

Application Form for Global Health



Particulars of Adviser	Name of Firm	<input type="text"/>
Name	Contact No. (HP)	<input type="text"/>
Source Code	Email Address	<input type="text"/>

WARNING: PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CAP. 142), YOU ARE TO DISCLOSE IN THIS APPLICATION FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE INSURANCE EFFECTED MAY BE VOID.

This policy is underwritten by Aviva Ltd and will be entered into the register of Singapore policies. The terms and conditions of this policy shall be governed by and construed in accordance with the laws of Singapore.

Please complete in capital letters and tick boxes as appropriate.

A) DETAILS OF PROPOSER

Salutation <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Residential address of the country where you are to be located
First Name <input type="text"/>	Other Initial <input type="text"/>	House No. <input type="text"/> Building Name <input type="text"/>
Family Name <input type="text"/>	Nationality <input type="text"/>	Street Name <input type="text"/>
Usual Country of Residence <input type="text"/>	NRIC/Passport No. <input type="text"/>	City/State <input type="text"/> Postal/Zip Code <input type="text"/>
Date of Birth (dd/mm/yyyy) <input type="text"/>	Occupation <input type="text"/>	Country <input type="text"/>
Height (cm) <input type="text"/>	Weight (kg) <input type="text"/>	For existing policyholder with Aviva Ltd: If your residential address differs from our records, do you wish to update the above address in all your other policy(ies)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", <input type="text"/> cigarettes per day for <input type="text"/> years	Email Address <input type="text"/>	Contact No. (Home) <input type="text"/> - <input type="text"/> - <input type="text"/>
	Contact No. (Work) <input type="text"/> - <input type="text"/> - <input type="text"/>	

B) DETAILS OF DEPENDANT(S)

Dependant (1)		NRIC/Passport No. <input type="text"/>
Salutation <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (dd/mm/yyyy) <input type="text"/>
First Name <input type="text"/>	Other Initial <input type="text"/>	Occupation <input type="text"/>
Family Name <input type="text"/>	Nationality <input type="text"/>	Height (cm) <input type="text"/> Weight (kg) <input type="text"/>
Usual Country of Residence^ <input type="text"/>	Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", <input type="text"/> cigarettes per day for <input type="text"/> years	Relationship to Proposer <input type="checkbox"/> Spouse <input type="checkbox"/> Co-habitant <input type="checkbox"/> Child
Dependant (2)		NRIC/Passport No. <input type="text"/>
Salutation <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (dd/mm/yyyy) <input type="text"/>
First Name <input type="text"/>	Other Initial <input type="text"/>	Occupation <input type="text"/>
Family Name <input type="text"/>	Nationality <input type="text"/>	Height (cm) <input type="text"/> Weight (kg) <input type="text"/>
Usual Country of Residence^ <input type="text"/>	Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", <input type="text"/> cigarettes per day for <input type="text"/> years	Relationship to Proposer <input type="checkbox"/> Spouse <input type="checkbox"/> Co-habitant <input type="checkbox"/> Child
Dependant (3)		NRIC/Passport No. <input type="text"/>
Salutation <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (dd/mm/yyyy) <input type="text"/>
First Name <input type="text"/>	Other Initial <input type="text"/>	Occupation <input type="text"/>
Family Name <input type="text"/>	Nationality <input type="text"/>	Height (cm) <input type="text"/> Weight (kg) <input type="text"/>
Usual Country of Residence^ <input type="text"/>	Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", <input type="text"/> cigarettes per day for <input type="text"/> years	Relationship to Proposer <input type="checkbox"/> Spouse <input type="checkbox"/> Co-habitant <input type="checkbox"/> Child

^Please complete if different from Proposer's details indicated in Section A.

(cont'd...)

(...cont'd)

Dependant (4)

Salutation Mr Mrs Ms Dr Gender M F

First Name Other Initial

Family Name

Nationality

Usual Country of Residence[^]

NRIC/Passport No.

Date of Birth (dd/mm/yyyy)

Occupation

Height (cm) Weight (kg)

Smoker Yes No If "Yes", cigarettes per day for years

Relationship to Proposer Spouse Co-habitant Child

[^]Please complete if different from Proposer's details indicated in Section A.

C) CHOICE OF MEDICAL COVER

	Proposer	Spouse/Co-habitant	Child(ren) <small>(Plan must not be higher than Proposer/ Spouse/Co-habitant's. All children must be under the same plan with same deductible, if any.)</small>
Plan Type	<input type="checkbox"/> Classic <input type="checkbox"/> Supreme <input type="checkbox"/> Elite	<input type="checkbox"/> Classic <input type="checkbox"/> Supreme <input type="checkbox"/> Elite	<input type="checkbox"/> Classic <input type="checkbox"/> Supreme <input type="checkbox"/> Elite
Area of Cover	<input type="checkbox"/> Area 1 (Worldwide) <input type="checkbox"/> Area 2 (Worldwide excluding USA)	<input type="checkbox"/> Area 1 (Worldwide) <input type="checkbox"/> Area 2 (Worldwide excluding USA)	<input type="checkbox"/> Area 1 (Worldwide) <input type="checkbox"/> Area 2 (Worldwide excluding USA)
Optional Annual Deductible	<input type="checkbox"/> US\$500 / £300 / €400 / S\$850 <input type="checkbox"/> US\$1,000 / £600 / €800 / S\$1,750 <input type="checkbox"/> US\$2,000 / £1,200 / €1,600 / S\$3,500	<input type="checkbox"/> US\$500 / £300 / €400 / S\$850 <input type="checkbox"/> US\$1,000 / £600 / €800 / S\$1,750 <input type="checkbox"/> US\$2,000 / £1,200 / €1,600 / S\$3,500	<input type="checkbox"/> US\$500 / £300 / €400 / S\$850 <input type="checkbox"/> US\$1,000 / £600 / €800 / S\$1,750 <input type="checkbox"/> US\$2,000 / £1,200 / €1,600 / S\$3,500
Optional Dental Cover (subject to payment of additional premium)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Premiums

	Core premium	Optional premium
Proposer		
Dependant 1		
Dependant 2		
Dependant 3		
Dependant 4		
Total premiums		

FOR OFFICIAL USE ONLY

Premiums checked:

Intermediary	Aviva

D) PAYMENT DETAILS

Contract Currency: USD GBP EURO SGD **Payment Frequency:** Monthly* Quarterly* Annually

Payment Mode (in Contract Currency):

- Bank Draft[#]
- Cheque[#] (No. _____)
Cheques must be drawn from a bank in the country of domicile of the cheque's currency. Payment is to be made in your chosen contract currency specified at the time of the application.
- Telegraphic Transfer[#]

Any charges made by the remitting bank and receiving bank in the course of submitting funds to Aviva Ltd must be borne by the Proposer. It is necessary to pay an amount in excess of the contribution due to the Plan to cover these charges. Please indicate your name (as in this application), Identity Card/Passport Number and the Product Name in the TT application. Please remit the amount to the currency denominated bank account of Aviva Ltd as shown below:

Contract Currency	Bank	Bank Account No.	Swift Code
USD	} Citibank N.A. (Singapore Branch)	0-820610-016	} CITISGSG
GBP		0-820610-032	
EURO		0-820610-024	
SGD		0-820610-008	

Credit Card

Visa / Mastercard Authorisation

I authorise Aviva Ltd, until further notice in writing, to charge my card account, the premiums in respect of the Global Health Plan as and when these become due. I will advise you in writing immediately if the card becomes stolen or if I wish to close my card account or cancel the authorisation.

