent and warrant that such other person has granted me/us authority to so waive) any right to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of Personal Data in the nature of or for any of the purposes described above or in the PD Policy. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein.

This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective whether or not my/ our application is accepted by AIA Singapore. A photocopy of this authorisation shall be effective and valid as the original.

13. Marketing Consent

I (being the Applicant/Owner, for the purposes of this clause) consent to allow AIA Persons to collect, use, disclose, store, retain and/or process Personal Data that had/has been provided to AIA Persons and/or that AIA Persons possess about me (whether from me or a third party) for the purposes of conducting consumer, marketing related or other similar research and analysis and to provide marketing and promotional information relating to existing or future products and/or services, by the following modes of communication where I have indicated my consent below:

- (a) postal mail to my *postal address(es);
- (b) electronic transmission to or through my *email address(es) and/or *social media account(s);
- (c) with respect to all my *telephone number(s) (of which I confirm I am the user and/or subscriber), by way of:
 - (i) Phone/ Voice Call; and
 - (ii) SMS/MMS

* which are in AIA Persons’ records as may be updated from time to time by notice to AIA Persons

In relation to one or more of the above purposes, I consent to my Personal Data being disclosed to independent third parties and their representatives and such third parties processing my Personal Data.

Note:

- I may withdraw one or more consents provided by me at anytime via AIA Customer Care Hotline at 1800-248-8000 or AIA e-Care (for policyholders) or my Insurance Adviser (for policyholders and non-policyholders). I will stop receiving marketing messages via the selected modes of communication after 30 days. I will continue to receive marketing messages via other modes of communication where my consent has been given and information arising from my AIA policies or programmes.
- The consent provided by me in this form is in addition to and does not supersede, vary or nullify any consent which I may have provided previously in respect of the above purposes, unless my consent is withdrawn in the manner specified by AIA.

14. I/We understand and agree that AIA Singapore is entitled not to accept or process this application should a person connected with the relevant Policy be found to be a Prohibited Person, meaning a person or entity (including any director or direct / indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, beneficiaries or my/our beneficial owners or beneficiaries’ beneficial owners therein) subject to any laws, regulations and/or sanctions administered by any regulatory authorities in any country, which have the effect of prohibiting AIA Singapore from providing insurance coverage, transacting business with or otherwise offering any economic benefits to me/us or any other beneficiaries or assignees under the relevant Policy, and the decision of AIA Singapore shall be final. I/We further agree that in the event that AIA Singapore becomes aware subsequently that a person connected with the relevant Policy has become a Prohibited Person, AIA Singapore may block and/or terminate the relevant Policy, including but not limited to, making or receiving any payments under the relevant Policy. As an ongoing obligation, I/we will immediately inform AIA Singapore if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons. If an application is accepted or processed by AIA Singapore despite a person connected with the relevant Policy being a Prohibited Person, AIA Singapore shall be entitled to block and/or terminate the relevant Policy at any time, whether with effect from inception of the relevant Policy or otherwise.

WARNING: If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Insurance Adviser but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal. Additionally and without prejudice to the parties’ rights and obligations whether under law or otherwise, following the submission of your proposal, you must continue to disclose any and all material facts that may arise or which have changed from the information you had provided.

PLEASE NOTE: You are discouraged from switching from an existing accident and/or health insurance policy to a new one without considering whether the switch is detrimental, as there may be potential disadvantages with switching. A penalty may be imposed for early policy termination and the new policy may cost more or have fewer benefits at the same cost.

Declared in **SINGAPORE** on Day: Month: Year:

	INSURED DEPENDANT 1	INSURED DEPENDANT 2	WITNESSED BY
SIGNATURE OF APPLICANT/ OWNER*	SIGNATURE OF INSURED DEPENDANT(S)#		NAME & SIGNATURE OF AIA INSURANCE ADVISER(S)

Please note: copies of the terms and conditions on which the insurance will be made, and this completed application form, will be available on your request.

* Applicant/Owner shall pay for the AIA Max Essential premiums in Cash.

Signature is not required for a child of age 15 years and below.

Please sign Benefit Illustration/ Product Summary and Financial Health Review together with this application form.

PRODUCT SUMMARIES COVER PAGE

Original copy

The applicant acknowledges receipt of all pages of the product summaries for the plans listed below, and that they have read and understood its contents.

	Expiry Age of Cover	Product Summary Version	Page(s)
1) AIA HealthShield Gold Max	Lifetime Coverage	6.2	15 - 23
2) AIA Max Essential	Lifetime Coverage	8.3	25 - 28
3) AIA HealthShield Gold Max For Foreigner	Lifetime Coverage	5.3	29 - 36
4) AIA Max Essential For Foreigner	Lifetime Coverage	8.3	37 - 40

Applicant

Name **AIA HealthShield Gold Policy No.** -

AIA HealthShield Gold Max A B B Lite

AIA Max Essential Yes

- For AIA HealthShield Gold Max A, Please indicate A A Saver

Age Next Birthday AIA HealthShield Gold Max For Foreigner A

AIA Max Essential For Foreigner A A Saver

Signature

Dependant 1

Name **AIA HealthShield Gold Policy No.** -

AIA HealthShield Gold Max A B B Lite

AIA Max Essential Yes

- For AIA HealthShield Gold Max A, Please indicate A A Saver

Age Next Birthday AIA HealthShield Gold Max For Foreigner A

AIA Max Essential For Foreigner A A Saver

Dependant 2

Name **AIA HealthShield Gold Policy No.** -

AIA HealthShield Gold Max A B B Lite

AIA Max Essential Yes

- For AIA HealthShield Gold Max A, Please indicate A A Saver

Age Next Birthday AIA HealthShield Gold Max For Foreigner A

AIA Max Essential For Foreigner A A Saver

AIA Financial Services Consultant / Insurance Representative(s)

Name of AIA Financial Services Consultant / Insurance Representative 1 Name of AIA Financial Services Consultant / Insurance Representative 2

Signature of AIA Financial Services Consultant / Insurance Representative 1 Signature of AIA Financial Services Consultant / Insurance Representative 2

Date

Notes

- These product summaries are simplified descriptions of the product features of these plans and do not form a part of any contract of insurance. Please refer to the actual policy contracts for all terms and conditions, including exclusions whereby the benefits may not be paid out.
- For details on premiums please refer to the individual product summary for the plan.

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AIA SINGAPORE APPLICATION FOR INTERBANK GIRO

PART 1 : To be completed by bank account holder

Important notes:

- All fields are mandatory. Amendments made must be countersigned by the bank account holders. Use of correction fluid/tape is not allowed.
- The approval process for GIRO application using this application form is approximately 2 months. Alternatively, for Non-Corporate Solutions Policies, POSB/DBS Account Holders can apply for GIRO at any AXS Kiosks and you will be notified within 7 days if the GIRO application is successful. Until your GIRO application is approved, kindly remit premium payments directly to AIA Singapore Private Limited.
- For Non-Corporate Solutions Policies, please mail to Life Operations Dept at 03 Tampines Grande, #09-00, AIA Tampines Singapore 528799.
- For Corporate Solutions Policies, please mail to Corporate Solutions Dept at 03 Tampines Grande, #07-00, AIA Tampines Singapore 528799.

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Billing Organisation: AIA Singapore Private Limited

- I/We, hereby instruct you to process AIA Singapore Private Limited's instructions to debit my/our account.
- You are entitled to reject AIA Singapore Private Limited'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.
- This authorization 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 AIA Singapore Private Limited.

Name of Bank (Please tick only once):

<input type="checkbox"/> POSB/DBS	<input type="checkbox"/> OCBC	<input type="checkbox"/> UOB
<input type="checkbox"/> Standard Chartered	<input type="checkbox"/> Maybank	<input type="checkbox"/> HSBC
<input type="checkbox"/> Citibank	<input type="checkbox"/> Others : _____	

Bank Account Holder's Name(s):

--

Bank Account Number (Please omit dash):

For OCBC Bank, please write full 10 or 12 digits account numbers

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank Account Holder's Contact No. (Home/ Mobile):

--

AIA Insurance Adviser Name & Agency / Distributor Name:

--

For Non-HealthShield Policy Numbers:

- For loan repayment policy number prefix must be "R".
- Please ensure that policy numbers are written clearly.

1)																			
2)																			
3)																			
4)																			
5)																			

Signature(s) / Thumbprint(s)* / Company Stamp (as in Bank's record):

--

** Your thumbprint(s) need to be witnessed and verified by the Bank's staff. For signature(s), you have an option to approach your respective Bank for verification.*

For HealthShield and Essential ONLY:

- For GIRO application of Essential Rider, please apply under basic HealthShield prefix "H", e.g. to apply GIRO for E123456789 policy, indicate as H123456789 on the form.

1)	H																		
2)	H																		
3)	H																		
4)	H																		
5)	H																		

PART 2 : To be completed by AIA Singapore Private Limited

For POSB/DBS Accounts, please use the following account number:

Bank	Branch	AIA Singapore Bank A/C No.
7171	006	0060126499

For Other Bank Accounts, please use the following account number:

Bank	Branch	AIA Singapore Bank A/C No.
7232	141	010876001

PART 3: To be completed by bank

To: **AIA Singapore Private Limited**

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

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

Name of Approving Officer

Authorised Signature

Date

#Delete where applicable



* G 0 1 0 6 1 6 0 1 0 2 0 2 *

AIA Singapore Private Limited (Reg. No. 201106386R)
AIA Customer Service Centre, 1 Finlayson Green, Singapore 049246
Monday – Friday: 8.45am – 5.30pm
AIA Customer Care Hotline: 1800 248 8000 AIA.COM.SG

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AIA VITALITY MEMBERSHIP APPLICATION FORM



FSC's/IR's Name 1	<input type="text"/>	FSC's/IR's Name 2	<input type="text"/>
FSC's/IR's Code 1	<input type="text"/>	FSC's/IR's Code 2	<input type="text"/>
FSC's/IR's Unit 1	<input type="text"/>	FSC's/IR's Unit 2	<input type="text"/>
Unit Name 1	<input type="text"/>	Unit Name 2	<input type="text"/>
Contact No.	<input type="text"/>	Contact No.	<input type="text"/>

Membership No.

Particulars of Applicant

Name*	<input type="text"/>	NRIC/FIN/Passport No*	<input type="text"/>																				
Date of Birth* (DDMMYYYY)	<input type="text"/>	Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female																				
Residential Address*	<table border="1"> <tr> <td>Block No</td> <td><input type="text"/></td> <td>Street Name</td> <td><input type="text"/></td> </tr> <tr> <td>Unit No.#</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>City</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Country</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Postal Code</td> <td colspan="3"><input type="text"/></td> </tr> </table>		Block No	<input type="text"/>	Street Name	<input type="text"/>	Unit No.#	<input type="text"/>			City	<input type="text"/>			Country	<input type="text"/>			Postal Code	<input type="text"/>			Contact No.
Block No	<input type="text"/>	Street Name	<input type="text"/>																				
Unit No.#	<input type="text"/>																						
City	<input type="text"/>																						
Country	<input type="text"/>																						
Postal Code	<input type="text"/>																						
		Home	<input type="text"/>																				
		Mobile*	<input type="text"/>																				
		Email Address*	<input type="text"/>																				

* Vitality Membership Application will not be approved if above details are not completed

Payment Details

Payment Frequency Monthly Quarterly Bi-Annually Annually

Payment Amount (Inc. prevailing GST) S\$5.00 S\$15.00 S\$30.00 S\$60.00

Payment Method GIRO - For all bank account holders (Please complete application for InterBank GIRO.)

Important Notes

- The default monthly payment frequency will apply if there is no payment frequency selected.
- For all payment methods, please make an initial upfront payment via Cash/Cheque.
- For monthly payment frequency, a minimum initial upfront payment of 2 months is required.

PT0022329 (01/2015 01/2015A 01/2018)



* U 6 1 1 0 1 7 0 1 0 2 0 2 *

AIA Singapore Private Limited (Reg No. 201106386R)
AIA Customer Service Centre, 1 Finlayson Green, Singapore 049246
Monday to Friday: 8.45am – 5.30pm
AIA Customer Care Hotline: 1800 248 8000 AIA.COM.SG

Declaration and Authorisation

I/We hereby authorise, agree and consent to AIA Singapore Private Limited ("**AIA Singapore**"), its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "**AIA Persons**") to collect, use, disclose, store, retain and/or process (collectively, "**Use**") all personal data and information ("**Personal Data**") that had/had been provided to AIA Persons and/or that AIA Persons possess about me/us (whether from me/us or a third party), in the manner and for the purposes described in the AIA Personal Data Policy ("**PD Policy**") which is available on AIA Singapore's website, including but not limited to, processing of this Application/form and/or to provide subsequent advice or services to me/us in relation to this Application/Policy/form/AIA Vitality Programme and/or any other existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore. Without prejudice to the foregoing, I/we agree to comply with the terms of the PD Policy, including where such PD Policy is amended from time to time by AIA Singapore in accordance with its terms. Where Personal Data of another person is disclosed by me/us, I/we represent and warrant that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws: (i) to collect such Personal Data; (ii) to disclose such Personal Data to the AIA Persons; and (iii) for the AIA Persons to Use such Personal Data in the manner and for the purposes described in the PD Policy. I/We hereby specifically waive (on our own behalf and on behalf of each such other person, and I/we represent and warrant that such other person has granted me/us authority to so waive) any right to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of Personal Data in the nature of or for any the purposes described above or in the PD Policy. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not my/our Application/form is accepted by AIA Singapore. A photocopy of this authorisation shall be valid and effective as the original.

I/We further consent to AIA Persons contacting (i) me; and (ii) members of the AIA Vitality Programme (as the case may be for corporate policyholders), (and therefore to the receipt of messages) via electronic transmission (e.g. email), SMS, MMS, instant messaging, telephone (via all my/members' telephone numbers, whether registered in Singapore or otherwise), in relation to membership and participation in the AIA Vitality Programme, to provide information, news, promotions, offers and updates regarding the programme and its related products and services. Where I/we have provided consent on behalf of another person, I/we represent and warrant that I/we have obtained the necessary consents from such person.

