

Revision effective 1st April 2017

AIG PROHealth offers a wide range of comprehensive personal and family medical insurance products. Backed by superior customer service, AIG PROHealth is your trusted health insurance partner.

AIG PROHealth also offers a wide range of plans to enhance any corporate, organisation, or association employee benefits programs, with flexible structures and cost savings.

PERSONAL INFORMATION

Presented to (Name of Applicant): _____

Date (dd/mm/yyyy): _____

Presented by (Name of Advisor): _____

Date (dd/mm/yyyy): _____

| Covered Member(s) | Gender | Date of Birth (dd//mm/yyyy) |
|-------------------|--------|-----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Signature of Applicant

Signature of Insurance Advisor

PLAN SELECTED

Prestige A
 Prestige B
 Prestige Plus A
 Prestige Plus B
 Prestige Plus C

Please note that this is not a summary of the contract of insurance and the premium is not guaranteed. AIG Asia Pacific Insurance Pte. Ltd. ("AIG") may at its sole discretion increase the premium from time to time depending on the claims experience of this portfolio. The annual premium is based on the Insured Person's age on the first day of the Period of Insurance and the renewal premium rates are determined by AIG at the time of renewal, based on the attained age of the Insured Person. This plan is available to a person from age 16 days to 65 years, residing in Singapore. Application is subject to underwriting review and acceptance.

PRODUCT INFORMATION

This is a medical plan and we will pay the compensation as set out in the Benefits Schedule, including:

- Worldwide coverage (including incidental travels to North America)
- Benefit limit of up to SGD3.8 million per Policy Year for Prestige B, Prestige Plus B and Prestige Plus C plans; Up to SGD300,000 per Policy Year for Prestige A and Prestige Plus A plans
- Range of Deductibles are available for all AIG PROHealth plans
- 30-Day Free Look Privilege
- Hospitalisation and Outpatient Surgery coverage
- An unmarried child below age 18 or up to 23 years (if enrolled as full-time student) may be enrolled as a Dependant Child under any plan

Eligibility:

The following basic eligibility rules apply for all AIG PROHealth plans:

- Main applicant must be between age 18 to 65 years at the time of application.
- Persons to be insured must be between the ages of 16 days and 65 years at the time of application.
- The Proposer may add his/her spouse, and any unmarried children below age 18 to the Policy. Children cannot be added to the Policy unless a parent or a legal guardian is an Insured Person. An unmarried child who is over 18 but younger than 23 years old may also be added if he/she is enrolled in full-time education.
- Newborn while the mother is insured under a plan with maternity benefit may be added 16 days after birth upon request. The Newborn may enjoy free cover under the same plan as the parent for the remainder of the Policy Year. The application must be received by AIG within 15 days from birth to be eligible for free cover.