Name of Cardholder Visa Mastercard

Card No. Bank Expiry Date (mm/yyyy)

CCV / CCV2 Security Code (last 3-digit number at the back of your credit card) Signature of Cardholder Date

*Factors will be applied for monthly and quarterly modes of payment: Monthly payment - 0.0853, Quarterly payment - 0.2548

[#] Applicable only for annual mode

E) DECLARATION OF HEALTH

Health Questions	Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4
1. Have you ever had or been told to have or been treated for					
a) epilepsy, fits, stroke, paralysis, weakness of limbs, prolonged headache, fainting, blackouts or any neurological disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) any disorders of the eyes, ears, nose or throat?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) asthma, persistent cough, breathlessness, or any respiratory disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) high blood pressure, chest pain, heart disorders, mitral valve prolapse, valvular disorders or circulatory disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) diabetes, high blood cholesterol, thyroid disorders or any other endocrine disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) blood in stool, stomach ulcer or any stomach, intestinal or bowel disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) hepatitis or liver disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) blood or protein in urine, kidney disorders, bladder disorders, prostate disorders or genito-urinary disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) cancer, tumours, cysts or growths of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j) slipped disc, gout, arthritis, pain/deformity/disorders of the muscles, spine, limbs, bones or joints?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
k) anaemia, haemophilia or any other disorders of the blood?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
l) mental or nervous disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
m) treatment for drug or alcohol addiction or abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
n) AIDS, HIV or venereal diseases?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
o) breast disorders, abnormal pap smear, fibroids, endometriosis, hormonal disorders or any disorders of the female reproductive system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
p) any other illness, congenital or hereditary disorders, any physical injuries or abnormalities not listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has any person named in this form been admitted to any hospital and/or had any surgery, accident, illness or injury in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has any specialist/doctor been consulted and/or investigations done and/or prescriptions provided for any drugs or medications for any medical conditions other than common illness (excluding common flu and cough)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has any person named in this form been recommended by a doctor to receive any medical treatment, undergo any medical tests, investigations (excluding voluntary health check-up) or any intention to consult any doctor for any reason, seek further treatment or alternative medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has any person named in this form ever been rejected or accepted at special terms for any application, renewal or reinstatement of life, health or any other insurance policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. For female applicants:					
a) Are you currently pregnant? If 'Yes', please state months of pregnancy.	<input type="checkbox"/> Yes <input type="checkbox"/> No No. of months: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No No. of months: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No No. of months: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No No. of months: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No No. of months: <input type="text"/>
b) Have you ever had any complication(s) in previous pregnancy(ies)? If 'Yes', please provide details, date and nature of complication(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- If you have answered "Yes" to any of the above questions, please provide more details by indicating the question number, the condition, result of investigation done, dates of consultations, treatment received, follow-up plan and the name and address of doctor.
- Please attach a copy of all medical reports if applicable.
- If you need to use a separate sheet of paper, attach to this form and indicate that you have done so by ticking this box.

F) DECLARATION AND AUTHORISATION

Benefits may not be payable if you do not fully disclose any material facts which could influence our assessment and acceptance of this application. If you are in any doubt as to whether any facts are material, you should disclose them. This includes any information that you may have provided to the adviser/consultant but was not included in the application. Please check to ensure that you are fully satisfied with the information declared in this application.

1. I/We declare that all the information on this application form is true and complete. I/We am/are unaware of the existence of any medical condition or circumstance foreseeably requiring my/our hospitalisation in the future.
2. I/We understand that benefits will not apply to treatment or expense arising from medical conditions which originated or were known to exist or for which treatment, medication, advice or diagnosis was sought or received prior to my/our enrolment in the Policy unless such conditions are fully disclosed to and accepted by Aviva Ltd prior to the inception of the Policy.
3. I/We authorise any medical source, insurance office, or organisation to release to Aviva Ltd and similarly Aviva Ltd to release to any of the prior mentioned organisations, relevant information concerning me at any time, regardless if whether the application is accepted by Aviva Ltd. A photographic copy of this authorisation shall be as valid as the original.
4. I/We further authorise Aviva Ltd to give such information obtained or information contained herein for the purpose of obtaining insurance cover under this application to my insurance representative.
5. I/We understand that Aviva Ltd may require further medical information from my doctor and I/we am/are aware that I/we am/are responsible for obtaining and paying for such information should I/we wish to continue my/our application.
6. I/We am/are aware that I/we can seek advice from a qualified adviser before I/we sign this application form. Should I/we choose not to, I/we take sole responsibility to ensure that this product is appropriate to my/our financial needs and insurance objectives.
7. I/We have received Your Guide to Health Insurance, Fact Find Form and the Product Summary and they have been explained to my/our satisfaction. (Applicable if you have seen an adviser).
8. I further declare that I am not an undischarged bankrupt and that I have committed no act of bankruptcy within the last twelve months and no receiving order or adjudication order in bankruptcy has been made against me during that period.
9. I agree to inform Aviva Ltd if there is any change in the state of my and/or my dependant(s)' health/activities between the date of this application form and the date full insurance coverage is provided by Aviva Ltd to me and/or my dependant(s). I understand that the terms of accepting me and/or my dependant(s) as a risk for insurance coverage may vary according to such information received.
10. I/We agree that any cover which I/we may purchase for USA shall terminate upon informing Aviva Ltd that I/we have become a resident of the USA.
11. I/We agree that this application shall be the basis of the contract of insurance between me/us and Aviva Ltd.
12. I/We understand that the insurance shall not become effective until it is accepted and confirmed in writing by Aviva Ltd and the premium has been received by Aviva Ltd.

	Dependant 1 / ()	Dependant 2 / ()	Dependant 3 / ()	Dependant 4 / ()	
Signature of Proposer	Signature of all Dependants who are <u>16 years old and above</u>				Name & Signature of Witness
Declared by the Proposer on <input style="width: 150px; height: 20px;" type="text"/> (dd/mm/yyyy)					

G) FINANCIAL ADVISER'S REPORT*

I hereby certify that I have personally seen the Proposer/Dependants and explained the terms of the insurance policy to him/her and I have not given any statement to the Proposer contrary to the provisions as contained in the relevant policy contract.