I have read and understood the terms and conditions of the AIA Vitality Programme which is available at www.aiavitality.com.sg/memberportal/terms_and_conditions and agree to be bound by them for the use of the AIA Vitality Programme

Marketing Consent Clause

I consent to allow AIA Persons to collect, use, disclose, store, retain and/or process all Personal Data that had/had been provided to AIA Persons and/or that AIA Persons possess about me (whether from me or a third party) for the purposes of conducting consumer, marketing related or other similar research and analysis and to provide marketing and promotional information relating to existing or future products and/or services, by the following modes of communication where I have indicated my consent below:

- (a) postal mail to my *postal address(es);
- (b) electronic transmission to or through my *email address(es) and/or *social media-account(s);
- (c) with respect to all my *telephone number(s) (of which I confirm I am the user and/or subscriber), by way of:
- (i) Phone/voice call; and
- (ii) SMS/MMS.

* which are in AIA Persons' records as may be updated from time to time by notice to AIA Persons

In relation to one or more of the above purposes, I consent to my Personal Data being disclosed to independent third parties and their representatives and such third parties processing my Personal Data.

Note:

- I may withdraw one or more consents provided by me at anytime via AIA Customer Care Hotline at 1800-248-8000 or AIA e-Care (for policyholders) or my insurance representative (for policyholders and non-policyholders). I'll stop receiving marketing messages via the selected modes of communication after 30 days. I will continue to receive marketing messages via other modes of communication where my consent has been given and information arising from my AIA policies or programmes.
- The consent provided by me in this form is in addition to and does not supersede, vary or nullify any consent which I may have provided previously in respect of the above purposes, unless my consent is withdrawn in the manner specified by AIA.

Signed in **Singapore** on Date* (DDMMYYYY)

Signature of Applicant*

Signature of FSC/IR 1

Signature of FSC/IR 2

* **Vitality Membership Application will not be approved if above details are not completed**



Product Summary for AIA HealthShield Gold Max (Version 6.2)

This insurance plan is underwritten by AIA Singapore Private Limited (Reg. No. 201106386R) (“we, our, us, AIA Singapore”).

(A) Product Information:

AIA HealthShield Gold Max offers protection against medical bills for a broad range of hospitalisation, pre- and post-hospitalisation treatments and selected outpatient treatments.

There are 3 plan types for you to choose from to meet your hospitalisation needs and budget:

AIA HealthShield Gold Max A :	covers hospitalisation bills mostly on an ‘ as charged ’ basis in a standard room in Private hospital and below.
AIA HealthShield Gold Max B :	covers hospitalisation bills mostly on an ‘ as charged ’ basis if treatments are received in A Class Ward in a government/restructured hospital and below.
AIA HealthShield Gold Max B Lite :	covers hospitalisation bills mostly on an ‘ as charged ’ basis if treatments are received in B1 Class Ward in a government/restructured hospital and below.

(i) Breakdown of Standard Premium

The tables below show the breakdown of premiums for a standard life* under AIA HealthShield Gold Max.

Age Group (Attained Age Next Birthday)	MediShield Life Premiums (Fully payable by Medisave**)	Additional Private Insurance Coverage (S\$ and inclusive of 7% GST)						
		Additional Withdrawal Limits (AWLs)	AIA HealthShield Gold Max A		AIA HealthShield Gold Max B		AIA HealthShield Gold Max B Lite	
			Additional Coverage Premium	Cash outlay	Additional Coverage Premium	Cash outlay	Additional Coverage Premium	Cash outlay
1 – 20	130.00	300.00	170.00	-	93.00	-	68.00	-
21 – 25	195.00	300.00	174.00	-	99.00	-	70.00	-
26 – 30	195.00	300.00	221.00	-	99.00	-	70.00	-
31 – 35	310.00	300.00	286.00	-	153.00	-	102.00	-
36 – 40	310.00	300.00	299.00	-	153.00	-	102.00	-
41 – 45	435.00	600.00	718.00	118.00	298.00	-	162.00	-
46 – 50	435.00	600.00	775.00	175.00	298.00	-	199.00	-
51 – 55	630.00	600.00	1,061.00	461.00	418.00	-	215.00	-
56 – 60	630.00	600.00	1,355.00	755.00	455.00	-	238.00	-
61 – 65	755.00	600.00	1,894.00	1,294.00	664.00	64.00	360.00	-
66 – 70	815.00	600.00	2,672.00	2,072.00	1,287.00	687.00	580.00	-
71 – 73	885.00	900.00	3,548.00	2,648.00	1,779.00	879.00	860.00	-
74 – 75	975.00	900.00	3,931.00	3,031.00	1,924.00	1,024.00	1,010.00	110.00
76 – 78	1,130.00	900.00	5,373.00	4,473.00	2,738.00	1,838.00	1,369.00	469.00
79 – 80	1,175.00	900.00	5,991.00	5,091.00	2,749.00	1,849.00	1,369.00	469.00
81 – 83	1,250.00	900.00	6,369.00	5,469.00	2,801.00	1,901.00	1,418.00	518.00
84 – 85	1,430.00	900.00	6,433.00	5,533.00	3,044.00	2,144.00	1,467.00	567.00
86 – 88	1,500.00	900.00	6,497.00	5,597.00	3,146.00	2,246.00	1,630.00	730.00
89 – 90	1,500.00	900.00	6,562.00	5,662.00	3,317.00	2,417.00	1,895.00	995.00
91 – 93	1,530.00	900.00	6,890.00	5,990.00	3,598.00	2,698.00	2,071.00	1,171.00
94 – 95	1,530.00	900.00	7,235.00	6,335.00	3,884.00	2,984.00	2,255.00	1,355.00
96 – 98	1,530.00	900.00	7,741.00	6,841.00	4,341.00	3,441.00	2,550.00	1,650.00
99 – 100	1,530.00	900.00	7,819.00	6,919.00	4,673.00	3,773.00	2,762.00	1,862.00

* A standard life is an insured who, at point of proposal, does not have any pre-existing conditions.

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

Notes:

- The total distribution cost of this product is 74% of additional private insurance coverage premiums for the first year and 5% to 11% of additional private insurance coverage premiums for renewal years. Distribution cost, charges and expenses will be available upon written request.
- The last entry age is 75. Premium rates applicable to age groups 76 and above are for renewal only. Ages are based on attained age next birthday.
- Premium rates applicable to age groups above 100 (based on attained age next birthday, for renewal only) are available upon written request.
- If the premium is paid by CPF Medisave and exceeds the Additional Withdrawal Limits (as set out in table in Section (i)), the outstanding balance must be paid in cash together with this application. If there are insufficient funds in the Payor’s Medisave Account, the application will not be processed.

AIA HealthShield Gold Max is issued under a joint insurance arrangement with the Central Provident Fund (CPF) Board to enhance the coverage provided by MediShield Life. The Insured will be covered by AIA HealthShield Gold Max and MediShield Life simultaneously and, upon making a claim, the higher of the benefits computed under both plans will be paid.



(ii) Schedule of Benefits

AIA HealthShield Gold Max policy is made up of two parts – a MediShield Life portion provided by the Central Provident Fund Board (CPF) and additional private insurance coverage provided by AIA. The full AIA HealthShield Gold Max premium comprises the MediShield Life premium and your AIA HealthShield Gold Max's additional coverage premium.

In the event of hospitalisation/medical treatment, your final payout will comprise the MediShield Life payout and the AIA HealthShield Gold Max additional coverage payout. For example,

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

We will only reimburse charges that are considered to be Reasonable and Customary in our opinion. Reasonable and Customary means any fee or expense which is charged for treatment, supplies or medical service that is medically necessary to treat the condition and which is in accordance with the standards of good medical practice for the care of an injured or ill person under the supervision or order of a physician or specialist and which does not in our opinion:

- exceed the usual level of charges for similar treatment, supplies or medical services in Singapore; and
- include fees or charges that would not have been made if no insurance had existed.

This Schedule of Benefits is a brief summary of the benefits applicable to this plan. For full details of these benefits, you are advised to read the policy contract.

Comparison of Benefits between MediShield Life and AIA HealthShield Gold Max

Benefit Parameters	Limits of Compensation (Figures in S\$ and inclusive of GST)			
	MediShield Life (MSHL)	AIA HealthShield Gold Max A <i>(Payout includes MSHL payout)</i>	AIA HealthShield Gold Max B <i>(Payout includes MSHL payout)</i>	AIA HealthShield Gold Max B Lite <i>(Payout includes MSHL payout)</i>
Hospital Ward Entitlement	B2/C Class Ward	Standard Room in Private Hospital and below	A Class Ward in Government / Restructured Hospital and below	B1 Class Ward in Government / Restructured Hospital and below
(A) Hospitalisation and Surgical Benefits				
(i) Daily Room and Board Benefit ¹	700 per day	As Charged	As Charged	As Charged
(ii) Daily ICU Benefit ¹	1,200 per day	As Charged	As Charged	As Charged
(iii) Community Hospital Benefit ¹	350 per day	As Charged	As Charged	As Charged
(iv) Surgical Benefit (Including Organ Transplant Benefit and Stem Cell Transplant Benefit)				
• Surgical Procedures ²				
➢ Table 1 (less complex procedures)	200	As Charged for Table 1 to Table 7	As Charged for Table 1 to Table 7	As Charged for Table 1 to Table 7
➢ Table 2	480			
➢ Table 3	900			
➢ Table 4	1,150			
➢ Table 5	1,400			
➢ Table 6	1,850			
➢ Table 7 (more complex procedures)	2,000			
• Surgical Implants and Approved Medical Consumables	7,000 per treatment	As Charged	As Charged	As Charged
• Stereotactic Radiosurgery ³	4,800 per procedure	As Charged	As Charged	As Charged
(B) Pre-Hospitalisation Benefit	NIL	As Charged Within 100 days prior to Confinement <u>If admitted to / treated by AIA Preferred Providers^{4,5,6}.</u> Within 13 months prior to Confinement	As Charged Within 100 days prior to Confinement	As Charged Within 100 days prior to Confinement



Benefit Parameters	Limits of Compensation (Figures in S\$ and inclusive of GST)				
	MediShield Life (MSHL)	AIA HealthShield Gold Max A <i>(Payout includes MSHL payout)</i>	AIA HealthShield Gold Max B <i>(Payout includes MSHL payout)</i>		AIA HealthShield Gold Max B Lite <i>(Payout includes MSHL payout)</i>
Hospital Ward Entitlement	B2/C Class Ward	Standard Room in Private Hospital and below	A Class Ward in Government / Restructured Hospital and below		B1 Class Ward in Government / Restructured Hospital and below
(C) Post-Hospitalisation Benefits					
(i) Post-Hospitalisation Treatment	NIL	As Charged Within 100 days after Confinement <u>If admitted to / treated by AIA Preferred Providers^{4,5,6}.</u> Within 13 months after Confinement	As Charged Within 100 days after Confinement		As Charged Within 100 days after Confinement
(ii) Extended Post-Hospitalisation Treatment for 30 Critical Illnesses (within 100 days following the expiry of Post-Hospitalisation Treatment)	NIL	As Charged ⁷	As Charged		As Charged
(D) Accidental Inpatient Dental Treatment Benefit	Covered under inpatient hospital treatment	Subject to the respective Limits of Compensation applicable to Benefits under Parts (A), (B) and (C).			
(E) Pregnancy Complications Benefit	Covered under inpatient hospital treatment	As Charged ⁸	As Charged ⁸		As Charged ⁸
(F) Congenital Abnormalities Benefits					
(i) Congenital Abnormalities of Insured's Biological Child from Birth (for female Insured) ^{9, 10}	NIL	20,000 per lifetime Limited to 5,000 per child	16,000 per lifetime Limited to 4,000 per child		12,000 per lifetime Limited to \$3,000 per child
(ii) Congenital Abnormalities of Insured ¹¹	Covered under inpatient hospital treatment	Subject to the respective Limits of Compensation applicable to Benefits under Parts (A), (B) and (C).			
(G) Living Donor Organ Transplant Benefits					
(i) Insured (as the Living Donor) Donating an Organ	Covered under inpatient hospital treatment	60,000 per transplant ^{9, 12}	40,000 per transplant ^{9, 12}		20,000 per transplant ^{9, 12}
(ii) Non-insured (as the Living Donor) Donating an Organ to the Insured ¹³	Covered under inpatient hospital treatment	60,000 per transplant ⁹	40,000 per transplant ⁹		20,000 per transplant ⁹
(H) Emergency Overseas (Outside Singapore) Medical Treatment Benefit¹⁴	Nil	Subject to the respective Limits of Compensation applicable to Benefits under Parts (A) and (C).			
(I) Psychiatric Treatment Benefits					
(i) In-Hospital Psychiatric Treatment ¹	100 per day (up to 35 days per policy year)	5,000 per policy year ⁹	4,000 per policy year ⁹		3,500 per policy year ⁹
(ii) Post-Hospitalisation Psychiatric Treatment (within 200 days after Confinement) ⁹	NIL	5,000 per policy year	2,500 per policy year		1,000 per policy year
(J) Outpatient Benefit¹⁵					
Type of Hospital	Government / Restructured Hospital	Private Hospital and Government / Restructured Hospital	Private Hospital	Government / Restructured Hospital	Government / Restructured Hospital
<ul style="list-style-type: none"> • Radiotherapy for cancer <ul style="list-style-type: none"> ➢ External or Superficial 	140 per treatment session	As Charged	500 per treatment session ¹⁶	As Charged	As Charged



