

# Frequently Asked Questions MyShield (Enhanced)

## (A) Product Features

### 1. What are the new features of enhanced MyShield?

- No declaration of medical history is required for the **Moratorium** Underwriting option.
- Free Coverage for Child(ren) under Plan 2 is available up to age 20 next birthday provided
  - Both parents are insured under either Plan 1 or 2; and
  - Child(ren)'s application is underwritten.
- Increased limits for product benefits

Product Benefits	NEW Limits	Old Limits
<b>Major Organ Transplant</b>	<b>Plan 1 : \$250,000 Plan 2 : \$150,000 Plan 3 : \$ 50,000</b>	Plan 1: \$150,000 Plan 2: \$100,000 Plan 3: \$ 30,000
<b>Outpatient Kidney Dialysis &amp; Cancer Treatment</b>	<b>As charged basis for all 3 plans</b>	Plan 1 : \$150,000 Plan 2 : \$100,000 Plan 3: \$ 30,000
<b>Accident Inpatient Dental Treatment</b>	<b>As charged basis for all 3 plans</b>	Plan 1: \$2,000 Plan 2: \$2,000 Plan 3: Not available
<b>Lifetime Limit</b>	<b>UNLIMITED for all 3 plans</b>	Plan 1: \$2 million Plan 2: \$1.5 million Plan 3: \$1million
<b>Annual Limit</b>	<b>Plan 1: \$500,000 Plan 2: \$300,000 Plan 3: \$150,000</b>	Plan 1: \$300,000 Plan 2: \$200,000 Plan 3: \$100,000

Please refer to the Benefit Schedule for more details.

## 2. What is Moratorium Underwriting?

With Moratorium underwriting, applicants are not required to make any medical history declaration. This underwriting method will be applicable from 1 Sep 2007.

Under Moratorium Underwriting, cover starts immediately\* as no underwriting is required. Any new, unexpected medical conditions arising after the start of insured person's coverage will be covered immediately\*, subject to the terms and conditions of the Policy.

Pre-existing conditions can be covered after a continuous period of 5 years from the coverage start date or reinstatement date, whichever is later, provided the insured person has NOT in respect of that particular pre-existing condition:

- a) experienced symptoms or;
- b) sought advice or tests from a Physician or Specialist or Alternative Medicine Provider (including checkups for that medical condition ) or;
- c) required treatment or medication or;
- d) received treatment or medication

subject to the terms and conditions of the Policy.

It is important to understand that the life insured would probably never be covered for pre-existing conditions that are long term medical conditions and/or require ongoing medical treatments.

*\*Subject to proposal submission and the usual processing cutoff time. Please refer to Qn.3 for full details.*

## 3. With Moratorium Underwriting and no health declaration, does it mean that it is guaranteed issuance of the Policy?

With Moratorium Underwriting, the Policy is guaranteed issuance regardless of health status.

However, in line with industry practice, applications with Class 4 occupational class would be declined.

Applicants whose Life &/or Health Insurance applications have previously been rejected would not be granted Moratorium Underwriting. Instead, they can opt for Full Medical Underwriting for Aviva's consideration if they wish to be covered under MyShield.

## 4. What is Full Medical Underwriting?

Full Medical Underwriting is the common underwriting practice for health insurance plans.

With Full Medical Underwriting, the applicant is required to declare his/ her medical history by fully disclosing the medical history before the date of application for the policy. The cover offered will be based on his/ her medical history.

This underwriting option is available for new applicants of MyShield as an alternative to Moratorium Underwriting.

**5. If the applicant declares a pre-existing condition under Full Medical Underwriting and Aviva does not impose an exclusion on the condition, does it mean that I am covered for that condition from Day 1?**

Yes. All pre-existing conditions that have been declared by the applicant and specifically accepted by Aviva, in writing would be covered.

**6. Can the client opt for Full Medical Underwriting instead of Moratorium Underwriting?**

Yes. This option is available in the application form.

**7. What are the differences between the 2 underwriting options?**

Given normal circumstances, Moratorium Underwriting and Full Medical Underwriting would exclude the same conditions.

<b>Description</b>	<b>Moratorium Underwriting</b>	<b>Full Medical Underwriting</b>
Health Declaration	No	Yes
Policy Issuance	T+7 days	T + 12 days
Pre-existing Conditions	Will be covered if the insured person has met the Moratorium terms and the Policy's terms and conditions	Will be permanently excluded as specified in writing in the Policy Schedule
Underwriting decision	<ul style="list-style-type: none"> <li>• Accepted with Moratorium terms</li> <li>• Declined due to Class 4 occupation</li> <li>• May be requested to undergo Full Medical Underwriting if the life insured has been rejected for application of Life &amp;/ Health insurance (refer to question 3)</li> </ul>	<ul style="list-style-type: none"> <li>• Accepted at standard terms</li> <li>• Accepted with specific exclusions</li> <li>• Postponed</li> <li>• Declined</li> </ul>

"T" day refers to the date Aviva receives the completed proposal form.