I declare that all the answers provided to me by the Proposer/Dependants are declared in the application form. I have not withheld any other information which may influence the acceptance of this application by Aviva Ltd.

Name of Financial Adviser

Name of Company

Signature of Financial Adviser

Date

<p>1. Are you aware of any factor (medical or otherwise) which you feel is not apparent from the application form and which could affect the underwriting of this Policy? If "Yes", please give details.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Does the Proposer or any Dependents look ill in any way or appear to have physical defect? If "Yes", please give details.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Has the Proposer or any Dependents submitted any application for life or health insurance to Aviva Ltd other than Global Health recently? If "Yes", please state Plan type: _____ Policy No.: _____</p> <p>If "Yes", have they furnished any test result/medical report or other supporting documents together with the application for life cover, which will help in our review of the application for Global Health?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Submission of other documents If "Yes", kindly indicate accordingly:</p> <p><input type="checkbox"/> Product Summary</p> <p><input type="checkbox"/> Fact Find Form*</p> <p><input type="checkbox"/> Proof of Address if not available in the Identity Card/Passport (e.g. phone, utility, tax bill or any documents issued by the local government authority)</p> <p><input type="checkbox"/> Copy of Identity Card/Passport for Proposer and Dependents</p> <p><input type="checkbox"/> Copy of Child Health Booklet if Dependant is 12 months of age and below</p> <p><input type="checkbox"/> Bank Draft/Cheque (if applicable)</p> <p><input type="checkbox"/> Medical reports (if applicable)</p> <p><input type="checkbox"/> Others (Please specify: _____)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Important Notice:
Have you completed the application form and submitted all relevant documents? Kindly note that any missing information or incomplete application form may result in the delay of the processing of this application.

**To be completed for applications signed in Singapore.*

Global Health Product Summary



Presented to
(Name of Proposer):

Signature of Proposer:

Name & Signature
Financial Adviser:

Date:

1. Product Information

Global Health is a medical expense insurance plan that covers eligible inpatient and outpatient expenses as a result of an illness or accident, subject to the limits set out in the Benefit Schedule shown below. This plan provides transportability where your cover can continue even if you relocate to another country within the relevant Area of Cover. If your selected area of cover is 'Worldwide', you can elect to seek covered treatment anywhere in the world. If your selected area of cover is 'Worldwide, excluding USA' you may elect to seek covered treatment anywhere in the world, except the USA, where cover will be limited to Emergency Treatment only.

Benefit / Plan Type	Classic	Supreme	Elite
Annual limits per Insured Person	USD1,000,000 / £600,000 / €900,000 / SGD1,700,000	USD1,600,000 / £1,000,000 / €1,500,000 / SGD2,800,000	USD2,000,000 / £1,200,000 / €1,800,000 / SGD3,500,000
1. Hospital & related services			
a) In-hospital accommodation up to standard private single bed, surgery, treatment, facilities & services	In Full	In Full	In Full
b) Cancer treatment (inpatient & outpatient)	In Full	In Full	In Full
c) Kidney dialysis (inpatient & outpatient)	In Full	In Full	In Full
d) Physiotherapy treatment	In Full	In Full	In Full
e) Inpatient psychiatric treatment (after 10 months of coverage)	USD10,000 / £6,000 / €9,000 / SGD18,000	USD10,000 / £6,000 / €9,000 / SGD18,000	USD10,000 / £6,000 / €9,000 / SGD18,000
f) Day surgery	In Full	In Full	In Full
g) Casualty ward accident & emergency services	In Full	In Full	In Full
h) Pre-hospital specialist & diagnostic services (within 60 days of hospital admission)	In Full	In Full	In Full
i) Post-hospital follow-up treatment (up to 90 days after discharge)	In Full	In Full	In Full
j) Hospital accommodation for accompanying parent (for insured child below age 18)	In Full	In Full	In Full
k) Local ambulance services	In Full	In Full	In Full
l) Emergency treatment in the USA (subject to reasonable & customary charges)	USD75,000 / £45,000 / €60,000 / SGD125,000	USD100,000 / £60,000 / €85,000 / SGD175,000	In Full
m) Accident dental treatment	In Full	In Full	In Full
n) Home nursing care following discharge from hospital (up to max. 26 weeks per policy year)	In Full	In Full	In Full
o) Daily hospital cash for non-paying patient (max. 30 days per disability per policy year)	USD150 / £100 / €125 / SGD250	USD200 / £120 / €175 / SGD350	USD300 / £175 / €250 / SGD500
2. Organ transplantation			
a) Operation costs for kidney, heart, liver & bone marrow transplants (excluding costs of obtaining donor organs)	In Full	In Full	In Full
3. Emergency medical evacuation & repatriation			
a) Emergency medical evacuation & assistance	In Full	In Full	In Full
b) Repatriation	In Full	In Full	In Full
c) Emergency medical advice & assistance	Provided	Provided	Provided
d) International travel assistance services	Provided	Provided	Provided
4. Outpatient benefits			
a) General Practitioner (GP) services	Not covered		
b) Specialist (SP) services			
c) Outpatient psychiatric treatment (after 10 months of coverage)	USD4,000 / £2,000 / €2,800 / SGD6,000	USD7,000 / £3,500 / €4,900 / SGD10,000	USD10,000 / £5,000 / €7,000 / SGD15,000
d) Outpatient laboratory, x-ray & diagnostic services (including CT, PET & MRI scans)			
e) Prescribed drugs			
f) Prescribed physiotherapy, speech therapy & oculomotor therapy			
g) Prescribed medical aids (such as artificial limbs & hearing aids)	Up to 30 visits per year for (b)	Up to 35 visits per year for (a) & (b)	Up to 40 visits per year for (a) & (b)
h) Prescribed alternative medicine (chiropractor, homeopathy, osteopathy, acupuncture)	USD500 / £300 / €450 / SGD900	USD1,000 / £600 / €900 / SGD1,800	USD1,500 / £900 / €1,300 / SGD2,500

(...cont'd) Benefit / Plan Type	Classic	Supreme	Elite
5. Special benefits			
a) Health Screen (biennial after 2 years of continuous coverage)	USD100 / £50 / €80 / SGD160	USD120 / £80 / €100 / SGD200	USD150 / £90 / €125 / SGD250
6. Maternity benefit (subject to waiting period)			
a) Delivery	Not covered	USD8,000 / £4,500 / €7,000 / SGD14,000	USD15,000 / £9,000 / €12,500 / SGD25,000
b) Complications			
c) Neo-natal cover for standard nursery charges (up to age 7 days ago)			
Optional Benefits			
7. Dental benefit			
a) Routine dental treatment	USD500 / £300 / €450 / SGD750	USD500 / £300 / €450 / SGD750	USD500 / £300 / €450 / SGD750
b) Restorative dental treatment (subject to 6 months waiting period)	USD3,000 / £1,800 / €2,500 / SGD5,000	USD3,000 / £1,800 / €2,500 / SGD5,000	USD3,000 / £1,800 / €2,500 / SGD5,000

2. Premium Rates

The premium payable is based on the age last birthday and zone of the Usual Country of Residence of each Insured Person at the date of underwriting approval and will increase when the Insured Person enters the next age band or change when the Insured Person changes the Usual Country of Residence. The premium payable will be in the same currency as the benefit currency. Please refer to the appendix for the Annual Premium Rates Table.