Benefit Parameters	Limits of Compensation (Figures in S\$ and inclusive of GST)				
	MediShield Life (MSHL)	AIA HealthShield Gold Max A <i>(Payout includes MSHL payout)</i>	AIA HealthShield Gold Max B <i>(Payout includes MSHL payout)</i>		AIA HealthShield Gold Max B Lite <i>(Payout includes MSHL payout)</i>
Hospital Ward Entitlement	B2/C Class Ward	Standard Room in Private Hospital and below	A Class Ward in Government / Restructured Hospital and below		B1 Class Ward in Government / Restructured Hospital and below
➤ Brachytherapy with or without external	500 per treatment session	As Charged	500 per treatment session ¹⁶	As Charged	As Charged
• Stereotactic Radiotherapy for cancer	1,800 per treatment session	As charged	4,000 per treatment session ¹⁶	As charged	As charged
• Chemotherapy for cancer	3,000 per month	As charged	36,000 per policy year ¹⁶	As charged	As charged
• Immunotherapy for cancer	NIL	As charged	24,000 per policy year ¹⁶	As charged	As charged
• Renal Dialysis	1,000 per month	As charged	36,000 per policy year ¹⁶	As charged	As charged
• Erythropoietin	200 per month	As charged	7,200 per policy year ¹⁶	As charged	As charged
• Approved Immunosuppressants prescribed for Organ Transplant ¹⁷	200 per month	As charged	7,200 per policy year ¹⁶	As charged	As charged
(K) Final Expense Benefit¹⁵	NIL	5,000 per policy	3,500 per policy		2,500 per policy
(L) Waiver of Premium for 1 Year Benefit upon Total and Permanent Disability^{15,18}	NIL	Waiver of one year premium			
(M) Extra Cover for 30 Critical Illnesses Benefit¹⁹					
• Critical Illnesses Limit Per Policy Year	NIL	100,000	75,000		50,000
• Critical Illnesses Limit Per Lifetime	NIL	Unlimited	Unlimited		Unlimited
Maximum Claim Limit					
• Maximum Limit Per Policy Year	100,000	1,000,000 <i>If admitted to / treated by AIA Preferred Providers^{4,6,20}: 2,000,000</i>	450,000		300,000
• Maximum Limit Per Lifetime	Unlimited	Unlimited	Unlimited		Unlimited
Pro-ration Factor					
Citizenship	Singapore Citizen	Permanent Resident	Singapore Citizen / Permanent Resident		
• Class C	100%	44%	NIL	NIL	NIL
• Class B2	100%	58%	NIL	NIL	NIL
• Class B2+	70%	47%	NIL	NIL	NIL



Benefit Parameters	Limits of Compensation (Figures in S\$ and inclusive of GST)				
	MediShield Life (MSHL)		AIA HealthShield Gold Max A <i>(Payout includes MSHL payout)</i>	AIA HealthShield Gold Max B <i>(Payout includes MSHL payout)</i>	AIA HealthShield Gold Max B Lite <i>(Payout includes MSHL payout)</i>
Hospital Ward Entitlement	B2/C Class Ward		Standard Room in Private Hospital and below	A Class Ward in Government / Restructured Hospital and below	B1 Class Ward in Government / Restructured Hospital and below
<ul style="list-style-type: none"> Class B1 	43%	38%	NIL	NIL	90% ²¹ (for Singapore Permanent Residents)
<ul style="list-style-type: none"> Class A 	35%	35%	NIL	NIL	80% ²³
<ul style="list-style-type: none"> Private hospital 	35%	35%	NIL	70% ²²	50% ²³
<ul style="list-style-type: none"> Subsidised Community Hospital 	100%	50%	NIL	NIL	NIL
<ul style="list-style-type: none"> Unsubsidised Community Hospital 	50%	50%	NIL	NIL	NIL
<ul style="list-style-type: none"> Subsidised Day Surgery 	100%	58%	NIL	NIL	NIL
<ul style="list-style-type: none"> Unsubsidised Day Surgery 	35%	35%	NIL	NIL	NIL
<ul style="list-style-type: none"> Private Hospital Day Surgery 	35%	35%	NIL	70% ²²	65% ²³
<ul style="list-style-type: none"> Subsidised Short-stay Ward 	100%	58%	NIL	NIL	NIL
<ul style="list-style-type: none"> Unsubsidised Short-stay Ward 	35%	35%	NIL	NIL	NIL
<ul style="list-style-type: none"> Subsidised Outpatient Treatment 	100%	67%	NIL	NIL	NIL
<ul style="list-style-type: none"> Unsubsidised Outpatient Treatment 	50% ²⁴	50% ²⁴	NIL	70% ²²	65% ^{23,25}
Deductible²⁶ (per Policy Year)					
	Below age 81 next birthday		Below age 82 next birthday		
<ul style="list-style-type: none"> Class C 	1,500		1,500	1,500	1,500
<ul style="list-style-type: none"> Class B2 	2,000		2,000	2,000	2,000
<ul style="list-style-type: none"> Class B1 	2,000		2,500	2,500	2,500
<ul style="list-style-type: none"> Class A 	2,000		3,500	3,500	3,500
<ul style="list-style-type: none"> Private Hospital (All ward types, except day surgery and short stay ward) 	2,000		3,500	3,500	3,500
<ul style="list-style-type: none"> Subsidised Day Surgery / Short Stay Wards 	1,500		2,000	2,000	2,000
<ul style="list-style-type: none"> Unsubsidised Day Surgery / Short Stay Wards 	1,500		2,000	2,000	2,000
	For ages 81 next birthday and above		For ages 82 next birthday and above		
<ul style="list-style-type: none"> Class C 	2,000		1,500	1,500	1,500
<ul style="list-style-type: none"> Class B2 	3,000		2,250	2,250	2,250
<ul style="list-style-type: none"> Class B1 	3,000		3,000	3,000	3,000
<ul style="list-style-type: none"> Class A 	3,000		4,500	4,500	4,500
<ul style="list-style-type: none"> Private Hospital (All ward types, except day surgery and short stay ward) 	3,000		4,500	4,500	4,500
<ul style="list-style-type: none"> Subsidised Day Surgery / Short Stay Wards 	3,000		3,000	3,000	3,000
<ul style="list-style-type: none"> Unsubsidised Day Surgery / Short Stay Wards 	3,000		3,000	3,000	3,000
Co-insurance²⁷	All Ward Classes & Day Surgery		10%		
	<ul style="list-style-type: none"> 0 to 5,000: 10% 5,001 to 10,000: 5% >10,000: 3% 				
	Outpatient Treatments: 10%				
Last Entry Age	No limit		75		
Maximum Coverage Period	Lifetime		Lifetime		



- 1 Inclusive of meals, prescriptions, professional charges, investigations and other miscellaneous medical charges.
- 2 Surgical Procedures refer to the types of surgical operations listed in the "Table of Surgical Procedures" under the Medisave Scheme operated by the Ministry of Health of Singapore excluding (a) all surgical operations stated in the General Exclusions and (b) any other surgical operations that are not specified in the said "Table of Surgical Procedures". The costs of any surgical implants, Approved Medical Consumables and/or Stereotactic Radiosurgery procedure are not included in this portion of the benefit. Surgical Procedures classified according to their level of complexity, which increases from Table 1 to Table 7.
- 3 Stereotactic Radiosurgery means the gamma knife treatment or the Novalis shaped beam treatment of neurosurgical or neurological disorders.
- 4 AIA Preferred Providers refer to all government / restructured hospital and to all listed medical service providers in Singapore, such list as approved and may be amended by us at our discretion from time to time.
- 5 To be eligible for the 13 months cover for Pre-Hospitalisation Benefit and Post-Hospitalisation Benefit (Post-Hospitalisation Treatment), the Confinement following the pre-hospitalisation treatment or prior to the post-hospitalisation treatment must be administered by AIA Preferred Providers.
- 6 In the event where there are more than one (1) treating Physicians or Specialists for the same Confinement and/or Surgical Procedures, the main treating Physician or Specialist must be an AIA Preferred Provider.
- 7 This Extended Post-Hospitalisation Treatment for 30 Critical Illnesses Benefit shall not apply and shall not be payable if the Post-Hospitalisation Treatment Benefit has been claimed for a period of 200 or more days following the day such Confinement ends.
- 8 Reimburse the eligible expenses incurred if the Insured requires confinement in a hospital to undergo medical or surgical treatment due to one of the following pregnancy complications as defined in the policy contract. Pregnancy complications covered are:
 - (a) Ectopic pregnancy;
 - (b) Pre-eclampsia or eclampsia;
 - (c) Disseminated Intravascular Coagulation (DIC);
 - (d) Miscarriage (after 13 weeks of pregnancy);
 - (e) Acute Fatty Liver Pregnancy;
 - (f) Choriocarcinoma and Hydatidiform Mole; and
 - (g) Postpartum Haemorrhage requiring Hysterectomy.
- 9 The maximum amount reimbursed under the following benefits shall be equal to the amount stated under the respective limits of compensation which are counted after deducting the deductible and co-insurance:
 - (a) Congenital Abnormalities of Insured's Biological Child from Birth (for female Insured) under Congenital Abnormalities Benefits
 - (b) Insured (as the Living Donor) Donating an Organ under Living Donor Organ Transplant Benefit
 - (c) Non-insured (as the Living Donor) Donating an Organ to the Insured under Living Donor Organ Transplant Benefit
 - (d) In-Hospital Psychiatric Treatment under Psychiatric Treatment Benefits
 - (e) Post-Hospitalisation Psychiatric Treatment under Psychiatric Treatment Benefits
- 10 Reimburse eligible expenses incurred by the Insured's biological child if the child is required to be confined in a hospital to undergo medical or surgical treatment due to birth defects, including hereditary conditions and congenital sickness or abnormalities during the first 24 months from date of birth of the child.
- 11 Reimburse eligible expenses incurred by the Insured if the Insured is required to be confined in a hospital to undergo medical or surgical treatment due to his own birth defects, including hereditary conditions and congenital sickness or abnormalities.
- 12 Reimburse eligible expenses incurred by the Insured (as the living donor) to remove his kidney or a part of his liver for transplantation at a hospital in Singapore as approved under MediShield Life Scheme and regulated under Human Organ Transplant Act (HOTA). Expenses covered must be directly attributed to the Insured's donation surgery and shall be limited to costs for pre- and post-hospitalisation treatments and tests, hospital confinement, surgical procedure for organ removal, and storage and transport of the donated organ.
- 13 Reimburse eligible expenses incurred by a non-insured (as the living donor) to remove his kidney or a part of his liver for transplantation into the Insured's body, at a hospital in Singapore, as approved under MediShield Life Scheme and regulated under HOTA. Expenses covered must be directly attributed to the living donor's donation surgery and shall be limited to costs for hospital confinement, surgical procedure for organ removal, and storage and transport of the donated organ.
- 14 The deductible applied to eligible expenses incurred under the Emergency Overseas (Outside Singapore) Medical Treatment Benefit shall be equivalent to that of an A Class Ward/private hospital in Singapore. Benefit payable under the Emergency Overseas (Outside Singapore) Medical Treatment Benefit shall be limited to the level of Reasonable and Customary charges in a Singapore private hospital. Eligible expenses incurred for post-hospitalisation treatment and tests shall be reimbursed under this benefit provided such treatment and tests are done in Singapore and within such period specified under Post-Hospitalisation Benefits.
- 15 Eligible expenses incurred under the Outpatient Benefit are not subject to the deductible but are subject to co-insurance. The Final Expense Benefit and Waiver of Premium for 1 Year Benefit (upon TPD) are not subject to either the deductible or co-insurance. Eligible expenses incurred under all other benefits are subject to the deductible and co-insurance.
- 16 For AIA HealthShield Gold Max B, if the Insured incurs the eligible expenses in a private hospital/any other private medical institution under Outpatient Benefit, any such eligible expenses will not be subject to the pro-ration factor if the eligible expenses are less than or equal to the amounts specified for each outpatient treatment as set out in the Schedule of Benefits. Any eligible expenses in excess of such amount will be subject to the pro-ration factor.
- 17 In the event of an organ transplant surgery, we shall reimburse the charges for any of the immunosuppressants approved by Health Sciences Authority for organ transplant.
- 18 The benefit expires on the policy anniversary occurring on or immediately following the Insured's 70th birthday. Please refer to the policy contract for the exact definition of Total and Permanent Disability.
- 19 The limit per policy year under the Extra Cover for 30 Critical Illnesses Benefit shall be provided as additional limits above the limit per policy year under the maximum claim limit. However, the limit per policy year under the Extra Cover for 30 Critical Illnesses Benefit shall not apply and shall not be payable if the limit per policy year under the maximum claim limit has been claimed for \$2,000,000.



- ²⁰ To be eligible for the S\$2,000,000 Maximum Limit Per Policy Year, all Confinement and treatments under Outpatient Benefit for the same Policy Year must be administered by AIA Preferred Providers.
- ²¹ For AIA HealthShield Gold Max B Lite, all eligible expenses incurred in Class B1 Ward in a government / restructured hospital are subject to the Pro-ration Factor if Insured is a Singapore Permanent Resident.
- ²² For AIA HealthShield Gold Max B, all eligible expenses incurred (except for any eligible expenses incurred under the Outpatient Benefit stated in footnote 16 above) are subject to the pro-ration factor, if such expenses are incurred in a private hospital/private medical institution in Singapore or any hospital outside of Singapore.
- ²³ For AIA HealthShield Gold Max B Lite, all eligible expenses incurred in Class A Ward in a government / restructured hospital or in a private hospital / private medical institution in Singapore or a hospital outside of Singapore in respect of Eligible Expenses incurred under Emergency Overseas (outside Singapore) Medical Treatment Benefit are subject to the pro-ration factor.
- ²⁴ Pro-ration for non-subsidised outpatient cancer treatments is applicable from 1 Nov 2016 onwards. Dialysis-related treatment and immunosuppressants will not be pro-rated.
- ²⁵ For AIA HealthShield Gold Max B Lite, all eligible expenses incurred under the Outpatient Benefit are subject to pro-ration factor if such expenses are incurred in a private hospital / private medical institution in Singapore or any hospital outside of Singapore.
- ²⁶ Deductible is the total amount of eligible expenses incurred per policy year, which is borne by you before any benefit is payable under the policy.
- ²⁷ Co-insurance is a fixed percentage of the eligible expenses in excess of the deductible (if any) which is borne by you.