| Benefits | Inpatient Only Plan | | Comprehensive Plan | | |
|--|--------------------------------|--|---|--|--|
| | Prestige A | Prestige B | Prestige Plus A | Prestige Plus B | Prestige Plus C |
| | Basic | Advanced | Basic | Advanced | Advanced incl. Maternity Benefit |
| Overall Maximum Policy Limit (SGD) | \$300,000 / Policy Year | \$3,800,000 / Policy Year | \$300,000 / Policy Year | \$3,800,000 / Policy Year | \$3,800,000 / Policy Year |
| I Outpatient ^{1,2} | | | | | |
| GP and Specialist Consultation | N/A | N/A | Sublimit up to \$6,000 / Policy Year applicable for the Outpatient benefits | Full Coverage | Full Coverage |
| Laboratory and Diagnostic Tests | N/A | N/A | | Full Coverage | Full Coverage |
| Physiotherapy as prescribed by Physician | N/A | N/A | | Full Coverage | Full Coverage |
| Prescription Medicine and Drugs | N/A | N/A | | Full Coverage | Full Coverage |
| II Hospitalization including Outpatient Surgery ^{1,2} | | | | | |
| Hospital Room | \$350 per day | Full Coverage | \$350 per day | Full Coverage | Full Coverage |
| Intensive Care or Critical Care Services | Full Coverage | Full Coverage | Full Coverage | Full Coverage | Full Coverage |
| Prescription Medicine and Drugs | Full Coverage | Full Coverage | Full Coverage | Full Coverage | Full Coverage |
| Parental Accommodation | Full Coverage | Full Coverage | Full Coverage | Full Coverage | Full Coverage |
| Surgical Implants and Medical Appliances | Full Coverage | Full Coverage | Full Coverage | Full Coverage | Full Coverage |
| Physician and other Medical Specialists Fees | Full Coverage | Full Coverage | Full Coverage | Full Coverage | Full Coverage |
| Surgeon's Professional Fees | \$25,000 / Policy Year | Full Coverage | \$25,000 / Policy Year | Full Coverage | Full Coverage |
| Anesthesiologist's Professional Fees | 30% Surgeon's Fee | Full Coverage | 30% Surgeon's Fee | Full Coverage | Full Coverage |
| Laboratory and Diagnostic Tests | Full Coverage | Full Coverage | Full Coverage | Full Coverage | Full Coverage |
| III Pre-Hospitalization ² | | | | | |
| Medical services incurred within 30 days prior to a covered confinement in a Hospital | \$1,300 / Policy Year | Full Coverage | \$1,300 / Policy Year | Full Coverage | Full Coverage |
| IV Post-Hospitalization ² | | | | | |
| Follow-up treatment, including Physician visit | Full Coverage | Full Coverage | Full Coverage | Full Coverage | Full Coverage |
| Laboratory and Diagnostic Tests | Full Coverage | Full Coverage | Full Coverage | Full Coverage | Full Coverage |
| Prescription Medicine and Drugs | Full Coverage | Full Coverage | Full Coverage | Full Coverage | Full Coverage |
| Private Nursing | N/A | Up to 28 weeks / Policy Year | N/A | Up to 28 weeks / Policy Year | Up to 28 weeks / Policy Year |
| V Additional Benefits ^{1,2} | | | | | |
| a Human Organ Transplantation | \$300,000 lifetime limit* | \$925,000 lifetime limit* | \$300,000 lifetime limit* | \$925,000 lifetime limit* | \$925,000 lifetime limit* |
| b Oncology (Radiotherapy and Chemotherapy) | Full Coverage | Full Coverage | Full Coverage | Full Coverage | Full Coverage |
| c Kidney Dialysis | \$20,000 lifetime limit* | Full Coverage | \$20,000 lifetime limit* | Full Coverage | Full Coverage |
| d Complementary or Alternative Medicine (Acupuncturists, bone setters and TCM up to \$60 per visit applicable for all plan types) | N/A | N/A | N/A | Up to \$780 / Policy Year | Up to \$780 / Policy Year |
| e Hospice / Palliative Care | N/A | \$12,500 lifetime limit* | N/A | \$12,500 lifetime limit* | \$12,500 lifetime limit* |
| f AIDS / HIV | \$30,000 lifetime limit* | \$125,000 lifetime limit* | \$30,000 lifetime limit* | \$125,000 lifetime limit* | \$125,000 lifetime limit* |
| g Dental Treatment for up to 14 days following an Accident | Full Coverage | Full Coverage | Full Coverage | Full Coverage | Full Coverage |
| h Mental Disorder | N/A | \$6,000 / Policy Year & \$12,500 / lifetime* | N/A | \$6,000 / Policy Year & \$12,500 / lifetime* | \$6,000 / Policy Year & \$12,500 / lifetime* |
| i Road Ambulance to local Hospital | Full Coverage | Full Coverage | Full Coverage | Full Coverage | Full Coverage |