Premium Discount Options

An annual deductible option is available to all three product plans - Classic, Supreme, and Elite, and is applicable to all medical benefits before they are payable.

Deductible	Premium Discount
USD500 /£300 / €400 /SGD850	20%
USD1,000 /£600 / €800 /SGD1,750	25%
USD2,000 /£1,200 / €1,600 /SGD3,500	30%

What is a deductible?

A deductible is the amount of covered claim(s) accumulated on a Policy Year basis, which has to be borne by the Insured Person during any one Policy Year before any benefit is payable under this policy.

Deductible is applicable to all medical benefits in the Benefit Schedule, unless otherwise stated.

Premium Payment Methods

- Cheque
- Bank Draft
- Telegraphic Transfer (Any bank charges incurred must be borne by the applicants.)
- Credit Card

Payment must be received by Aviva Ltd before any cover can be granted.

Mode of Premium

- Annual (For all payment methods)
 - Quarterly / Monthly (For credit card payment only)
- Factors will be applied for monthly and quarterly mode of payment:
- Monthly payment: 0.0853
 - Quarterly payment: 0.2548

3. Eligibility

As proposer:

This plan is made available to Singaporeans; Singapore Permanent Residents; or foreign nationals living outside his or her Home Country, age eighteen (18) and above and below age sixty-five (65) as at the effective date.

As dependants:

Singaporeans; Singapore Permanent Residents; or foreign nationals living outside his or her Home Country who is the Insured's:

- Legal spouse below sixty-five (65) years of age who is not divorced or legally separated from the proposer at the effective

- date of the legal spouse's coverage; or
- b. Co-habitant of the proposer below sixty-five (65) years of age at the effective date of the co-habitant's coverage; and /or
- c. Unmarried and unemployed child from one (1) day old, at the effective date of the child's coverage,

4. 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 financial adviser should you require further explanation.

a) Exclusions

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

- Pre-Existing Conditions means any Injury, Illness, condition or symptom:
 - (i) for which treatment, or medication, or advice, or diagnosis has been sought or received or was foreseeable by You or the Insured Person prior to the Insured Person's Effective Date or the date of Upgrade or the date of the last Reinstatement, whichever is later, for the Insured Person concerned, or
 - (ii) which originated or was known to exist by You or the Insured Person prior to the Insured Person's Effective Date or the date of Upgrade or the date of the last Reinstatement, whichever is later, whether or not treatment, or medication, or advice, or diagnosis was sought or received.
- Routine medical examination or check-ups; cosmetic treatments;
- Birth defects, congenital illnesses, hereditary conditions;
- Pregnancy, childbirth or miscarriage unless this benefit is stated on the Schedule as being covered by the policy;
- Self-inflicted injuries, suicide, abuse of alcohol, drug addiction or abuse, sexually transmitted diseases and AIDS or any AIDS related conditions or diseases;
- Treatment received outside area of cover unless due to an emergency as defined in the policy;
- Travel costs in respect of trips made specifically for the purpose of obtaining medical treatment unless in the course of an approved Emergency Medical Evacuation, and all Emergency Medical Evacuation costs which are not approved in advance by Us or Our appointed 24-hour Emergency Assistance Centre.
- War and terrorism

b) Accuracy of Information

You must provide us with complete and accurate information when applying for this plan or when making any claim, as this may affect the validity of the policy and /or your rights under the policy may be reduced or lost.

c) Applicable Law

The terms and conditions of the policy will be governed by and construed, determined and enforced in accordance with the laws of Singapore.

d) Cancellation Clause

The Insured may cancel the policy by giving Aviva at least thirty (30) days' prior notice in writing of his or her intention to cancel the policy.

Where premium is charged on an annual basis and the Insured cancels the Policy during any Policy Year, the coverage under the policy for all Insured Persons will cease upon Aviva's receipt of the cancellation notice. The Insured will be entitled to a pro-rated refund of the annual premium paid to Aviva for the unexpired period of coverage. If a claim has arisen in respect of that Policy Year, no refund will be made.

Where premium is charged on other regular basis and the Insured cancels the policy, the coverage under the policy for all Insured Persons will cease on the Due Date after Our receipt of the cancellation notice. Aviva is entitled to the balance of the premium payable for the entire Policy Year if a claim arises in respect of that Policy Year. Aviva will deduct the balance of the premium from any claim amount due.

e) Change of Plans

The Insured may change the plan of an Insured Person, subject to Our approval in writing, by giving Us a written notice at least thirty (30) days prior to the Renewal Date of the policy. This is subject to satisfactory evidence of insurability for each Insured Person at Your expense for any Upgrade and, where applicable, satisfaction of the terms of the Reinstatement provision, before the change can be effected on the Renewal Date or Reinstatement date, as applicable.

To effect a change of plan for an Insured Person classified as a Dependant child ("Dependant Child"), all Dependant Children must apply, at the same time, for a change of plan to a same plan.

In the event of an Upgrade, any claim arising from a Pre-Existing condition after the Upgrade and/or any claim arising during the applicable Waiting Period after the Upgrade, will be assessed under the terms and conditions of the plan prior to the Upgrade and if such a claim is admissible, any benefit payout would be limited to the benefits under the

plan prior to the Upgrade.

f) Continuity of Benefits after Termination of Policy

If the policy is terminated as provided in the Termination Clause, covered benefits in respect of any valid claim will continue to be payable for up to a maximum period of thirty (30) days after the policy terminates but only if all of the following are satisfied:

- (i) the claim was reported and accepted by Us before the policy was terminated;
- (ii) the Insured Person's Usual Country of Residence at the time of the Accident or Illness giving rise to the claim, was within the Area of Cover stated in the Schedule; and
- (iii) the claim only relates to covered treatment obtained within the Area of Cover stated in the Schedule.

g) Co-ordination of Benefits

The policy will only provide compensation on a proportionate basis if the Insured Person has any other insurance in force or is entitled to indemnity from any other source in respect of the same Accident, Illness, death or expense. Aviva has full rights where permitted by law to take proceedings in the Insured's or the Insured Person's name, but at Aviva's expense, to recover for Aviva's benefit, the amount of any payment Aviva has made under the policy.

h) Elective Treatment

The Insured Person has the flexibility to choose where, when and by whom they are treated, even in the USA, provided it is within their plan's Area of Cover. Subject to the terms of the policy, Area 1, which consists of Zone 1 under the policy, offers worldwide coverage including the United States of America while Area 2, which consists of Zones 2 to 8 under the policy, offers worldwide coverage excluding the United States of America.

i) Emergency Treatment in the United States of America

Charges for an Emergency Medical Complaint occurring during short period business or holiday travel not exceeding three (3) consecutive months per trip in the USA will be covered for Insured Persons, including those who are citizens of the USA, whose Area of Cover under the policy excludes the USA. This benefit is available to those whose Area of Cover under the policy includes the USA whereby the three (3) month requirement set out above will not apply. We will not cover any costs for treatment provided in a Hospital unless the hospitalization begins within twenty-four (24) hours after the Emergency Medical Complaint arose.