List of 30 Critical Illnesses

Extra Cover for 30 Critical Illnesses Benefit is applicable in the event of any of the following Critical Illnesses[^]:

- | | | |
|---|--|-----------------------------|
| 1. Heart Attack of Specified Severity | 10. Major Organ Transplant / Bone Marrow Transplantation | 19. Loss of Speech |
| 2. Stroke | 11. Multiple Sclerosis | 20. Major Burns |
| 3. Coronary Artery By-pass Surgery | 12. Blindness (Loss of Sight) | 21. Surgery to Aorta |
| 4. HIV Due to Blood Transfusion and Occupationally Acquired HIV | 13. Paralysis (Loss of Use of Limbs) | 22. Terminal Illness |
| 5. Angioplasty & Other Invasive Treatment for Coronary Artery | 14. Muscular Dystrophy | 23. End Stage Lung Disease |
| 6. Major Cancers | 15. Alzheimer's Disease / Severe Dementia | 24. End Stage Liver Failure |
| 7. Fulminant Hepatitis | 16. Coma | 25. Motor Neurone Disease |
| 8. Primary Pulmonary Hypertension | 17. Deafness (Loss of Hearing) | 26. Parkinson's Disease |
| 9. Kidney Failure | 18. Heart Valve Surgery | 27. Aplastic Anaemia |
| | | 28. Benign Brain Tumour |
| | | 29. Bacterial Meningitis |
| | | 30. Viral Encephalitis |

[^] The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2014). These Critical Illnesses fall under Version 2014. You may refer to www.lia.org.sg for the standard Definitions (Version 2014). (Not applicable to policies issued before January 2015).

(B) 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 AIA Financial Services Consultant or Insurance Representative should you require further explanation.

Please note that the Insured can only be covered under one Medisave-approved integrated medical insurance plan or one medical insurance plan which premium can be paid using Medisave funds maintained by CPF Board at any one time.

a) Pro-ration Factor

1. If the Insured is:
 - (a) Insured under AIA HealthShield Gold Max B and incurs eligible expenses in a private hospital / any other private medical institution in Singapore (except for any eligible expenses incurred under the Outpatient Benefit stated in Clause 2 below), or a hospital outside of Singapore in respect of Emergency Overseas (outside Singapore) Medical Treatment Benefit, or
 - (b) Insured under AIA HealthShield Gold Max B Lite and incurs eligible expenses in Class A Ward in a government / restructured hospital or in a private hospital / any other private medical institution in Singapore, or in a Hospital outside of Singapore in respect of Emergency Overseas (outside Singapore) Medical Treatment Benefit; or
 - (c) A Singapore Permanent Resident and is insured under AIA HealthShield Gold Max B Lite, incurs eligible expenses in Class B1 Ward in a government / restructured hospital,
 any such charges payable will first be reduced by multiplying the original amount of such charges with the pro-ration factor less any deductible and/or co-insurance.

For avoidance of doubt, the maximum amount reimbursed for any benefit shall be equal to the amount stated under the limits of compensation for each respective benefit as set out in the Schedule of Benefits.

2. For AIA HealthShield Gold Max B, if the Insured incurs eligible expenses in a private hospital/any other private medical institution in Singapore under Outpatient Benefit in the Schedule of Benefits:
 - (a) if the eligible expenses are less than or equal to the amounts stated under the limits of compensation for each respective course of treatment as set out under Outpatient Benefit in the Schedule of Benefits, we will reimburse such eligible expenses less any co-insurance; or
 - (b) if the eligible expenses are more than the amounts stated under the limits of compensation for each respective course of treatment as set out under Outpatient Benefit in the Schedule of Benefits:
 - (i) for the charges up to the limits of compensation, we will reimburse the charges less any co-insurance; and



- (ii) for the charges in excess of the limits of compensation, we will reimburse such charges after multiplying the excess charges with the pro-ration factor and less any co-insurance.

b) Termination

Your policy will automatically terminate at the earliest occurrence of the following:

- (a) if any premium of your policy remains unpaid at the end of the grace period of 60 days from the premium due date;
- (b) on commencement date of another medical insurance plan covering the same Insured where premium is paid using the Medisave funds maintained by the CPF Board;
- (c) on the death of the Insured;
- (d) on the date the Insured ceases to be a SC/SPR; or
- (e) on the effective date of cancellation.

c) Claim

Kindly contact your AIA Financial Services Consultant, Insurance Representative or call the AIA Customer Care Hotline at 1800 248 8000 for claim procedures.

d) Claims Reimbursement

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

e) Terms of Renewal

The policy is guaranteed yearly renewable on the policy anniversary date by payment of the premium in advance before the end of the grace period. The renewal premium is based on the attained age next birthday of the Insured at policy anniversary at the premium rates determined by us on the date of renewal.

f) Change of Premium Rates, Policy Terms and Conditions

We may vary the premium rates, benefits and/or cover or amend any privilege, term or condition of the policy by giving you 31 days prior notice. This includes, but not limited to, any mandatory revision or new requirements and conditions that may be introduced by the government authorities from time to time. The premium rates are expected to be adjusted from time to time to allow for our claims experience, medical inflation and general cost of treatments, supplies or medical services in Singapore.

g) Waiting Period

There are waiting periods applicable to some benefits under the policy. Such benefits shall not be payable if the condition relating to or covered by the benefits is diagnosed during the waiting period. These waiting periods start from the Policy Date, the last reinstatement date (if any) or effective date of plan upgrade (if any), whichever is latest. Policy Date refers to the date from which the insurance coverage starts.

- (a) For Pregnancy Complications Benefit, a waiting period of 10 months applies.
- (b) For Congenital Abnormalities of Insured's Biological Child from Birth, a waiting period of 10 months applies.
- (c) For Insured (as Living Donor) Donating an Organ, a waiting period of 24 months applies. The date the recipient of the organ is first diagnosed with organ failure must be after the 24 months waiting period.

h) General Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the policy contract. The exclusions for this plan include, but are not limited, to the following conditions. You are advised to read the policy contract for the full list of exclusions. Some of these exclusions may be covered under MediShield Life.

Any pre-existing condition from which the Insured is suffering prior to the Policy Date or reinstatement date, whichever is later, shall not be covered unless the Insured makes a declaration in the application for the policy or on reinstatement and such application is specifically accepted by us.

The policy also does not cover any claims incurred directly or indirectly as a result of any of the following, whether or not a declaration has been submitted and accepted by us:

- (a) Any medical treatment which commences before the Policy Date;
- (b) Non-approved experimental or pioneering medical or surgical techniques and medical services by the Health Science Authority;
- (c) Serious illness for which the Insured has received medical treatment and advice, including follow-ups and consultations, during 12 months prior to the Policy Date or reinstatement date, whichever is later;
- (d) Treatment for congenital abnormalities including hereditary conditions and physical defects from childbirth (except where expressly covered by the Congenital Abnormalities Benefits under the Benefit Provisions of the policy);
- (e) Treatment arising from pregnancy, miscarriages, abortion, childbirth, sterilisation, contraception (except where expressly covered by the Pregnancy Complications Benefits under the Benefit Provisions of the policy);
- (f) Treatment for infertility, sub-fertility, assisted conception or any contraceptive operation or sex change operations;
- (g) Any injury or illness caused directly or indirectly, by self-destruction or intentional self-inflicted injury, abuse or misuse of drugs or alcohol, drug overdose (whether intentional, accidental or otherwise) or injuries sustained as a direct result of a criminal act or attempted suicide, whether the Insured is sane or insane;
- (h) Treatments attributable to any sexually transmitted disease, including Acquired Immune Deficiency Syndrome (AIDS) and AIDS-related complications (except where HIV Due to Blood Transfusion and Occupationally Acquired HIV are expressly covered by the Extra Cover for 30 Critical Illnesses Benefit under the Benefits Provisions of the policy). For the purpose of the policy:-
 - (i) The definition of AIDS shall be that used by the World Health Organization in 1987, or any subsequent revision by the World Health Organization of that definition;
 - (ii) Infection shall be deemed to have occurred where blood or other relevant tests indicate in our opinion either the presence of any Human Immunodeficiency Virus or antibodies to such a virus;
- (i) Treatment for mental illnesses and psychiatric disorders (except where expressly covered by the Psychiatric Treatment Benefits under the Benefits Provisions of the policy);
- (j) Treatment for obesity, weight reduction or weight improvement;



- (k) Treatment arising from injuries sustained during wars (whether war be declared or not), civil commotion, riots, revolutions, strikes, nuclear reaction or any war-like operations;
- (l) Prostheses, corrective devices and medical appliances which are not required for surgical procedures, as well as the purchase of kidney dialysis machines, iron-lung and other such appliances;
- (m) Any form of surgical procedure that is elective such as cosmetic or plastic surgery (except for medical reasons), dental (except that we shall reimburse eligible expenses incurred for dental charges if the Insured is required to be confined in a hospital to repair his own sound natural teeth (dentures and all related expenses are expressly excluded) necessitated by an injury caused by an accident as expressly covered by the Accidental Inpatient Dental Treatment Benefit under the Benefits Provisions of the policy) and correction for refractive errors of the eye;
- (n) Costs for routine eye and ear examinations, including costs of spectacles, contact lenses and hearing aids;
- (o) Private nursing charges and nursing home services;
- (p) Purchase of durable medical equipment such as wheelchairs and hospital beds used at home;
- (q) Transport-related services including ambulance fees (except where expressly covered by Ambulance Service Benefit Provisions of AIA Max Essential, where applicable), emergency evacuation, repatriation assistance and repatriation of mortal remains;
- (r) Outpatient consultations, including medical or health screening, diagnostic and laboratory tests, and treatments except where expressly covered by the following benefits under the Benefits Provisions of the policy:
 - (i) Pre-Hospitalisation Benefit;
 - (ii) Post-Hospitalisation Treatment under the Post-Hospitalisation Benefits;
 - (iii) Extended Post-Hospitalisation Treatment for 30 Critical Illnesses under the Post-Hospitalisation Benefits;
 - (iv) Insured (as the Living Donor) Donating an Organ under the Living Donor Organ Transplant Benefits;
 - (v) Post-Hospitalisation Psychiatric Treatment under the Psychiatric Treatment Benefits; and
 - (vi) Outpatient Benefit;
- (s) Vaccination;
- (t) Costs incurred from the acquisition of an organ or related parts of an organ from a living donor for an organ transplant and expenses incurred by the living donor of such organ or related parts (except where expressly covered by the Living Donor Organ Transplant Benefits under the Benefits Provisions in the policy);
- (u) Overseas (outside Singapore) medical treatment or hospitalisation except when the overseas (outside Singapore) medical treatment occurs as expressly covered by the Emergency Overseas (Outside Singapore) Medical Treatment Benefit under the Benefit Provisions in the policy;
- (v) All other exclusions for MediShield Life Scheme set out in the CPF Act and its regulations, unless otherwise provided under the policy;
- (w) Non-medical items such as, but not limited to, parking fees, Hospital administration and registration fees and, laundry, rental of television, newspaper and, medical report fees;
- (x) Alternative or complementary treatments, including Traditional Chinese Medicine (except where expressly covered by Post-Hospitalisation Alternative Medicine Benefit under the Benefits Provisions of AIA Max Essential, where applicable), Podiatric, Chiropractic or Osteopathic treatment or a stay in any health-care establishment for social or non-medical reasons;
- (y) Confinement in a hospital, primarily for diagnosis, preventive purpose, X-ray examinations, general physical or medical check-up; or
- (z) Violation or attempted violation of law, resistance to lawful arrest or any resultant imprisonment.

i) Free-Look Period

We shall give you 21 days from the date of receipt of the policy contract to decide whether you want to continue with your policy. If you do not want to continue, you may cancel this policy in writing to us and we shall refund the premiums paid for this policy without interest. If we have posted the policy contract to you, the 21-day period shall start 7 days after we have posted the policy contract to you.

You can only have one Integrated Shield Plan. Once this policy commences, your previous Integrated Shield Plan (if any) will be automatically terminated. Where applicable, your health will be assessed by us. If you are not in good health, we may

- decline your application; or
- not provide you with certain benefits

If you are currently holding an Integrated Shield Plan with us and are upgrading your plan, you may not be given the enhanced benefits due to your existing medical conditions.

If you are currently holding an Integrated Shield Plan with another insurer and are switching to this plan with us, and you have existing medical conditions that are currently covered by the existing plan, you may lose coverage for your existing medical conditions.

In the event that you cannot afford, or do not wish to continue paying the premiums for your Integrated Shield Plan, you can switch to a lower coverage but more affordable plan with us (if available), or cease your Integrated Shield Plan. If you are a Singapore Citizen or Permanent Resident, regardless of your decision, you will continue to be covered by MediShield Life for life without any exclusion.

Important Notes:

All insurance applications are subject to our underwriting and acceptance. Submission of an application and payment of premium does not constitute and should not be construed as acceptance by us. We reserve the right to withdraw the plan or reject applications, at anytime or for any reason without notice.

This product summary does not form a part of any contract of insurance. It is intended only to be a simplified description of the product features applicable to this plan and is not exhaustive. The contents of this product summary may vary from the terms of cover eventually issued. Please refer to the actual policy contract for all terms and conditions, including exclusions whereby the benefits under your policy may not be paid out. You are advised to read the policy contract. For the avoidance of doubt, only the terms and conditions as set out in the policy contract will bind the parties.

Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. You are discouraged from switching from an existing accident and/or health insurance policy to a new one without considering whether the switch is detrimental, as there may be potential disadvantages with switching. A penalty may be imposed for early policy termination and the new policy may cost more or have fewer benefits 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 the coverage, where applicable, please contact your insurer or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).



Product Summary for AIA Max Essential (Version 8.3)

This insurance plan is underwritten by AIA Singapore Private Limited (Reg. No. 201106386R) (“we, our, us, AIA Singapore”).

(A) Product Information:

AIA Max Essential is an optional add-on to AIA HealthShield Gold Max Series. The key benefit of the plan is to cover for the deductible and/or co-insurance portions of your medical bills, as reflected in the Limits of Compensation table.

You may also choose to integrate your AIA Max Essential with AIA Vitality which gives you future Vitality Status-dependent premium discounts.