## **8. Is a medical checkup required for Full Medical Underwriting?**

Depending on the information required to assess the risk, the underwriter may request the life assured to provide for past and/or recent medical reports. The cost of medical report will be borne by the insured person.

## **9. What is the list of pre-existing conditions that are permanently excluded under the Policy if the client has chosen the Moratorium underwriting option?**

The following list of pre-existing conditions shall be permanently excluded under the policy and will not be covered under the Moratorium Underwriting option:

- Heart attack, heart bypass, angioplasty
- Chronic obstructive lung disease, chronic cor pulmonale, pulmonary hypertension
- Stroke
- Liver cirrhosis
- Paralysis
- Osteoporosis
- AIDS or HIV infection
- Thalassaemia Intermediate/ major
- Diabetes with complications such as protein in urine or eye problem
- Kidney failure
- Organ transplantation
- Systemic lupus erythematosus (SLE)
- Muscular dystrophy
- Multiple sclerosis
- Alzheimer's disease
- Dementia
- Any form of Cancer (other than skin cancer)
- Autism

## **10. What happens if the insured person receives medical treatment for a pre-existing condition in Year 2 and stops treatment thereafter. Does the Moratorium period restart from Year 2?**

The Moratorium period is a continuous 5-year period that starts from the effective date of cover or reinstatement date, whichever is later.

During this 5-year period if the insured person has, in relation to that pre-existing condition

- Experienced symptoms or;
- Sought advice or tests from a Physician, a Specialist or Alternative Medicine provider (including checkups for that medical condition) or;
- Required treatment or medication or;
- Received treatment or medication,

the particular pre-existing condition will be permanently excluded.

**11. Can the applicant switch to Moratorium Underwriting after an underwriting decision has been made based on his/ her application for Full Medical Underwriting?**

Once the application is declined or accepted with exclusion(s) under Full Medical Underwriting, the applicant cannot switch to Moratorium Underwriting option to get insured.

Similarly, the insured person cannot switch from Moratorium Underwriting to Full Medical Underwriting once the application has been processed.

**12. What are the advantages of Moratorium Underwriting?**

- Pre-existing conditions will be covered  
We cannot rule out the possibility of reoccurrence of a condition after the moratorium period. The clear advantage of moratorium underwriting is that such conditions will be covered, provided the insured person meets the Moratorium terms as well as the Policy's terms and conditions.
- Increase public participation for early medical coverage  
The traditional need for Full Medical Underwriting results in inertia and low participation rate of early medical cover. With Moratorium Underwriting, there is no need for declaration of medical history hence the simple application process would boost take-up rate.

**(B) New Policyholders**

**13. When will the new benefits take effect?**

Application of MyShield (enhanced) will be available from 1 Sep 2007 onwards and the new benefits will be effective for policies incepted from 1 Oct 2007 onwards.

**14. When can I use the new application form and product summary?**

The new application form and product summary will be available by end August 2007.

We advise you to submit new forms from 1 September 2007 as we are unable to process any new applications prior to that.

## **(C) Applications submitted between 1 Aug – 31 Aug 2007**

### **15. What is the coverage for customers who submit an application between 1 Aug to 31 Aug 2007?**

#### **a) Applications received by Aviva between 1 to 14 Aug 2007**

- Advisers will use existing Application Form & Product Summary.
  - i) Policies effective on 1 September 2007
    - Coverage will be based on current MyShield benefits.
    - Policyholders will be automatically upgraded to new benefits with effect from 1 Oct 2007.
    - The Free coverage for child(ren) up to age 20 next birthday will be applicable upon next renewal of MyShield. Aviva must be informed of the family status\* in order to offer the Free coverage for child(ren).
  - ii) Policies effective on/after 1 October 2007
    - Coverage will be based on enhanced MyShield benefits.
    - The Free coverage for child(ren) up to age 20 next birthday will be applicable at policy inception. Aviva must be informed of the family status\* in order to offer the Free coverage for child(ren) by 14 Sep 2007.

#### **b) Applications received by Aviva between 15 to 31 Aug 2007**

- Advisers will use existing Application Form & Product Summary.
  - Coverage will be based on **enhanced MyShield benefits** as policies will be issued on/ after 1 Oct 2007.
  - The Free coverage for child(ren) up to age 20 next birthday will be applicable at policy inception. Aviva must be informed of the family status\* in order to offer the Free coverage for child(ren) by 14 Sep 2007.