| Benefits | Inpatient Only Plan | | Comprehensive Plan | | |
|---|--|-------------------------------------|--|---------------------------------|--|
| | Prestige A | Prestige B | Prestige Plus A | Prestige Plus B | Prestige Plus C |
| | Basic | Advanced | Basic | Advanced | Advanced incl. Maternity Benefit |
| VI Chronic Condition ² | | | | | |
| Hospitalization treatment | Applicable Sublimit: Section II – Hospitalization including Outpatient Surgery | Full Coverage | Applicable Sublimit: Section II – Hospitalization including Outpatient Surgery | Full Coverage | Full Coverage |
| GP and Specialist Consultation | N/A | N/A | As per Outpatient benefit sublimit | Full Coverage | Full Coverage |
| Prescription drugs | N/A | N/A | As per Outpatient benefit sublimit | Full Coverage | Full Coverage |
| VII Maternity | | | | | |
| a Maternity Benefit | | | | | |
| Pre & Post-natal services, miscarriage, delivery cost including Newborn related services | N/A | N/A | N/A | N/A | \$12,500 / Pregnancy |
| b Congenital Conditions of the Newborn | | | | | |
| Congenital Conditions during the first 90 days from birth | N/A | N/A | N/A | N/A | \$12,500 / Pregnancy |
| c Free Cover for the Child | | | | | |
| Free cover for the child during the remaining period of the mother's policy (We need to be notified in writing within 15 days from birth for the child to be eligible for this benefit) | N/A | N/A | N/A | N/A | As per either parent's coverage whichever is lower |
| VIII Complications of Pregnancy | | | | | |
| Complications of Pregnancy requiring Hospitalization | Applicable Sublimit: Section II - Hospitalization including Outpatient Surgery | Full Coverage | Applicable Sublimit: Section II - Hospitalization including Outpatient Surgery | Full Coverage | Full Coverage |
| IX Medical Second Opinion Services | | | | | |
| Second Opinion for diagnosed cases | N/A | Full Coverage | N/A | Full Coverage | Full Coverage |
| X Travel & Emergency Assistance Service | | | | | |
| Medical Assistance Benefit | | | | | |
| Emergency Medical Evacuation & Repatriation | Full Coverage | Full Coverage | Full Coverage | Full Coverage | Full Coverage |
| a Return of Dependant Child / Children | One Way Economy Air Fare | One Way Economy Air Fare | One Way Economy Air Fare | One Way Economy Air Fare | One Way Economy Air Fare |
| Compassionate Visit (for 1 Immediate Family Member) | Return Economy Air Fare | Return Economy Air Fare | Return Economy Air Fare | Return Economy Air Fare | Return Economy Air Fare |
| Repatriation of Mortal Remains | \$18,000 / Policy Year | \$18,000 / Policy Year | \$18,000 / Policy Year | \$18,000 / Policy Year | \$18,000 / Policy Year |
| Travel Assistance Services | | | | | |
| b Legal Referral | Eligible | Eligible | Eligible | Eligible | Eligible |
| Travel Information | Eligible | Eligible | Eligible | Eligible | Eligible |
| Global Currency and ATM Information | Eligible | Eligible | Eligible | Eligible | Eligible |
| Global Weather Information | Eligible | Eligible | Eligible | Eligible | Eligible |
| Lost Luggage / Personal Effects Assistance | Eligible | Eligible | Eligible | Eligible | Eligible |
| XI Optional Benefit ³ | | | | | |
| a Dental | | | | | |
| Routine Dental Services | Up to \$800 / Policy Year | Up to \$800 / Policy Year | Up to \$800 / Policy Year | Up to \$800 / Policy Year | Up to \$800 / Policy Year |
| Major Dental Restoration Services | Up to \$1,800 / Policy Year | Up to \$1,800 / Policy Year | Up to \$1,800 / Policy Year | Up to \$1,800 / Policy Year | Up to \$1,800 / Policy Year |
| Premium Options: ^{4, 5} | | | | | |
| Territory | Annual Deductible Per Policy Year ¹ | Outpatient Coinsurance ² | | Dental Coinsurance ³ | |
| North America & the Caribbean Exclusion (NAE) ⁶ | None \$1,200 \$3,600 \$6,000 | None 10% 20% | | None 20% | |
| Worldwide ⁷ | | | | | |

Note:

1. Annual Deductible Option if chosen will be for both Inpatient and Outpatient benefits EXCLUDING Maternity Benefits and shall apply to each Insured person.

2. Outpatient Coinsurance Option if chosen will be for Outpatient benefits only and shall apply to each Outpatient claim.

3. Dental Coinsurance Option if chosen shall apply to Major Dental Restoration Benefit only.

4. For Group Policies, the same Plan and Premium Option shall apply to all Insured Persons under the same category.

5. For Individual Policies, the same Premium Option shall apply to all Insured Persons under the same policy.

6. Except where the country is affected by embargo or sanctions, coverage will be Worldwide excluding North America. Coverage in North America will be limited to sudden Illnesses and Accidental Bodily Injury while travelling in North America and the Caribbean for a maximum of 30 days per Policy Year.

7. Except where the country is affected by embargo or sanctions, coverage will be anywhere in the world. Coverage under Prestige A and Prestige Plus A plan is always Worldwide.

*Lifetime Limit means that in the event a benefit is paid by Us which is subject to a lifetime limit, the amount paid will be accumulated towards and deducted from the specific limit.

Renewals of the Policy will be subject to the accumulated deductions against the lifetime policy limit. In the event the lifetime limit of any benefit has been reached, cover under the benefit shall be terminated.



PREMIUMS (Rates based on applicable deductibles, coinsurance and age bands)**Worldwide Coverage (WW)**

If you select Worldwide, you will enjoy coverage anywhere in the world, including the United States of America.