(i) Premium Table

Age Group (Attained Age Next Birthday)	Annual Premium (S\$ and inclusive of 7% GST)				Monthly Premium (S\$ and inclusive of 7% GST)			
	AIA Max Essential A	AIA Max Essential A Saver	AIA Max Essential B	AIA Max Essential B Lite	AIA Max Essential A	AIA Max Essential A Saver	AIA Max Essential B	AIA Max Essential B Lite
1 – 20	640.00	277.00	215.00	140.00	55.70	24.10	18.70	12.20
21 – 30	640.00	277.00	235.00	160.00	55.70	24.10	20.40	13.90
31 – 40	839.00	299.00	260.00	200.00	73.00	26.00	22.60	17.40
41 – 45	1,413.00	398.00	370.00	295.00	122.90	34.60	32.20	25.70
46 – 50	1,413.00	398.00	370.00	295.00	122.90	34.60	32.20	25.70
51 – 55	1,741.00	576.00	480.00	320.00	151.50	50.10	41.80	27.80
56 – 60	2,398.00	729.00	695.00	440.00	208.60	63.40	60.50	38.30
61 – 65	3,623.00	984.00	1,005.00	750.00	315.20	85.60	87.40	65.30
66 – 70	4,689.00	1,357.00	1,660.00	1,125.00	407.90	118.10	144.40	97.90
71 – 73	4,975.00	1,628.00	2,170.00	1,200.00	432.80	141.60	188.80	104.40
74 – 75	5,462.00	1,819.00	2,205.00	1,200.00	475.20	158.30	191.80	104.40
76 – 78	5,687.00	2,010.00	2,255.00	1,250.00	494.80	174.90	196.20	108.80
79 – 80	5,913.00	2,173.00	2,255.00	1,250.00	514.40	189.10	196.20	108.80
81 – 83	5,971.00	2,526.00	2,620.00	1,310.00	519.50	219.80	227.90	114.00
84 – 85	6,031.00	2,857.00	2,850.00	1,600.00	524.70	248.60	248.00	139.20
86 – 88	6,092.00	3,068.00	3,020.00	1,600.00	530.00	266.90	262.70	139.20
89 – 90	6,152.00	3,333.00	3,080.00	1,750.00	535.20	290.00	268.00	152.30
91 – 93	6,213.00	3,412.00	3,310.00	1,835.00	540.50	296.80	288.00	159.60
94 – 95	6,276.00	3,505.00	3,540.00	1,900.00	546.00	304.90	308.00	165.30
96 – 98	6,339.00	3,505.00	3,880.00	2,100.00	551.50	304.90	337.60	182.70
99 – 100	6,403.00	3,730.00	4,110.00	2,300.00	557.10	324.50	357.60	200.10

Notes:

- The total distribution cost of this product is 74% of premiums for the first year and 5% to 11% of premiums for renewal years. Distribution cost, charges and expenses will be available upon written request.
- The last entry age is 75. Premium rates applicable to age groups 76 and above are for renewal only. Ages are based on attained age next birthday.
- Premium rates applicable to age groups above 100 (based on attained age next birthday, for renewal only) are available upon written request. Please note that the premium rates for AIA Max Essential are not guaranteed and are expected to be adjusted from time to time to allow for our claims experience, medical inflation and general cost of treatments, supplies or medical services in Singapore. The policy is guaranteed yearly renewable and will be automatically renewed on the policy anniversary of the Insured's AIA HealthShield Gold Max policy by payment of the premium before the end of the grace period. The renewal premium is based on the Insured's attained age next birthday at the date of renewal at the premium rates determined by us at the time of renewal. We have the right to change the premium rate by sending you a written notification at least 31 days in advance.
- This policy is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy.



(ii) Benefits

AIA Max Essential will pay the deductible and co-insurance incurred by you under your AIA HealthShield Gold Max policy, as reflected in the Limits of Compensation table below, and provided that the deductible and co-insurance portions are in respect of claims that are payable under your AIA HealthShield Gold Max policy.

If we have reimbursed you the “Final Expense Benefit” under your AIA HealthShield Gold Max policy, we will only reimburse the balance of the deductible and co-insurance, in excess of the respective limits of compensation under Final Expense Benefit, under AIA Max Essential.

Benefits/ Plan Type	Limits of Compensation (S\$ and inclusive of GST)			
	AIA Max Essential A	AIA Max Essential A Saver	AIA Max Essential B	AIA Max Essential B Lite
Hospital Ward Entitlement	Standard Room in Private Hospital and below	Standard Room in Private Hospital and below	A Class Ward in Government/Restructured Hospital and below	B1 Class Ward in Government/Restructured Hospital and below
Deductible Benefit	Deductible incurred under AIA HealthShield Gold Max Series Policy	Nil <u>If admitted to / treated by AIA Preferred Providers[^]:</u> Deductible incurred under AIA HealthShield Gold Max Series Policy	Deductible incurred under AIA HealthShield Gold Max Series Policy	Deductible incurred under AIA HealthShield Gold Max Series Policy
Co-Insurance Benefit	Co-insurance incurred under AIA HealthShield Gold Max Series Policy			

[^] AIA Preferred Providers refer to all Government / Restructured Hospitals and to all listed medical service providers in Singapore, such list as approved and may be amended by us from time to time at our discretion.

Note:
Aligned with the guideline from the Ministry of Health on changes to Integrated Shield Plan (IP) riders, AIA Max Essential rider purchased from 8 March 2018 to 31 March 2019 (both dates inclusive) must be transitioned to the new IP rider design with co-payment on its first renewal from 1 April 2021. For more information on the upcoming changes, please visit: <https://www.aia.com.sg/en/IP-Riders.html>.

Additional benefits for AIA Max Essential

We will only reimburse charges that are considered to be Reasonable and Customary in our opinion. Reasonable and Customary means any fee or expense which is charged for treatment, supplies or medical service that is medically necessary to treat the condition and which is in accordance with the standards of good medical practice for the care of an injured or ill person under the supervision or order of a physician or specialist and which does not in our opinion:

- (a) exceed the usual level of charges for similar treatments, supplies or medical services in Singapore; and
- (b) include fees or charges that would not have been made if no insurance had existed.

The following benefits table is a brief summary of the additional benefits applicable to this plan. For full details of these benefits, you are advised to read the policy contract. These additional benefits, except for Emergency Outpatient Treatment due to Accident Benefit, are not payable if the Insured is diagnosed and confined in a hospital as a direct result of a psychiatric condition.

Additional Benefits/ Plan Type	Limits of Compensation (S\$ and inclusive of GST)			
	AIA Max Essential A	AIA Max Essential A Saver	AIA Max Essential B	AIA Max Essential B Lite
Hospital Ward Entitlement	Standard Room in Private Hospital and below	Standard Room in Private Hospital and below	A Class Ward in Government/Restructured Hospital and below	B1 Class Ward in Government/Restructured Hospital and below
Daily Hospital Incentive Benefit	250 per day (if admitted to Government/Restructured Hospital A / B1 / B2 / C Class Ward)	\$150 per day (if admitted to Government/Restructured Hospital B1/ B2/ C Class Ward) \$50 per day (if admitted to Government/Restructured Hospital A Class Ward)	150 per day (if admitted to Government/Restructured Hospital B1 / B2 / C Class Ward)	75 per day (if admitted to Government/Restructured Hospital B2 / C Class Ward)



Additional Benefits/ Plan Type	Limits of Compensation (S\$ and inclusive of GST)			
	AIA Max Essential A	AIA Max Essential A Saver	AIA Max Essential B	AIA Max Essential B Lite
Immediate Family Member Accommodation Benefit (upon Physician's or Specialist's advice in writing for period of confinement)	Standard charges incurred for an additional bed	Standard charges incurred for an additional bed	Standard charges incurred for an additional bed up to 70 per day	Standard charges incurred for an additional bed up to 50 per day
Post-Hospitalisation Alternative Medicine Benefit (within 100 days after confinement) <ul style="list-style-type: none"> For Cancer and Stroke 	5,000 per policy year	5,000 per policy year	3,000 per policy year	1,000 per policy year
Post-Hospitalisation Home Nursing Benefit (within 26 weeks after confinement)	500 per day (5,000 per policy year)	500 per day (5,000 per policy year)	300 per day (3,000 per policy year)	200 per day (2,000 per policy year)
Ambulance Service Benefit (as a result of an emergency condition arising from: <ul style="list-style-type: none"> an illness / accidental injury that requires confinement; or an accidental injury that requires emergency outpatient treatment) 	250 per confinement / emergency outpatient treatment	250 per confinement / emergency outpatient treatment	150 per confinement / emergency outpatient treatment	100 per confinement / emergency outpatient treatment
Emergency Outpatient Treatment due to Accident Benefit	2,000 per policy year	2,000 per policy year	1,000 per policy year	800 per policy year

(iii) Premium Adjustment Due To Integration of AIA Vitality (for AIA Vitality integrated plan only)

The premiums for AIA Max Essential that is integrated with AIA Vitality will be equal to the premium before any adjustment due to integration of AIA Vitality multiplied by Cumulative Premium Percentage.

Cumulative Premium Percentage is the percentage applied at the inception of the policy or at each renewal of the policy beginning from the first (1st) renewal of the policy.

Cumulative Premium Percentage applied at the inception of the policy = 100%

Cumulative Premium Percentage applied at each renewal of the policy beginning from the first (1st) renewal of the policy = Cumulative Premium Percentage applied at the inception of the policy or the renewal of the policy immediately before the current renewal of the policy (whichever is later) + Annual Premium Adjustment Percentage applied at the current renewal of the policy

Annual Premium Adjustment Percentage is the percentage applied at each renewal of the policy beginning from the first (1st) renewal of the policy. The Annual Premium Adjustment Percentage applied will be based on the Insured's Vitality Status as at 45 days before the relevant renewal of the policy.

Vitality Status	Annual Premium Adjustment Percentage
Bronze	+2%
Silver	+1%
Gold	-1%
Platinum	-2%

If the Insured does not have a Vitality Status as at 45 days before any renewal of the policy due to termination of the Insured's AIA Vitality membership, the Cumulative Premium Percentage applied at that renewal of the policy shall be equal to 100%.

The Cumulative Premium Percentage applied at any renewal of the policy shall not be more than the Maximum Cumulative Premium Percentage and shall not be less than the Minimum Cumulative Premium Percentage as stated below.

Minimum Cumulative Premium Percentage	85%
Maximum Cumulative Premium Percentage	100%



(B) Key Product Provisions:

The following are some key provisions found in the policy contract of AIA Max Essential. This is only a brief summary and you are advised to refer to the actual terms and conditions specified in your policy contract. Please consult your AIA Financial Services Consultant or Insurance Representative should you require further explanation.

Change of Premium Rates, Policy Terms and Conditions

We may vary the premium rates, benefits and/or cover or amend any privilege, term or condition of the policy by giving you 31 days prior notice. This includes, but not limited to, any mandatory revision or new requirements and conditions that may be introduced by the government authorities from time to time. The premium rates are expected to be adjusted from time to time to allow for our claims experience, medical inflation and general cost of treatments, supplies or medical services in Singapore.

Waiting Period

In respect of the medical conditions covered by the following benefits under AIA HealthShield Gold Max policy, no benefits shall be payable under your AIA Max Essential policy if the medical conditions relating to these benefits are first diagnosed during the respective waiting periods. These waiting periods shall start from the policy date, last reinstatement date (if any), or effective date of plan upgrade (if any) of your AIA Max Essential, whichever is the latest.

- (a) For Pregnancy Complications Benefit, the pregnancy complications must be first diagnosed after a 10-month waiting period.
- (b) For Congenital Abnormalities of the Insured's Biological Child from Birth, the conditions relating to the Insured's biological child must be first diagnosed after a 10-month waiting period.
- (c) For the Insured (as the Living Donor) Donating an Organ, the recipient of the organ must be first diagnosed with an organ failure after a 24-month waiting period.

General Exclusions

The same exclusions in the "General Exclusions" section under the AIA HealthShield Gold Max policy shall apply to the AIA Max Essential. Please consult your AIA Financial Services Consultant or Insurance Representative should you require further explanation.

Termination or Claim

Kindly contact your AIA Financial Services Consultant, Insurance Representative or call our AIA Customer Care Hotline at 1800 248 8000 for termination or claims procedures.

Free-Look Period

We shall give you 14 days from the date of receipt of the policy contract, or up to the end of the free look period for the AIA HealthShield Gold Max Series policy, whichever is later, to decide whether you want to continue with your policy.

If you do not want to continue, you may cancel this policy in writing to us and we shall refund the premiums paid for this policy without interest, less medical expenses incurred in considering your application. Any refunds shall be made to you directly.

If we have posted the policy contract to you, the 14 day period shall start 7 days after we have posted the policy contract to you.

Important Notes:

All insurance applications are subject to our underwriting and acceptance. Submission of an application and payment of premium does not constitute and should not be construed as acceptance by us. We reserve the right to withdraw the plan or reject applications, at anytime or for any reason without notice.

This product summary does not form a part of any contract of insurance. It is intended only to be a simplified description of the product features applicable to this plan and is not exhaustive. The contents of this product summary may vary from the terms of cover eventually issued. Please refer to the actual policy contract for all terms and conditions, including exclusions whereby the benefits under your policy may not be paid out. You are advised to read the policy contract. For the avoidance of doubt, only the terms and conditions as set out in the policy contract will bind the parties.

Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. You are discouraged from switching from an existing accident and/or health insurance policy to a new one without considering whether the switch is detrimental, as there may be potential disadvantages with switching. A penalty may be imposed for early policy termination and the new policy may cost more or have fewer benefits 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 the coverage, where applicable, please contact your insurer or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).



Product Summary for AIA HealthShield Gold Max for Foreigners (Version 5.3)

This insurance plan is underwritten by AIA Singapore Private Limited (Reg. No. 201106386R) ("we, our, us, AIA Singapore").

(A) Product Information:

AIA HealthShield Gold Max A offers protection against medical bills for a broad range of hospitalisation, pre- and post-hospitalisation treatments and selected outpatient treatments. The plan covers for hospitalisation bills mostly on an 'as-charged' basis.

(i) Standard Premium Table for Dependants Plans Payable by Medisave

The tables below show the Medisave Withdrawal Limits and annual premiums for a standard life*.