*\*Insured parents need to complete the Declaration Form for Entitlement of Free Child cover to enjoy the Free Cover up to ANB 20.*

## **(D) Existing Policyholders**

### **16. Does the existing policyholder need to apply for upgrade of MyShield benefits?**

The upgrade is given automatically to all the existing policyholders. Moratorium Underwriting will apply from the start of cover or reinstatement date whichever is later.

For insured parents who have not declared their family status, they need to complete the Declaration Form for Entitlement of Free Coverage for Child(ren) in order to enjoy this free cover up to age 20 next birthday provided both parents are insured under plan 1 or plan 2.

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**17. Will there be any premium refund for child's cover if the premium has been paid?**

Free Coverage for Child(ren) will take effect from the next policy renewal date, hence there will be no premium refund.

**18. Why is there a need to declare Family Status?**

This is because we need to ensure the Free Coverage for Child(ren) is extended to the child in the following scenarios:

- a) parents who submit separate application forms for MyShield ; or
- b) children aged 8 next birthday and above who are now eligible for free coverage for child(ren)

For the latter scenario, policyholders have to complete and return the *Declaration Form for Entitlement of Free Coverage for Child(ren)* by 14 Sep 2007.

**(E) Others**

**19. How will the benefit limits be affected if there are claims made under the policy?**

The new benefit limits will apply from 1 Oct 2007. If there had been claims made previously, the balance will be the difference between the new benefit limits and the claims paid out.

**20. What is the new premium with these enhancements?**

There is no premium increase with these enhancements.

**21. Are the claims procedure and requirement different for the Moratorium and Full Underwriting?**

There is no change in the current claims procedure and requirement with both underwriting options.

**22. Is medical report required for all claims?**

No. If medical report/additional document is required, Aviva will inform the claimant in writing. Any cost of obtaining a medical report shall be borne by the claimant.

**23. How will a claim be assessed if the insured person had opted for the Moratorium Underwriting?**

As part of the claims assessment, further medical information could be gathered from the attending doctor(s) including general practitioner, specialist, alternative medicine provider/practitioner, claimant, and relevant medical expert (if necessary).

For Moratorium Underwriting, if the condition was in existence before policy commencement, in the course of our claims assessment, we will further establish whether for a continuous period of 5 years from the coverage start date or reinstatement date, whichever is later, the insured person has in respect of that particular pre-existing condition:

- a) experienced symptoms or;
- b) sought advice or tests from a Physician or Specialist or Alternative Medicine Provider (including checkups for that medical condition ) or;
- c) required treatment or medication or;
- d) received treatment or medication

The above would be established based on medical information gathered from the attending doctor(s) including general practitioner, specialist, alternative medicine provider/practitioner, claimant, and relevant medical expert (if necessary). If the above conditions are met, the claim will not be admissible.

**24. Should the claim still be filed if the condition is excluded under MyShield?**

As MyShield is an integrated policy, which is an Enhancement Plan on top of the basic MediShield, the existing MediShield is not affected by MyShield coverage. The Policyholder should still file the claim at the hospital / clinic in the event of hospitalisation or surgery to allow the CPF Board to assess the MediShield claim.

**25. If an existing MyShield policyholder applies for MyShield Plus after 1 Sep 2007, can he/ she choose a different underwriting option from his/ her existing MyShield?**

From 1 October 2007 onwards, all existing MyShield policies would be upgraded to Moratorium Underwriting. Hence an application for new MyShield Plus plans on or after 1 September 2007 would be based on Moratorium Underwriting.

**26. Will the acceptance terms of MyShield Plus be the same as MyShield?**

The acceptance terms will be based on the type of underwriting option selected. The table below summarises the impact on acceptance terms for the 2 underwriting options. It is important to note that both MyShield and MyShield Plus must have the same underwriting option.

<b>Underwriting Option</b>	<b>Policy</b>	<b>Benefits</b>	<b>Acceptance Terms</b>
Moratorium Underwriting	MyShield	All benefits	Subject to Moratorium Terms with effect from coverage commencement date or reinstatement date of MyShield whichever is later
	MyShield Plus	Co-insurance & Hospital Cash Benefits	Subject to Moratorium Terms with effect from coverage commencement date or reinstatement date of MyShield Plus whichever is later
		Critical Illness Benefits	Pre-existing conditions permanently excluded
Full Medical Underwriting	MyShield	All benefits	Subject to underwriting
	MyShield Plus	Co-insurance & Hospital Cash Benefits	
		Critical Illness Benefits	