Emergency Medical Complaint means a medical condition resulting from an Accident, or any sudden beginning or worsening of a severe illness that:

- (i) Presents an immediate and serious threat to the insured person's health; and
- (ii) Requires immediate medical attention by a physician

j) Material Changes

Aviva must be informed immediately in writing of any material change in information or circumstances whether relating to occupation, business, sporting activity or Usual Country of Residence (including if this is the Insured Person's Home Country) affecting You or any Insured Person. Provided the laws of the new Usual Country of Residence (including if this is the Insured Person's Home Country) allow, Aviva will continue cover for the Insured Person on terms and conditions, including premium rates, Aviva consider appropriate because of the material change in circumstances.

k) Non-Guaranteed Premium

Premium rates payable under this policy are not guaranteed and may be increased at policy renewal date based on the claims experience of the portfolio.

l) Payment Guarantees & Direct Settlements

When furnished with adequate advance notice of a claim, Aviva or the 24-hour Emergency Medical Assistance Centre will provide the Insured Person a confirmation of the extent of insurance benefits, monitor claims procedures, issue (wherever reasonably possible) appropriate Payment Guarantees and/or arrange direct settlement of the bills rendered by Hospitals, Physicians or other service providers.

Aviva will not provide Payment Guarantees or direct settlements if neither Aviva nor the 24-hour Emergency Medical Assistance Centre is contacted reasonably in advance.

Covered Outpatient Services are not subject to Payment Guarantees or direct settlement and must be paid by the Insured Person and reimbursed subsequently under the policy.

If Aviva makes any payment under the Payment Guarantee or direct settlement which payment should have been made by the Insured, the Insured shall reimburse the amount(s) paid by Aviva within thirty (30) days of being notified.

m) Reinstatement

If the policy terminates due to non-payment of premium, You may apply to reinstate the policy within thirty (30) days of the date of notice of termination by providing Us with satisfactory evidence of insurability for each Insured Person at Your expense, provided the Insured Person for whom reinstatement is requested is not older than age sixty-five (65) on the date of reinstatement. All outstanding premiums must be received by Us before the policy can be reinstated.

Treatment provided to the Insured Person after the date of termination and within thirty (30) days of the date of notice of reinstatement will not be covered unless the treatment is for Injuries caused by an Accident occurring after the date of notice of reinstatement.

n) Termination Clause

The cover of an Insured Person under this policy will automatically terminate on the date any one of the following events first occurs:

- (i) upon the death of the Insured Person;
- (ii) upon request of cancellation of an Insured Person's coverage under this policy by the Insured;
- (iii) non-payment of premium after the grace period; or
- (iv) the Insured Person, who is a citizen or permanent resident (or equivalent) of the USA, returns to the USA for three (3) consecutive months or more.

o) Terms of Renewal

The policy is automatically renewed for the next insurance year by payment of the renewal premium before the Due Date provided the existing plan the Insured has selected for the policy is still available. On the renewal date, Aviva may vary the benefits, cover and /or premium or even cancel all policies in a particular age group or of a plan type by giving thirty (30) days advance notice in writing to the Insured, but Aviva will not cancel any individual policy.

p) Waiting Period

means the period of time applicable to specific benefits under the policy as set out under the relevant benefit provisions, starting from:

- (i) the Insured Person's Effective Date under the policy; or
- (ii) the date of the last notice of Reinstatement; or
- (iii) the date of Upgrade.

whichever is later, during which the policy will not provide for that respective benefit regardless of treatment made necessary by any cause.

q) Aviva's Promise of Service

The policy issued to you will contain Aviva Ltd's promise of service. You can contact Aviva Ltd if you have concerns about the terms of your policy or any claim you may make. Information on the distribution costs will be made available at your request.

Please note that the product and prices available may be subject to change at short notice due to regulatory changes, tax or other matters outside of Aviva's control.

Note: This is only product information provided by us and does not form part of any contract of insurance. Full details of the terms, conditions and exceptions of this insurance are provided in the policy and will be sent to you upon acceptance by Aviva Ltd. For avoidance of doubt, only the terms and conditions as appeared in the policy will bind the parties. You have a "Free Look" period of 14 working days from the date you receive the policy. Please inform Aviva Ltd within 14 working days if you do not want the policy. It will be cancelled from its commencement date and any premium that you may have paid will be refunded in full after deducting any expenses incurred in assessing the risk under the policy, so long as no claim has arisen. This policy is governed by and shall be construed in accordance with the law of Singapore.

Appendix

Annual Premium Rates Table (exclusive of prevailing Goods & Services Tax)

A prevailing Goods & Services Tax will be applicable if you are residing in Singapore.