Age Group (Attained Age Next Birthday)	Medisave Withdrawal Limits**	AIA HealthShield Gold Max A for Foreigners (Insureds who are Dependants of SC/SPR) (S\$ and inclusive of 7% GST)	
		Annual Premium	Cash Outlay
1 – 20	430.00	300.00	-
21 – 25	495.00	369.00	-
26 - 30	495.00	416.00	-
31 – 35	610.00	596.00	-
36 - 40	610.00	609.00	-
41 – 45	1,035.00	1,153.00	118.00
46 - 50	1,035.00	1,210.00	175.00
51 – 55	1,230.00	1,691.00	461.00
56 – 60	1,230.00	1,985.00	755.00
61 – 65	1,355.00	2,649.00	1,294.00
66 – 70	1,415.00	3,487.00	2,072.00
71 – 73	1,785.00	4,433.00	2,648.00
74 – 75	1,875.00	4,906.00	3,031.00
76 – 78	2,030.00	6,503.00	4,473.00
79 – 80	2,075.00	7,166.00	5,091.00
81 – 83	2,150.00	7,619.00	5,469.00
84 – 85	2,330.00	7,863.00	5,533.00
86 – 88	2,400.00	7,997.00	5,597.00
89 – 90	2,400.00	8,062.00	5,662.00
91 – 93	2,430.00	8,420.00	5,990.00
94 – 95	2,430.00	8,765.00	6,335.00
96 – 98	2,430.00	9,271.00	6,841.00
99 – 100	2,430.00	9,349.00	6,919.00

* A standard life is an insured who, at point of proposal, does not have any pre-existing conditions.

** If you are a foreigner whose plan does not have a MediShield Life portion, your payer may wish to utilise an equivalent amount of Medisave to pay for your premiums.

(ii) Standard Premium Table for Plans payable by Cash

Age Group (Attained Age Next Birthday)	AIA HealthShield Gold Max A for Foreigners Premium Rates (S\$ and inclusive of 7% GST)			
	Insureds who are Dependants of SC/SPR#		Insureds who are Non-Dependants of SC/SPR	
	Annual	Monthly	Annual	Monthly
1 – 20	300.00	26.10	315.00	27.40
21 – 25	369.00	32.10	387.00	33.70
26 - 30	416.00	36.20	437.00	38.00
31 – 35	596.00	51.90	626.00	54.50
36 - 40	609.00	53.00	639.00	55.60
41 – 45	1,153.00	100.30	1,211.00	105.40
46 - 50	1,210.00	105.30	1,271.00	110.60
51 – 55	1,691.00	147.10	1,776.00	154.50
56 – 60	1,985.00	172.70	2,084.00	181.30
61 – 65	2,649.00	230.50	2,781.00	241.90
66 – 70	3,487.00	303.40	3,661.00	318.50
71 – 73	4,433.00	385.70	4,655.00	405.00
74 – 75	4,906.00	426.80	5,151.00	448.10



Age Group (Attained Age Next Birthday)	AIA HealthShield Gold Max A for Foreigners Premium Rates (S\$ and inclusive of 7% GST)			
	Insureds who are Dependants of SC/SPR [#]		Insureds who are Non-Dependants of SC/SPR	
	Annual	Monthly	Annual	Monthly
76 – 78	6,503.00	565.80	6,828.00	594.00
79 – 80	7,166.00	623.40	7,524.00	654.60
81 – 83	7,619.00	662.90	8,000.00	696.00
84 – 85	7,863.00	684.10	8,256.00	718.30
86 – 88	7,997.00	695.70	8,397.00	730.50
89 – 90	8,062.00	701.40	8,465.00	736.50
91 – 93	8,420.00	732.50	8,841.00	769.20
94 – 95	8,765.00	762.60	9,203.00	800.70
96 – 98	9,271.00	806.60	9,735.00	846.90
99 – 100	9,349.00	813.40	9,816.00	854.00

[#] These premium rates are applicable for Insureds who are dependants of Singapore Citizens (SC)/Singapore Permanent Residents (SPR) provided the policy owners of such policies are SC/SPR.

Notes:

- The total distribution cost of this product is 50% of premiums for the first year and 3% to 7% of premiums for renewal years. Distribution cost, charges and expenses will be available upon written request.
- The last entry age is 75. Premium rates applicable to age groups 76 and above are for renewal only. Premium rates applicable to age groups above 100 are available upon written request. Ages are based on attained age next birthday.
- If the premium is paid by CPF Medisave and exceeds the annual Medisave Withdrawal Limits (as set out in table in Section (i)), the outstanding balance must be paid in cash together with this application. If there are insufficient funds in the Payor's Medisave Account, the application will not be processed.
- Monthly payment mode is only available to AIA HealthShield Gold Max issued for Insureds who are Foreigners, provided the premiums payable under the plan is fully paid by cash and not paid by CPF Medisave.
- If the Insured is a Foreigner, the Insured must hold one of the following Valid Passes to apply for AIA HealthShield Gold Max:

(i) Employment Pass (EP);	(v) Dependant Pass;
(ii) Personalised Employment Pass (PEP);	(vi) Student Pass;
(iii) EntrePass;	(vii) selected categories of Long Term Visit Pass; or
(iv) S Pass;	(viii) selected categories of Work Permit.

(iii) Schedule of Benefits

We will only reimburse charges that are considered to be Reasonable and Customary in our opinion. Reasonable and Customary means any fee or expense which is charged for treatment, supplies or medical service that is medically necessary to treat the condition and which is in accordance with the standards of good medical practice for the care of an injured or ill person under the supervision or order of a physician or specialist and which does not in our opinion:

- exceed the usual level of charges for similar treatment, supplies or medical services in Singapore; and
- include fees or charges that would not have been made if no insurance had existed.

This Schedule of Benefits is a brief summary of the benefits applicable to this plan. For full details of these benefits, you are advised to read the policy contract.

AIA HealthShield Gold Max A for Foreigners Limits of Compensation (Figures in S\$ and inclusive of GST)	
Hospital Ward Entitlement	Standard Room in Private Hospital and below
(A) Hospitalisation and Surgical Benefits	
(i) Daily Room and Board Benefit ¹	As Charged
(ii) Daily ICU Benefit ¹	As Charged
(iii) Community Hospital Benefit (per day)	As Charged
(iv) Surgical Benefit (Including Organ Transplant Benefit and Stem Cell Transplant Benefit)	
• Surgical Procedures ²	As Charged
• Surgical Implants and Approved Medical Consumables	As Charged
• Stereotactic Radiosurgery ³	As Charged



AIA HealthShield Gold Max A for Foreigners Limits of Compensation <i>(Figures in S\$ and inclusive of GST)</i>	
Hospital Ward Entitlement	Standard Room in Private Hospital and below
(B) Pre-Hospitalisation Benefit	As Charged Within 100 days prior to Confinement <u>If admitted to / treated by AIA Preferred Providers^{4,5,6.}</u> Within 13 months prior to Confinement
(C) Post-Hospitalisation Benefits	
(i) Post-Hospitalisation Treatment	As Charged Within 100 days after Confinement <u>If admitted to / treated by AIA Preferred Providers^{4,5,6.}</u> Within 13 months after Confinement
(ii) Extended Post-Hospitalisation Treatment for 30 Critical Illnesses (within 100 days following the expiry of Post-Hospitalisation Treatment)	As Charged ⁷
(D) Accidental Inpatient Dental Treatment Benefit	Subject to the respective Limits of Compensation applicable under Benefits under Parts (A), (B) and (C).
(E) Pregnancy Complications Benefit⁸	As Charged
(F) Congenital Abnormalities Benefits	
(i) Congenital Abnormalities of Insured's Biological Child from Birth (for female Insured) ^{9, 10}	20,000 per lifetime. Limited to 5,000 per child.
(ii) Congenital Abnormalities of Insured ¹¹	Subject to the respective Limits of Compensation applicable under Benefits under Parts (A), (B) and (C).
(G) Living Donor Organ Transplant Benefits	
(i) Insured (as the Living Donor) Donating an Organ ^{9, 12}	60,000 per transplant
(ii) Non-insured (as the Living Donor) Donating an Organ to the Insured ^{9, 13}	60,000 per transplant
(H) Emergency Overseas (Outside Singapore) Medical Treatment Benefit¹⁴	Subject to the respective Limits of Compensation applicable under Benefits under Parts (A) and (C).
(I) Psychiatric Treatment Benefits	
(i) In-Hospital Psychiatric Treatment ^{1,9}	5,000 per policy year
(ii) Post-Hospitalisation Psychiatric Treatment (within 200 days after confinement) ⁹	5,000 per policy year
(J) Outpatient Benefit¹⁵	
• Radiotherapy for cancer	As Charged
• Stereotactic Radiotherapy for cancer	As Charged
• Chemotherapy for cancer	As Charged
• Immunotherapy for cancer	As Charged
• Renal Dialysis	As Charged
• Erythropoietin	As Charged
• Approved Immunosuppressants prescribed for Organ Transplant ¹⁶	As Charged
(K) Final Expense Benefit¹⁵	5,000 per policy
(L) Waiver of Premium for 1 Year Benefit upon Total and Permanent Disability^{15,17}	Waiver of one year premium
(M) Extra Cover for 30 Critical Illnesses Benefit¹⁸	
• Critical Illnesses Limit Per Policy Year	100,000



AIA HealthShield Gold Max A for Foreigners Limits of Compensation (Figures in S\$ and inclusive of GST)	
Hospital Ward Entitlement	Standard Room in Private Hospital and below
<ul style="list-style-type: none"> Critical Illnesses Limit Per Lifetime 	Unlimited
Maximum Claim Limit	
<ul style="list-style-type: none"> Maximum Limit Per Policy Year 	1,000,000 <u>If admitted to / treated by AIA Preferred Providers^{4,6,19}:</u> 2,000,000
<ul style="list-style-type: none"> Maximum Limit Per Lifetime 	Unlimited
Deductible²⁰ (per policy year)	
<ul style="list-style-type: none"> Below age 82 next birthday Inpatient <ul style="list-style-type: none"> C Class Ward B2 Class Ward B1 Class Ward A Class Ward Private Hospital (All ward types, except day surgery and short stay ward) Day Surgery/Short Stay Ward 	1,500 2,000 2,500 3,500 3,500 2,000
<ul style="list-style-type: none"> Ages 82 next birthday and above Inpatient <ul style="list-style-type: none"> C Class Ward B2 Class Ward B1 Class Ward A Class Ward Private Hospital (All ward types, except day surgery and short stay ward) Day Surgery/Short Stay Ward 	1,500 2,250 3,000 4,500 4,500 3,000
Co-insurance²¹	10%
Last Entry Age	75
Maximum Coverage Period	Lifetime

- ¹ Inclusive of meals, prescriptions, professional charges, investigations and other miscellaneous medical charges.
- ² Surgical Procedures refer to the types of surgical operations listed in the "Table of Surgical Procedures" under the Medisave Scheme operated by the Ministry of Health of Singapore excluding (a) all surgical operations stated in the General Exclusions and (b) any other surgical operations that are not specified in the said "Table of Surgical Procedures". The costs of any surgical implants, approved medical consumables and/or Stereotactic Radiosurgery procedure are not included in this portion of the benefit.
- ³ Stereotactic Radiosurgery means the gamma knife treatment or the Novalis shaped beam treatment of neurosurgical or neurological disorders.
- ⁴ AIA Preferred Providers refer to all government / restructured hospital and to all listed medical service providers in Singapore, such list as approved and may be amended by us at our discretion from time to time.
- ⁵ To be eligible for the 13 months cover for Pre-Hospitalisation Benefit and Post-Hospitalisation Benefit (Post-Hospitalisation Treatment), the Confinement following the pre-hospitalisation treatment or prior to the post-hospitalisation treatment must be administered by AIA Preferred Providers.
- ⁶ In the event where there are more than one (1) treating Physicians or Specialists for the same Confinement and/or Surgical Procedures, the main treating Physician or Specialist must be an AIA Preferred Provider.
- ⁷ This Extended Post-Hospitalisation Treatment for 30 Critical Illnesses Benefit shall not apply and shall not be payable if the Post-Hospitalisation Treatment Benefit has been claimed for a period of 200 or more days following the day such Confinement ends.



- ⁸ Reimburse the eligible expenses incurred if the Insured requires confinement in a hospital to undergo medical or surgical treatment due to one of the following pregnancy complications as defined in the policy contract. Pregnancy complications covered are:
- Ectopic pregnancy;
 - Pre-eclampsia or eclampsia;
 - Disseminated Intravascular Coagulation (DIC);
 - Miscarriage (after 13 weeks of pregnancy);
 - Acute Fatty Liver Pregnancy;
 - Choriocarcinoma and Hydatidiform Mole; and
 - Postpartum Haemorrhage requiring Hysterectomy.
- ⁹ The maximum amount reimbursed under the following benefits shall be equal to the amount stated under the respective limits of compensation which are counted after deducting the deductible and co-insurance:
- Congenital Abnormalities of Insured's Biological Child from Birth (for female Insured) under Congenital Abnormalities Benefits
 - Insured (as the Living Donor) Donating an Organ under Living Donor Organ Transplant Benefit
 - Non-insured (as the Living Donor) Donating an Organ to the Insured under Living Donor Organ Transplant Benefit
 - In-Hospital Psychiatric Treatment under Psychiatric Treatment Benefits
 - Post-Hospitalisation Psychiatric Treatment under Psychiatric Treatment Benefits
- ¹⁰ Reimburse eligible expenses incurred by the Insured's biological child if the child is required to be confined in a hospital to undergo medical or surgical treatment due to birth defects, including hereditary conditions and congenital sickness or abnormalities during the first 24 months from date of birth of the child.
- ¹¹ Reimburse eligible expenses incurred by the Insured if the Insured is required to be confined in a hospital to undergo medical or surgical treatment due to his own birth defects, including hereditary conditions and congenital sickness or abnormalities.
- ¹² Reimburse eligible expenses incurred by the Insured (as the living donor) to remove his kidney or a part of his liver for transplantation at a hospital in Singapore as approved under MediShield Life Scheme and regulated under Human Organ Transplant Act (HOTA). Expenses covered must be directly attributed to the Insured's donation surgery and shall be limited to costs for pre- and post-hospitalisation treatments and tests, hospital confinement, surgical procedure for organ removal, and storage and transport of the donated organ.
- ¹³ Reimburse eligible expenses incurred by a non-insured (as the living donor) to remove his kidney or a part of his liver for transplantation into the Insured's body, at a hospital in Singapore, as approved under MediShield Life Scheme and regulated under HOTA. Expenses covered must be directly attributed to the living donor's donation surgery and shall be limited to costs for hospital confinement, surgical procedure for organ removal, and storage and transport of the donated organ.
- ¹⁴ The deductible applied to eligible expenses incurred under the Emergency Overseas (Outside Singapore) Medical Treatment Benefit shall be equivalent to that of an A Class Ward/private hospital in Singapore. Benefit payable under the Emergency Overseas (Outside Singapore) Medical Treatment Benefit shall be limited to the level of Reasonable and Customary charges in a Singapore private hospital. Eligible expenses incurred for post-hospitalisation treatment and tests shall be reimbursed under this benefit provided such treatment and tests are done in Singapore and within such period specified under Post-Hospitalisation Benefits.
- ¹⁵ Eligible expenses incurred under the Outpatient Benefit are not subject to the deductible but are subject to co-insurance. The Final Expense Benefit and Waiver of Premium for 1 Year Benefit (upon TPD) are not subject to either the deductible or co-insurance. Eligible expenses incurred under all other benefits are subject to the deductible and co-insurance.
- ¹⁶ In the event of an organ transplant surgery, we shall reimburse the charges for any of the immunosuppressants approved by Health Sciences Authority for organ transplant.
- ¹⁷ The benefit expires on the policy anniversary occurring on or immediately following the Insured's 70th birthday. Please refer to the policy contract for the exact definition of Total and Permanent Disability.
- ¹⁸ The limit per policy year under the Extra Cover for 30 Critical Illnesses Benefit shall be provided as additional limits above the limit per policy year under the maximum claim limit. However, the limit per policy year under the Extra Cover for 30 Critical Illnesses Benefit shall not apply and shall not be payable if the limit per policy year under the maximum claim limit has been claimed for \$2,000,000.
- ¹⁹ To be eligible for the S\$2,000,000 Maximum Limit Per Policy Year, all Confinement and treatments under Outpatient Benefit for the same Policy Year must be administered by AIA Preferred Providers.
- ²⁰ Deductible is the total amount of eligible expenses incurred per policy year, which is borne by you before any benefit is payable under the policy.
- ²¹ Co-insurance is a fixed percentage of the eligible expenses in excess of the deductible (if any) which is borne by you.