Classic plan

Age last birthday	Zone 1			Zone 2			Zone 3			Zone 4			Zone 5			Zone 6			Zone 7			Zone 8										
	USD	£	€	USD	£	€	USD	£	€	USD	£	€	USD	£	€	USD	£	€	USD	£	€	USD	£	€								
Below 18	1,774	887	1,278	2,449	1,056	528	761	1,458	1,032	516	744	1,425	825	413	594	1,139	768	384	553	1,060	702	351	506	969	619	310	446	855	578	289	417	798
18 - 24	2,907	1,454	2,094	4,012	1,731	866	1,247	2,389	1,690	845	1,217	2,333	1,352	676	974	1,866	1,258	629	906	1,737	1,150	575	828	1,587	1,014	507	731	1,400	947	474	682	1,307
25 - 29	3,612	1,806	2,601	4,985	2,151	1,076	1,549	2,969	2,100	1,050	1,512	2,898	1,680	840	1,210	2,319	1,563	782	1,126	2,157	1,428	714	1,029	1,971	1,260	630	908	1,176	588	847	1,623	
30 - 34	3,883	1,942	2,796	5,359	2,312	1,156	1,665	3,191	2,258	1,129	1,626	3,117	1,806	903	1,301	2,493	1,680	840	1,210	2,319	1,536	768	1,106	2,120	1,355	678	976	1,176	633	911	1,746	
35 - 39	4,139	2,070	2,981	5,712	2,464	1,232	1,775	3,401	2,407	1,204	1,734	3,322	1,925	963	1,386	2,657	1,791	896	1,290	2,472	1,637	819	1,179	2,260	1,444	722	1,040	1,993	1,348	971	1,861	
40 - 44	4,687	2,344	3,375	6,469	2,791	1,396	2,010	3,852	2,725	1,363	1,962	3,761	2,180	1,090	1,570	3,009	2,028	1,014	1,461	2,799	1,853	927	1,335	2,558	1,635	818	1,178	2,257	1,526	763	1,099	2,106
45 - 49	5,348	2,674	3,851	7,381	3,184	1,592	2,293	4,394	3,109	1,555	2,239	4,291	2,487	1,244	1,791	3,433	2,313	1,157	1,666	3,192	2,114	1,057	1,523	2,918	1,866	933	1,344	2,576	1,741	971	1,254	2,403
50 - 54	5,986	2,993	4,310	8,261	3,564	1,782	2,567	4,919	3,480	1,740	2,506	4,803	2,784	1,392	2,005	3,842	2,590	1,295	1,865	3,575	2,367	1,184	1,705	3,267	2,088	1,044	1,504	2,882	1,949	975	1,404	2,690
55 - 59	7,448	3,724	5,363	10,279	4,434	2,217	3,193	6,119	4,330	2,165	3,118	5,976	3,464	1,732	2,495	4,781	3,222	1,611	2,320	4,447	2,945	1,473	2,121	4,065	2,598	1,299	1,871	3,586	2,425	1,213	1,746	3,347
60 - 64	9,402	4,701	6,770	12,975	5,598	2,799	4,031	7,726	5,467	2,734	3,937	7,545	4,373	2,187	3,149	6,035	4,067	2,034	2,929	5,613	3,718	1,859	2,677	5,131	3,280	1,640	2,362	4,527	3,062	1,531	2,205	4,226
65 - 69	13,363	6,682	9,622	18,441	7,956	3,978	5,729	10,980	7,769	3,885	5,594	10,722	6,215	3,108	4,475	8,577	5,780	2,890	4,162	7,977	5,283	2,642	3,804	7,291	4,662	2,331	3,357	6,434	4,351	2,176	3,133	6,005
70	15,164	7,582	10,919	20,927	9,028	4,514	6,501	12,459	8,817	4,409	6,349	12,168	7,053	3,527	5,079	9,734	6,560	3,280	4,724	9,053	5,996	2,998	4,318	8,275	5,290	2,645	3,809	7,301	4,938	2,469	3,556	6,815
71	15,388	7,694	11,080	21,236	9,161	4,581	6,596	12,643	8,947	4,474	6,442	12,347	7,157	3,579	5,154	9,877	6,657	3,329	4,794	9,187	6,084	3,042	4,381	8,396	5,368	2,684	3,865	7,408	5,010	2,505	3,608	6,914
72	15,612	7,806	11,241	21,545	9,295	4,648	6,693	12,828	9,077	4,539	6,536	12,527	7,261	3,631	5,228	10,021	6,753	3,377	4,863	9,463	6,268	3,134	4,513	8,650	5,530	2,765	3,982	7,632	5,162	2,581	3,717	7,124
73	15,852	7,926	11,414	21,876	9,438	4,719	6,796	13,025	9,217	4,609	6,637	12,720	7,373	3,687	5,309	10,175	6,857	3,429	4,938	9,463	6,268	3,134	4,513	8,650	5,530	2,765	3,982	7,632	5,162	2,581	3,717	7,124
74	16,100	8,050	11,592	22,218	9,585	4,793	6,902	13,228	9,360	4,680	6,740	12,917	7,488	3,744	5,392	10,334	7,064	3,482	5,015	9,611	6,365	3,183	4,583	8,784	5,616	2,808	4,044	7,751	5,242	2,621	3,775	7,234
75	17,553	8,777	12,639	24,224	10,450	5,225	7,524	14,421	10,205	5,103	7,348	14,093	8,164	4,082	5,879	11,267	7,963	3,797	5,467	10,479	6,940	3,470	4,997	9,578	6,123	3,062	4,409	8,450	5,715	2,858	4,115	7,996
76	17,794	8,897	12,812	24,556	10,594	5,297	7,628	14,620	10,345	5,173	7,449	14,271	8,276	4,138	5,959	11,421	7,697	3,849	5,542	10,622	7,035	3,518	5,066	9,709	6,207	3,104	4,470	8,566	5,794	2,897	4,172	7,996
77	18,035	9,018	12,986	24,889	10,737	5,369	7,731	14,818	10,485	5,243	7,550	14,470	8,388	4,194	6,040	11,576	7,801	3,901	5,617	10,766	7,130	3,565	5,134	9,840	6,291	3,146	4,530	8,682	5,872	2,936	4,228	8,104
78	18,297	9,149	13,174	25,250	10,893	5,447	7,843	15,033	10,638	5,319	7,660	14,681	8,510	4,255	6,128	11,744	7,915	3,958	5,699	10,923	7,234	3,617	5,209	9,983	6,383	3,192	4,596	8,809	5,957	2,979	4,290	8,221
79	18,544	9,272	13,352	25,591	11,040	5,520	7,949	15,236	10,782	5,391	7,764	14,880	8,625	4,313	6,210	11,903	8,022	4,011	5,776	11,071	7,332	3,666	5,280	10,119	6,469	3,235	4,658	8,928	6,038	3,019	4,348	8,333
80 & above	20,056	10,028	14,441	27,678	11,940	5,970	8,597	16,478	11,660	5,830	8,396	16,091	9,328	4,664	6,717	12,873	8,676	4,338	6,247	11,973	7,929	3,965	5,709	10,943	6,996	3,498	5,038	9,655	6,530	3,265	4,702	9,012

Supreme plan

Age last birthday	Zone 1			Zone 2			Zone 3			Zone 4			Zone 5			Zone 6			Zone 7			Zone 8										
	USD	£	€	USD	£	€	USD	£	€	USD	£	€	USD	£	€	USD	£	€	USD	£	€	USD	£	€								
Below 18	2,449	1,225	1,764	3,380	1,458	729	1,050	2,013	1,424	712	1,026	1,966	1,139	570	821	1,572	1,060	530	764	1,463	969	485	698	1,180	798	399	575	1,102				
18 - 24	3,961	1,981	2,852	5,467	2,358	1,179	1,698	3,255	2,303	1,152	1,659	3,179	1,842	921	1,327	2,542	1,714	857	1,235	2,366	1,566	783	1,128	2,162	1,382	691	996	1,908	1,290	645	929	1,781
25 - 29	4,928	2,464	3,549	6,801	2,934	1,467	2,113	4,049	2,865	1,433	2,063	3,954	2,292	1,146	1,651	3,163	2,132	1,066	1,536	2,943	1,949	975	1,404	2,690	1,719	860	1,238	2,373	1,605	803	1,156	2,215
30 - 34	5,216	2,608	3,756	7,199	3,106	1,553	2,237	4,287	3,033	1,517	2,184	4,186	2,426	1,213	1,747	3,348	2,257	1,129	1,626	3,115	2,063	1,032	1,486	2,847	1,820	910	1,311	2,512	1,699	850	1,224	2,345
35 - 39	5,696	2,848	4,102	7,861	3,391	1,696	2,442	4,680	3,312	1,656	2,385	4,571	2,649	1,325	1,908	3,656	2,464	1,232	1,775	3,401	2,252	1,126	1,622	3,108	1,987	994	1,431	2,743	1,855	928	1,336	2,560
40 - 44	6,371	3,186	4,588	8,792	3,793	1,897	2,731	5,235	3,704	1,852	2,667	5,112	2,963	1,482	2,134	4,089	2,756	1,378	1,985	3,804	2,519	1,260	1,814	3,477	2,223	1,112	1,601	3,068	2,075	1,038	1,494	2,864
45 - 49	7,371	3,686	5,308	10,172	4,388	2,194	3,160	6,056	4,285	2,143	3,086	5,914	3,428	1,714	2,469	4,731	3,189	1,595	2,297	4,401	2,914	1,457	2,099	4,022	2,571	1,286	1,852	3,548	2,400	1,200	1,728	3,312
50 - 54	8,224	4,112	5,922	11,350	4,896	2,448	3,526	6,757	4,782	2,391	3,444	6,600	3,825	1,913	2,754	5,279	3,558	1,779	2,562	4,911	3,252	1,626	2,342	4,488	2,869	1,435	2,066	3,960	2,678	1,339	1,929	3,696
55 - 59	9,804	4,902	7,059	13,530	5,837	2,919	4,203	8,056	5,700	2,850	4,104	7,866	4,560	2,280	3,284	6,293	4,241	2,121	3,054	5,853	3,876	1,938	2,791	5,349	3,420	1,710	2,463	4,720	3,192	1,596	2,299	4,405
60 - 64	12,546	6,273																														

Elite plan

Age last birthday	Zone 1			Zone 2			Zone 3			Zone 4			Zone 5			Zone 6			Zone 7			Zone 8										
	USD	€	SGD	USD	€	SGD	USD	€	SGD	USD	€	SGD	USD	€	SGD	USD	€	SGD	USD	€	SGD	USD	€	SGD								
Below 18	2,909	1,455	2,095	4,015	1,732	866	1,248	2,391	1,692	846	1,219	2,335	1,353	677	975	1,868	1,259	630	907	1,738	1,151	576	829	1,589	1,015	508	731	1,401	948	474	683	1,309
18 - 24	4,632	2,316	3,336	6,393	2,758	1,379	1,986	3,807	2,693	1,347	1,939	3,717	2,154	1,077	1,551	2,973	2,004	1,443	1,443	2,766	1,831	916	1,319	2,527	1,616	808	1,164	2,231	1,508	754	1,086	2,082
25 - 29	5,638	2,819	4,060	7,781	3,357	1,679	2,418	4,633	3,278	1,639	2,361	4,524	2,622	1,311	1,888	3,619	2,439	1,220	1,757	3,366	2,229	1,115	1,605	3,077	1,967	984	1,417	2,715	1,836	918	1,322	2,534
30 - 34	6,152	3,076	4,430	8,490	3,663	1,832	2,638	5,055	3,577	1,789	2,576	4,937	2,861	1,431	2,060	3,949	2,661	1,331	1,916	3,673	2,432	1,216	1,752	3,357	2,146	1,073	1,546	2,962	2,003	1,002	1,443	2,765
35 - 39	6,584	3,292	4,741	9,086	3,920	1,960	2,823	5,410	3,828	1,914	2,757	5,283	3,062	1,531	2,205	4,226	2,848	1,424	2,051	3,931	2,603	1,302	1,875	3,593	2,297	1,149	1,654	3,170	2,144	1,072	1,544	2,959
40 - 44	7,422	3,711	5,344	10,243	4,419	2,210	3,182	6,099	4,315	2,158	3,107	5,955	3,452	1,726	2,486	4,764	3,211	1,606	2,312	4,432	2,935	1,468	2,114	4,051	2,589	1,295	1,865	3,573	2,417	1,209	1,741	3,336
45 - 49	8,315	4,158	5,987	11,475	4,950	2,475	3,564	6,831	4,834	2,417	3,481	6,671	3,867	1,934	2,785	5,337	3,597	1,799	2,590	4,964	3,287	1,644	2,367	4,537	2,901	1,451	2,089	4,004	2,707	1,354	1,950	3,736
50 - 54	9,506	4,753	6,845	13,119	5,659	2,830	4,075	7,810	5,527	2,764	3,980	7,628	4,421	2,211	3,184	6,101	4,112	2,056	2,961	5,675	3,758	1,879	2,706	5,187	3,316	1,658	2,388	4,577	3,095	1,548	2,229	4,272
55 - 59	11,449	5,725	8,244	15,800	6,816	3,408	4,908	9,407	6,657	3,329	4,794	9,187	5,325	2,663	3,834	7,349	4,953	2,477	3,567	6,836	4,527	2,264	3,260	6,248	3,994	1,997	2,876	5,512	3,728	1,864	2,685	5,145
60 - 64	15,300	7,650	11,016	21,149	9,109	4,555	6,559	12,571	8,895	4,448	6,405	12,276	7,116	3,558	5,124	9,821	6,618	3,309	4,765	9,133	6,049	3,025	4,356	8,348	5,337	2,669	3,843	7,366	4,982	2,491	3,588	6,876
65 - 69	21,322	10,661	15,352	29,425	12,694	6,347	9,140	17,518	12,397	6,199	8,926	17,108	9,917	4,959	7,141	13,686	9,223	4,612	6,641	12,728	8,430	4,215	6,070	11,634	7,438	3,719	5,356	10,265	6,942	3,471	4,999	9,580
70	24,831	12,416	17,879	34,267	14,783	7,392	10,644	20,401	14,437	7,219	10,395	19,924	11,549	5,775	8,316	15,938	10,741	5,371	7,734	14,823	9,817	4,909	7,069	13,548	8,662	4,331	6,237	11,954	8,085	4,043	5,822	11,158
71	25,222	12,611	18,160	34,807	15,016	7,508	10,812	20,723	14,664	7,332	10,559	20,237	11,731	5,866	8,447	16,189	10,910	5,455	7,856	15,056	9,972	4,986	7,180	13,762	8,799	4,400	6,336	12,143	8,212	4,106	5,913	11,333
72	26,310	13,155	18,944	36,308	15,664	7,832	11,279	21,617	15,297	7,649	11,014	21,110	12,237	6,119	8,811	16,888	11,381	5,691	8,195	15,706	10,402	5,094	7,335	14,059	9,178	4,589	6,609	12,666	8,566	4,283	6,168	11,822
73	29,557	14,779	21,282	40,789	17,597	8,799	12,670	24,284	17,184	8,592	12,373	23,714	13,747	6,874	9,898	18,971	12,785	6,393	9,206	17,644	11,685	5,843	8,414	16,126	10,311	5,156	7,424	14,230	9,623	4,812	6,929	13,280
74	30,094	15,047	21,668	41,530	17,917	8,959	12,901	24,726	17,497	8,749	12,598	24,146	13,997	6,999	10,078	19,316	13,018	6,509	9,373	17,965	11,898	5,949	8,567	16,420	10,498	5,249	7,559	14,488	9,798	4,899	7,055	13,522
75	30,644	15,322	22,064	42,289	18,244	9,122	13,136	25,177	17,817	8,909	12,829	24,588	14,253	7,127	10,263	19,670	13,256	6,628	9,545	18,294	12,116	6,058	8,724	16,721	10,690	5,345	7,697	14,753	9,978	4,989	7,185	13,770
76	30,997	15,499	22,318	42,776	18,454	9,227	13,287	25,467	18,022	9,011	12,976	24,871	14,417	7,209	10,381	19,896	13,408	6,704	9,654	18,504	12,255	6,128	8,824	16,912	10,813	5,407	7,786	14,922	10,092	5,046	7,267	13,927
77	31,356	15,678	22,577	43,272	18,668	9,334	13,441	25,762	18,230	9,115	13,126	25,158	14,584	7,292	10,501	20,126	13,564	6,782	9,767	18,719	12,397	6,199	8,926	17,108	10,938	5,469	7,876	15,095	10,209	5,105	7,351	14,089
80 & above	33,493	16,747	24,115	46,221	19,940	9,970	14,357	27,518	19,473	9,737	14,021	26,873	15,578	7,789	11,217	21,498	14,488	7,244	10,432	19,994	13,242	6,621	9,535	18,274	11,684	5,842	8,413	16,124	10,905	5,453	7,852	15,049