List of 30 Critical Illnesses

Extra Cover for 30 Critical Illnesses Benefit is applicable in the event of any of the following Critical Illnesses[^]:

- | | | |
|---------------------------------------|-------------------------------|----------------------|
| 1. Heart Attack of Specified Severity | 10. Major Organ Transplant / | 19. Loss of Speech |
| 2. Stroke | Bone Marrow Transplantation | 20. Major Burns |
| 3. Coronary Artery By-pass Surgery | 11. Multiple Sclerosis | 21. Surgery to Aorta |
| 4. HIV Due to Blood Transfusion and | 12. Blindness (Loss of Sight) | 22. Terminal Illness |



- | | | |
|---|---|-----------------------------|
| Occupationally Acquired HIV | 13. Paralysis (Loss of Use of Limbs) | 23. End Stage Lung Disease |
| 5. Angioplasty & Other Invasive Treatment for Coronary Artery | 14. Muscular Dystrophy | 24. End Stage Liver Failure |
| 6. Major Cancers | 15. Alzheimer's Disease / Severe Dementia | 25. Motor Neurone Disease |
| 7. Fulminant Hepatitis | 16. Coma | 26. Parkinson's Disease |
| 8. Primary Pulmonary Hypertension | 17. Deafness (Loss of Hearing) | 27. Aplastic Anaemia |
| 9. Kidney Failure | 18. Heart Valve Surgery | 28. Benign Brain Tumour |
| | | 29. Bacterial Meningitis |
| | | 30. Viral Encephalitis |

^ The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2014). These Critical Illnesses fall under Version 2014. You may refer to www.lia.org.sg for the standard Definitions (Version 2014). (Not applicable to policies issued before January 2015).

(B) 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 AIA Financial Services Consultant or Insurance Representative should you require further explanation.

Please note that the Insured can only be covered under one medical insurance plan which premium can be paid using Medisave funds maintained by CPF Board at any one time.

a) Termination

Your policy will automatically terminate at the earliest occurrence of the following:

- if any premium of your policy remains unpaid at the end of the grace period of 60 days from the premium due date; or
- on commencement date of another medical insurance plan covering the insured where premium is paid using the Medisave funds maintained by the CPF Board, if the premium of this policy is also paid using Medisave funds; or
- on the death of the Insured;
- on the day immediately following the 60th day of the expiry or termination of the Insured's Valid Pass or on the day when the Policy is converted to a Medisave-approved integrated medical insurance plan due to the Insured becoming a Singapore Citizen or Singapore Permanent Resident, whichever is earlier; or
- the effective date of cancellation.

b) Claim

Kindly contact your AIA Financial Services Consultant, Insurance Representative or call the AIA Customer Care Hotline at 1800 248 8000 for claim procedures.

c) Claims Reimbursement

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

d) Terms of Renewal

The policy is guaranteed yearly renewable on the policy anniversary date by payment of the premium in advance before the end of the grace period of 60 days from the premium due date. The renewal premium is based on the attained age next birthday of the Insured at policy anniversary at the premium rates determined by us on the date of renewal.

e) Change of Premium Rates, Policy Terms and Conditions

We may vary the premium rates, benefits and/or cover or amend any privilege, term or condition of the policy by giving you 31 days prior notice. This includes, but not limited to, any mandatory revision or new requirements and conditions that may be introduced by the government authorities from time to time. The premium rates are expected to be adjusted from time to time to allow for our claims experience, medical inflation and general cost of treatments, supplies or medical services in Singapore.

f) Waiting Period

There are waiting periods applicable to some benefits under the policy. Such benefits shall not be payable if the condition relating to or covered by the benefits is diagnosed during the waiting period. These waiting periods start from the Policy Date, the last reinstatement date (if any) or effective date of plan upgrade (if any), whichever is latest. Policy Date refers to the date from which the insurance coverage starts.

- For Pregnancy Complications Benefit, a waiting period of 10 months applies.
- For Congenital Abnormalities of Insured's Biological Child from Birth, a waiting period of 10 months applies.
- For Insured (as Living Donor) Donating an Organ, a waiting period of 24 months applies. The date the recipient of the organ is first diagnosed with organ failure must be after the 24 months waiting period.

g) General Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the policy contract. The exclusions for this plan include, but are not limited, to the following conditions. You are advised to read the policy contract for the full list of exclusions.



Any Pre-existing Condition from which the Insured is suffering prior to the Policy Date or reinstatement date, whichever is later, shall not be covered unless the Insured makes a declaration in the application for the policy or on reinstatement and such application is specifically accepted by us.

The policy also does not cover any claims incurred directly or indirectly as a result of any of the following, whether or not a declaration has been submitted and accepted by us:

- (a) Any medical treatment which commences before the Policy Date;
- (b) Non-approved experimental or pioneering medical or surgical techniques and medical services by the Health Science Authority;
- (c) Serious illness for which the Insured has received medical treatment and advice, including follow-ups and consultations, during 12 months prior to the Policy Date or reinstatement date, whichever is later;
- (d) Treatment for congenital abnormalities including hereditary conditions and physical defects from childbirth (except where expressly covered by the Congenital Abnormalities Benefits under the Benefit Provisions of the policy);
- (e) Treatment arising from pregnancy, miscarriages, abortion, childbirth, sterilisation, contraception (except where expressly covered by the Pregnancy Complications Benefits under the Benefit Provisions of the policy);
- (f) Treatment for infertility, sub-fertility, assisted conception or any contraceptive operation or sex change operations;
- (g) Any injury or illness caused directly or indirectly, by self-destruction or intentional self-inflicted injury, abuse or misuse of drugs or alcohol, drug overdose (whether intentional, accidental or otherwise) or injuries sustained as a direct result of a criminal act or attempted suicide, whether the Insured is sane or insane;
- (h) Treatments attributable to any sexually transmitted disease, including Acquired Immune Deficiency Syndrome (AIDS) and AIDS-related complications (except where HIV Due to Blood Transfusion and Occupationally Acquired HIV are expressly covered by the Extra Cover for 30 Critical Illnesses Benefit under the Benefits Provisions of the policy). For the purpose of the policy:-
 - (i) The definition of AIDS shall be that used by the World Health Organization in 1987, or any subsequent revision by the World Health Organization of that definition;
 - (ii) Infection shall be deemed to have occurred where blood or other relevant tests indicate in our opinion either the presence of any Human Immunodeficiency Virus or antibodies to such a virus;
- (i) Treatment for mental illnesses and psychiatric disorders (except where expressly covered by the Psychiatric Treatment Benefits under the Benefits Provisions of the policy);
- (j) Treatment for obesity, weight reduction or weight improvement;
- (k) Treatment arising from injuries sustained during wars (whether war be declared or not), civil commotion, riots, revolutions, strikes, nuclear reaction or any war-like operations;
- (l) Prostheses, corrective devices and medical appliances which are not required for surgical procedures, as well as the purchase of kidney dialysis machines, iron-lung and other such appliances;
- (m) Any form of surgical procedure that is elective such as cosmetic or plastic surgery (except for medical reasons), dental (except that we shall reimburse eligible expenses incurred for dental charges if the Insured is required to be confined in a hospital to repair his own sound natural teeth (dentures and all related expenses are expressly excluded) necessitated by an injury caused by an accident as expressly covered by the Accidental Inpatient Dental Treatment Benefit under the Benefits Provisions of the policy) and correction for refractive errors of the eye;
- (n) Costs for routine eye and ear examinations, including costs of spectacles, contact lenses and hearing aids;
- (o) Private nursing charges and nursing home services;
- (p) Purchase of durable medical equipment such as wheelchairs and hospital beds used at home;
- (q) Transport-related services including ambulance fees (except where expressly covered by Ambulance Service Benefit Provisions of AIA Max Essential, where applicable), emergency evacuation, repatriation assistance and repatriation of mortal remains;
- (r) Outpatient consultations, including medical or health screening, diagnostic and laboratory tests, and treatments except where expressly covered by the following benefits under the Benefits Provisions of the policy:
 - (i) Pre-Hospitalisation Benefit;
 - (ii) Post-Hospitalisation Treatment under the Post-Hospitalisation Benefits;
 - (iii) Extended Post-Hospitalisation Treatment for 30 Critical Illnesses under the Post-Hospitalisation Benefits;
 - (iv) Insured (as the Living Donor) Donating an Organ under the Living Donor Organ Transplant Benefits;
 - (v) Post-Hospitalisation Psychiatric Treatment under the Psychiatric Treatment Benefits; and
 - (vi) Outpatient Benefit;
- (s) Vaccination;
- (t) Costs incurred from the acquisition of an organ or related parts of an organ from a living donor for an organ transplant and expenses incurred by the living donor of such organ or related parts (except where expressly covered by the Living Donor Organ Transplant Benefits under the Benefits Provisions in the policy);
- (u) Overseas (outside Singapore) medical treatment or hospitalisation except when the overseas (outside Singapore) medical treatment occurs as expressly covered by the Emergency Overseas (Outside Singapore) Medical Treatment Benefit under the Benefit Provisions in the policy;
- (v) All other exclusions for MediShield Life Scheme set out in the CPF Act and its regulations, unless otherwise provided under the policy;
- (w) Non-medical items such as, but not limited to, parking fees, Hospital administration and registration fees and, laundry, rental of television, newspaper and, medical report fees;
- (x) Alternative or complementary treatments, including Traditional Chinese Medicine (except where expressly covered by Post-Hospitalisation Alternative Medicine Benefit under the Benefits Provisions of AIA Max Essential, where applicable), Podiatric, Chiropractic or Osteopathic treatment or a stay in any health-care establishment for social or non-medical reasons;



- (y) Confinement in a hospital, primarily for diagnosis, preventive purpose, X-ray examinations, general physical or medical check-up; or
- (z) Violation or attempted violation of law, resistance to lawful arrest or any resultant imprisonment.

h) Free-Look Period

We shall give you 21 days from the date of receipt of the policy contract to decide whether you want to continue with your policy. If you do not want to continue, you may cancel this policy in writing to us and we shall refund the premiums paid for this policy without interest. If we have posted the policy contract to you, the 21-day period shall start 7 days after we have posted the policy contract to you.

i) Change of Citizenship / Residency / Valid Pass Status

You must inform us in writing immediately of any change in the citizenship or residency status of the Insured or when he ceases to hold a Valid Pass.

If the Insured is a foreigner and does not have a Valid Pass for a continuous period of more than 60 days after his pass is expired or terminated, the policy shall be terminated by us in accordance with the Termination Clause. If the expiry or the termination of the pass is due to the Insured becoming a Singapore Citizen or Singapore Permanent Resident, upon receipt of notification of the change, we reserve the right to convert the Policy to a Medisave-approved integrated medical insurance plan that is jointly insured by the CPF Board for the MediShield Life Scheme component and us for the medical enhancement scheme covering the Insured, subject to the availability of such plan.

For Plans being paid by Medisave

You can only have one plan for which premiums can be paid using Medisave. Once this policy commences, your previous plan paid using Medisave (if any) will be automatically terminated. Where applicable, your health will be assessed by us. If you are not in good health, we may

- decline your application;
- not provide you with certain benefits

If you are currently holding a plan with us that is paid using Medisave and are upgrading your plan, you may not be given the enhanced benefits due to your existing medical conditions.

If you are currently holding a plan paid using Medisave with another insurer and are switching to this plan with us, and you have existing medical conditions that are currently covered by the existing plan, you may lose coverage for your existing medical conditions.

In the event that you cannot afford, or do not wish to continue paying the premiums for your plan, you can switch to a lower coverage but more affordable plan with us, or cease your plan.

Important Notes:

All insurance applications are subject to our underwriting and acceptance. Submission of an application and payment of premium does not constitute and should not be construed as acceptance by us. We reserve the right to withdraw the plan or reject applications, at anytime or for any reason without notice.

This product summary does not form a part of any contract of insurance. It is intended only to be a simplified description of the product features applicable to this plan and is not exhaustive. The contents of this product summary may vary from the terms of cover eventually issued. Please refer to the actual policy contract for all terms and conditions, including exclusions whereby the benefits under your policy may not be paid out. You are advised to read the policy contract. For the avoidance of doubt, only the terms and conditions as set out in the policy contract will bind the parties.

Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. You are discouraged from switching from an existing accident and/or health insurance policy to a new one without considering whether the switch is detrimental, as there may be potential disadvantages with switching. A penalty may be imposed for early policy termination and the new policy may cost more or have fewer benefits 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 the coverage, where applicable, please contact your insurer or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdlic.org.sg).



Product Summary for AIA Max Essential for Foreigners (Version 8.3)

This insurance plan is underwritten by AIA Singapore Private Limited (Reg. No. 201106386R) (“we, our, us, AIA Singapore”).

(A) Product Information:

AIA Max Essential is an optional add-on to AIA HealthShield Gold Max. The key benefit of the plan is to cover for any deductible and/or co-insurance portions of your medical bills, as reflected in the Limits of Compensation table.

You may also choose to integrate your AIA Max Essential with AIA Vitality which gives you future Vitality Status-dependent premium discounts.

(i) Premium Table

Age Group (Attained Age Next Birthday)	Insureds who are Dependants of SC/SPR* (S\$ and inclusive of 7% GST)				Insureds who are Non-Dependants of SC/SPR (S\$ and inclusive of 7% GST)			
	AIA Max Essential A for Foreigners		AIA Max Essential A Saver for Foreigners		AIA Max Essential A for Foreigners		AIA Max Essential A Saver for Foreigners	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
1 – 20	640.00	55.70	277.00	24.10	659.00	57.30	285.00	24.80
21 – 30	640.00	55.70	277.00	24.10	659.00	57.30	285.00	24.80
31 – 40	839.00	73.00	299.00	26.00	864.00	75.20	308.00	26.80
41 – 50	1,413.00	122.90	398.00	34.60	1,455.00	126.60	410.00	35.70
51 – 55	1,741.00	151.50	576.00	50.10	1,793.00	156.00	593.00	51.60
56 – 60	2,398.00	208.60	729.00	63.40	2,470.00	214.90	751.00	65.30
61 – 65	3,623.00	315.20	984.00	85.60	3,732.00	324.70	1,014.00	88.20
66 – 70	4,689.00	407.90	1,357.00	118.10	4,830.00	420.20	1,398.00	121.60
71 – 73	4,975.00	432.80	1,628.00	141.60	5,124.00	445.80	1,677.00	145.90
74 – 75	5,462.00	475.20	1,819.00	158.30	5,626.00	489.50	1,874.00	163.00
76 – 78	5,687.00	494.80	2,010.00	174.90	5,858.00	509.60	2,070.00	180.10
79 – 80	5,913.00	514.40	2,173.00	189.10	6,090.00	529.80	2,238.00	194.70
81 – 83	5,971.00	519.50	2,526.00	219.80	6,150.00	535.10	2,602.00	226.40
84 – 85	6,031.00	524.70	2,857.00	248.60	6,212.00	540.40	2,943.00	256.00
86 – 88	6,092.00	530.00	3,068.00	266.90	6,275.00	545.90	3,160.00	274.90
89 – 90	6,152.00	535.20	3,333.00	290.00	6,337.00	551.30	3,433.00	298.70
91 – 93	6,213.00	540.50	3,412.00	296.80	6,399.00	556.70	3,514.00	305.70
94 – 95	6,276.00	546.00	3,505.00	304.90	6,464.00	562.40	3,610.00	314.10
96 – 98	6,339.00	551.50	3,505.00	304.90	6,339.00	551.50	3,505.00	304.90
99 – 100	6,403.00	557.10	3,730.00	324.50	6,403.00	557.10	3,730.00	324.50

* These premium rates are applicable for Insureds who are dependants of Singapore Citizens (SC) / Singapore Permanent Residents (SPR) provided the policy owners of such policies are SC/SPR.

Notes:

- The total distribution cost of this product is 74% of premiums for the first year and 5% to 11% of premiums for renewal years. Distribution cost, charges and expenses will be available upon written request.
- The last entry age is 75. Premium rates applicable to age groups 76 and above are for renewal only. Ages are based on attained age next birthday.
- Premium rates applicable to age groups above 100 (based on attained age next birthday, for renewal only) are available upon written request. Please note that the premium rates for AIA Max Essential are not guaranteed and are expected to be adjusted from time to time to allow for our claims experience, medical inflation and general cost of treatments, supplies or medical services in Singapore. The policy is guaranteed yearly renewable and will be automatically renewed on the policy anniversary of the Insured's AIA HealthShield Gold Max policy by payment of the premium before the end of the grace period. The renewal premium is based on the Insured's attained age next birthday at the date of renewal at the premium rates determined by us at the time of renewal. We have the right to change the premium rate by sending you a written notification at least 31 days in advance.
- If the Insured is a foreigner, the Insured must hold one of the following Valid Passes to apply for AIA Max Essential:

(i) Employment Pass (EP);	(v) Dependant Pass;
(ii) Personalised Employment Pass (PEP);	(vi) Student Pass;
(iii) EntrePass;	(vii) selected categories of Long Term Visit Pass;
(iv) S Pass;	(viii) selected categories of Work Permit
- The premium payment mode of AIA Max Essential will follow the premium payment mode of AIA HealthShield Gold Max if Insured is: (1) a Non-Dependant of SC/PR; or (2) a Dependant of SC/PR where the AIA HealthShield Gold Max is paid by cash.
- This policy is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy.



(ii) Benefits

AIA Max Essential will pay the deductible and co-insurance incurred by you under your AIA HealthShield Gold Max policy up to the amounts specified under the Limits of Compensation tables below, and provided that the deductible and co-insurance portions are in respect of claims that are payable under your AIA HealthShield Gold Max policy.

If we have reimbursed you the “Final Expense Benefit” under your AIA HealthShield Gold Max policy, we will only reimburse the balance of the deductible and co-insurance, in excess of the respective limits of compensation under Final Expense Benefit, under AIA Max Essential.

Benefits/ Plan Type	Limits of Compensation (S\$ and inclusive of GST)	
	AIA Max Essential A	AIA Max Essential A Saver
Hospital Ward Entitlement	Standard Room in Private Hospital and below	Standard Room in Private Hospital and below
Deductible Benefit	Deductible incurred under AIA HealthShield Gold Max Series Policy	Nil <u>If admitted to / treated by AIA Preferred Providers[^]:</u> Deductible incurred under AIA HealthShield Gold Max Series Policy
Co-Insurance Benefit	Co-insurance incurred under AIA HealthShield Gold Max Series Policy	

[^] AIA Preferred Providers refer to all Government / Restructured Hospitals and to all listed medical service providers in Singapore, such list as approved and may be amended by us from time to time at our discretion.

Note:

Aligned with the guideline from the Ministry of Health on changes to Integrated Shield Plan (IP) riders, AIA Max Essential rider purchased from 8 March 2018 to 31 March 2019 (both dates inclusive) must be transitioned to the new IP rider design with co-payment on its first renewal from 1 April 2021. For more information on the upcoming changes, please visit: <https://www.aia.com.sg/en/IP-Riders.html>.

Additional benefits for AIA Max Essential

We will only reimburse charges that are considered to be Reasonable and Customary in our opinion. Reasonable and Customary means any fee or expense which is charged for treatment, supplies or medical service that is medically necessary to treat the condition and which is in accordance with the standards of good medical practice for the care of an injured or ill person under the supervision or order of a physician or specialist and which does not in our opinion:

- exceed the usual level of charges for similar treatments, supplies or medical services in Singapore; and
- include fees or charges that would not have been made if no insurance had existed.

The following benefits table is a brief summary of the additional benefits applicable to this plan. For full details of these benefits, you are advised to read the policy contract. These additional benefits, except for Emergency Outpatient Treatment due to Accident Benefit, are not payable if the Insured is diagnosed and confined in a hospital as a direct result of a psychiatric condition.

Additional Benefits	Limits of Compensation (S\$ and inclusive of GST)	
	AIA Max Essential A	AIA Max Essential A Saver
Hospital Ward Entitlement	Standard Room in Private Hospital and below	Standard Room in Private Hospital and below
Daily Hospital Incentive Benefit	250 per day (if admitted to Government/ Restructured Hospital A / B1 / B2 / C Class Ward)	150 per day (if admitted to Government/ Restructured Hospital B1/ B2/ C Class Ward) 50 per day (if admitted to Government/ Restructured Hospital A Class Ward)
Immediate Family Member Accommodation Benefit (upon physician's or specialist's advice in writing for period of confinement)	Standard charges incurred for an additional bed	Standard charges incurred for an additional bed
Post-Hospitalisation Alternative Medicine Benefit (within 100 days after confinement) • For Cancer and Stroke	5,000 per policy year	5,000 per policy year



Additional Benefits	Limits of Compensation (S\$ and inclusive of GST)	
	AIA Max Essential A	AIA Max Essential A Saver
Hospital Ward Entitlement	Standard Room in Private Hospital and below	Standard Room in Private Hospital and below
Post-Hospitalisation Home Nursing Benefit (within 26 weeks after confinement)	500 per day (5,000 per policy year)	500 per day (5,000 per policy year)
Ambulance Service Benefit (as a result of an emergency condition arising from: • an illness / accidental injury that requires confinement; or • an accidental injury that requires emergency	250 per confinement / emergency outpatient treatment	250 per confinement / emergency outpatient treatment
Emergency Outpatient Treatment due to Accident Benefit	2,000 per policy year	2,000 per policy year

(iii) Premium Adjustment Due To Integration of AIA Vitality (for AIA Vitality integrated plan only)

The premiums for AIA Max Essential that is integrated with AIA Vitality will be equal to the premium before any adjustment due to integration of AIA Vitality multiplied by Cumulative Premium Percentage.

Cumulative Premium Percentage is the percentage applied at the inception of the policy or at each renewal of the policy beginning from the first (1st) renewal of the policy.

Cumulative Premium Percentage applied at the inception of the policy
= 100%

Cumulative Premium Percentage applied at each renewal of the policy beginning from the first (1st) renewal of the policy
= Cumulative Premium Percentage applied at the inception of the policy or the renewal of the policy immediately before the current renewal of the policy (whichever is later) + Annual Premium Adjustment Percentage applied at the current renewal of the policy

Annual Premium Adjustment Percentage is the percentage applied at each renewal of the policy beginning from the first (1st) renewal of the policy. The Annual Premium Adjustment Percentage applied will be based on the Insured's Vitality Status as at 45 days before the relevant renewal of the policy.

Vitality Status	Annual Premium Adjustment Percentage
Bronze	+2%
Silver	+1%
Gold	-1%
Platinum	-2%

If the Insured does not have a Vitality Status as at 45 days before any renewal of the policy due to termination of the Insured's AIA Vitality membership, the Cumulative Premium Percentage applied at that renewal of the policy shall be equal to 100%.

The Cumulative Premium Percentage applied at any renewal of the policy shall not be more than the Maximum Cumulative Premium Percentage and shall not be less than the Minimum Cumulative Premium Percentage as stated below.

Minimum Cumulative Premium Percentage	85%
Maximum Cumulative Premium Percentage	100%

(B) Key Product Provisions:

The following are some key provisions found in the policy contract of AIA Max Essential. This is only a brief summary and you are advised to refer to the actual terms and conditions specified in your policy contract. Please consult your AIA Financial Services Consultant or Insurance Representative should you require further explanation.

Change of Premium Rates, Policy Terms and Conditions

We may vary the premium rates, benefits and/or cover or amend any privilege, term or condition of the policy by giving you 31 days prior notice. This includes, but not limited to, any mandatory revision or new requirements and conditions that may be introduced by the government authorities from time to time. The premium rates are expected to be adjusted from time to time to allow for our claims experience, medical inflation and general cost of treatments, supplies or medical services in Singapore



Waiting Period

In respect of the medical conditions covered by the following benefits under AIA HealthShield Gold Max policy, no benefits shall be payable under your AIA Max Essential policy if the medical conditions relating to these benefits are first diagnosed during the respective waiting periods. These waiting periods shall start from the policy date, last reinstatement date (if any) or effective date of plan upgrade (if any) of your AIA Max Essential, whichever is the latest.

- (a) For Pregnancy Complications Benefit, the pregnancy complications must be first diagnosed after a 10-month waiting period.
- (b) For Congenital Abnormalities of the Insured's Biological Child from Birth, the conditions relating to the Insured's biological child must be first diagnosed after a 10-month waiting period.
- (c) For the Insured (as the Living Donor) Donating an Organ, the recipient of the organ must be first diagnosed with an organ failure after a 24-month waiting period.

General Exclusions

The same exclusions in the "General Exclusions" section under the AIA HealthShield Gold Max policy shall apply to the AIA Max Essential. Please consult your AIA Financial Services Consultant or Insurance Representative should you require further explanation.

Termination or Claim

Kindly contact your AIA Financial Services Consultant, Insurance Representative or call our AIA Customer Care Hotline at 1800 248 8000 for termination or claims procedures.

Free-Look Period

We shall give you 14 days from the date of receipt of the policy contract, or up to the end of the free look period for the AIA HealthShield Gold Max Series policy, whichever is later, to decide whether you want to continue with your policy.

If you do not want to continue, you may cancel this policy in writing to us and we shall refund the premiums paid for this policy without interest, less medical expenses incurred in considering your application. Any refunds shall be made to you directly.

If we have posted the policy contract to you, the 14 day period shall start 7 days after we have posted the policy contract to you.

Important Notes:

All insurance applications are subject to our underwriting and acceptance. Submission of an application and payment of premium does not constitute and should not be construed as acceptance by us. We reserve the right to withdraw the plan or reject applications, at anytime or for any reason without notice.

This product summary does not form a part of any contract of insurance. It is intended only to be a simplified description of the product features applicable to this plan and is not exhaustive. The contents of this product summary may vary from the terms of cover eventually issued. Please refer to the actual policy contract for all terms and conditions, including exclusions whereby the benefits under your policy may not be paid out. You are advised to read the policy contract. For the avoidance of doubt, only the terms and conditions as set out in the policy contract will bind the parties.

Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. You are discouraged from switching from an existing accident and/or health insurance policy to a new one without considering whether the switch is detrimental, as there may be potential disadvantages with switching. A penalty may be imposed for early policy termination and the new policy may cost more or have fewer benefits 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 the coverage, where applicable, please contact your insurer or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