Optional dental

Plan	Zone 1			Zone 2			Zone 3			Zone 4			Zone 5			Zone 6			Zone 7			Zone 8										
	USD	€	SGD	USD	€	SGD	USD	€	SGD	USD	€	SGD	USD	€	SGD	USD	€	SGD	USD	€	SGD	USD	€	SGD								
Classic / Supreme Elite	1,462	731	1,053	2,018	871	436	628	1,202	850	425	612	1,173	680	340	490	939	633	317	456	874	578	289	417	798	510	255	368	704	476	238	343	657

Important Notes

1. Premium rates are not guaranteed
2. Premium rates for age 65 and above are for renewal only
3. Premium rates excludes relevant taxes (e.g., VAT, GST, IPT, etc)
4. Factors will be applied for monthly and quarterly modes of payment: Monthly payment - 0.0853, Quarterly payment - 0.2548
5. Please note that the product and prices available may be subject to change at short notice due to regulatory changes, tax or other matters outside Aviva's control

Area guide

The following is the list of countries in each of the 8 zones. Please choose Zone 1 if you reside in USA or if you like to have USA in your cover.* Otherwise, choose the zone based on the country you will be residing in.

*Not available to USA Citizens, USA Permanent Residents or equivalent.

Zone 1 USA	Zone 2 Hong Kong Israel	Zone 3 Bahrain Greece Guatemala Honduras Mexico	Zone 4 China Indonesia Japan Jersey Singapore Switzerland Taiwan United Kingdom
Zone 5 Alderney American Samoa Anguilla Antigua and Barbuda Argentina Aruba Bahamas Bangladesh Barbados Belize Bermuda Bolivia Brazil Canada Canary Islands Cayman Islands Chile Colombia Costa Rica	Cuba Dominica Dominican Republic Ecuador El Salvador Falkland Islands (Malvinas) Germany Gibraltar Grenada Guadeloupe Guernsey Guyana Haiti Holy See (Vatican City State) Iran (Islamic Republic of) Iraq Ireland Isle of Man Italy Jamaica	Kenya Kuwait Lebanon Liechtenstein Madeira Martinique Monaco Mongolia Montserrat Netherlands Netherlands Antilles Nicaragua Norway Panama Paraguay Peru Portugal Puerto Rico Russian Federation Saint Helena	Saint Kitts and Nevis Saint Lucia Saint Pierre and Miquelon Sark Saudi Arabia Spain St Vincent and the Grenadines Sth Georgia & Sth Sandwich Islands Sudan Suriname Sweden Syrian Arab Republic Trinidad and Tobago Turks and Caicos Islands UAE Uruguay Venezuela Virgin Islands (British) Virgin Islands (U.S) Yemen
Zone 6 Andorra Antarctica Armenia Australia Austria Azores Belarus Belgium Bhutan Bulgaria Burkina Faso Burundi Central African Republic Christmas Islands Cocos (Keeling) Islands Congo Congo The Democratic Republic Cook Islands Cyprus East Timor Equatorial Guinea Estonia Fiji Finland	France French Guiana French Polynesia French Southern Territories Gabon Georgia Guam Heard and McDonald Islands Herm Jordan Kiribati Korea Democratic People's Rep Kyrgyztan Laos People's Democratic Rep Latvia Lesotho Liberia Libyan Arab Jamahiriya Lithuania Macau Malawi Maldives Marshall Islands Mauritius Mayotte	Micronesia Federated States Moldova Republic of Montenegro Myanmar Namibia Nauru Nepal New Caledonia Niger Nigeria Niue Norfolk Islands Northern Mariana Islands Oman Palau Pitcairn Qatar Reunion Rwanda Samoa San Marino Sao Tome and Principe Senegal Serbia Seychelles	Sierra Leone Solomon Islands Somalia South Africa Svalbard and Jan Mayen Swaziland Tajikistan Thailand Tokelau Tonga Tunisia Turkey Turkmenistan Tuvalu Uganda Ukraine United Republic of Tanzania Uzbekistan Vanuatu Vietnam Wallis and Futuna Islands Western Sahara Zambia Zimbabwe
Zone 7 Afghanistan Albania Azerbaijan Benin Bosnia and Herzegovina Botswana Bouvet Island British Indian Ocean Territory Brunei Darussalam Cambodia Cameroon	Cape Verde Chad Cote D'Ivoire Croatia Czech Republic Denmark Djibouti Egypt Faroe Islands Gambia Ghana Greenland	Guinea Guinea-Bissau Hungary Iceland India Kazakhstan Republic of Korea Luxembourg Madagascar Malaysia Malta Mauritania	Morocco New Zealand Pakistan Papua New Guinea Philippines Poland Rep Of Macedonia Romania Slovakia Slovenia Togo
Zone 8 Algeria Angola	Comoros Eritrea Ethiopia	Mali Mozambique Sri Lanka	

Please note that the product and prices available may be subject to change at short notice due to regulatory changes, tax or other matters outside of Aviva's control.