North America & the Caribbean Exclusion (NAE)

If you select North America & the Caribbean Exclusion coverage, coverage will be Worldwide excluding North America & the Caribbean. Coverage in North America & the Caribbean will be limited to sudden Illness and Accidental Bodily Injury while travelling in North America & the Caribbean for a maximum of 30 days per Policy Year. Please note that coverage under the Prestige A and Prestige Plus A is always Worldwide.

Prestige A (WW)

| Age Band | Annual Deductible (SGD) | | | |
|-------------------|-------------------------|--------|-------|-------|
| | 0 | 1,200 | 3,600 | 6,000 |
| 0 - 5 | 1,752 | 1,278 | 856 | 434 |
| 6 - 12 | 1,465 | 1,069 | 716 | 363 |
| 13 - 18 | 1,513 | 1,103 | 739 | 375 |
| 19 - 25 | 1,708 | 1,239 | 830 | 421 |
| 26 - 30 | 1,935 | 1,408 | 949 | 489 |
| 31 - 35 | 2,072 | 1,510 | 1,025 | 539 |
| 36 - 40 | 2,277 | 1,661 | 1,127 | 593 |
| 41 - 45 | 2,505 | 1,825 | 1,239 | 652 |
| 46 - 50 | 2,960 | 2,152 | 1,414 | 676 |
| 51 - 55 | 3,414 | 2,478 | 1,623 | 768 |
| 56 - 60 | 4,554 | 3,414 | 2,213 | 1,011 |
| 61 - 65 | 5,693 | 4,384 | 2,815 | 1,245 |
| 66 - 70 (Renewal) | 7,970 | 6,535 | 4,663 | 2,790 |
| 71 - 75 (Renewal) | 10,245 | 8,913 | 6,761 | 4,610 |
| 76 - 80 (Renewal) | 13,660 | 12,294 | 9,562 | 6,831 |

Prestige Plus A (WW)

| Age Band | Annual Deductible (SGD) | | | |
|-------------------|-------------------------|--------|--------|--------|
| | 0 | 1,200 | 3,600 | 6,000 |
| 0 - 5 | 2,310 | 1,620 | 1,159 | 698 |
| 6 - 12 | 1,932 | 1,355 | 970 | 584 |
| 13 - 18 | 1,995 | 1,399 | 1,001 | 603 |
| 19 - 25 | 2,674 | 1,853 | 1,313 | 772 |
| 26 - 30 | 3,057 | 2,117 | 1,507 | 897 |
| 31 - 35 | 3,475 | 2,410 | 1,734 | 1,058 |
| 36 - 40 | 3,819 | 2,648 | 1,906 | 1,164 |
| 41 - 45 | 4,200 | 2,915 | 2,098 | 1,280 |
| 46 - 50 | 4,965 | 3,444 | 2,431 | 1,417 |
| 51 - 55 | 5,728 | 4,296 | 2,958 | 1,620 |
| 56 - 60 | 7,637 | 6,110 | 4,115 | 2,119 |
| 61 - 65 | 9,547 | 8,114 | 5,388 | 2,661 |
| 66 - 70 (Renewal) | 13,365 | 12,029 | 9,022 | 6,015 |
| 71 - 75 (Renewal) | 17,186 | 15,982 | 13,146 | 10,311 |
| 76 - 80 (Renewal) | 22,913 | 21,766 | 19,131 | 16,497 |

Subject to prevailing GST



PREMIUMS (Rates based on applicable deductibles, coinsurance and age bands)**Prestige B (NAE)**

| Age Band | Annual Deductible (SGD) | | | |
|-------------------|-------------------------|--------|--------|-------|
| | 0 | 1,200 | 3,600 | 6,000 |
| 0 - 5 | 1,389 | 954 | 639 | 324 |
| 6 - 12 | 1,162 | 798 | 534 | 271 |
| 13 - 18 | 1,200 | 824 | 552 | 280 |
| 19 - 25 | 1,641 | 1,127 | 747 | 367 |
| 26 - 30 | 2,146 | 1,474 | 975 | 475 |
| 31 - 35 | 2,298 | 1,595 | 1,074 | 553 |
| 36 - 40 | 2,525 | 1,753 | 1,166 | 578 |
| 41 - 45 | 2,777 | 1,926 | 1,281 | 635 |
| 46 - 50 | 3,283 | 2,313 | 1,520 | 728 |
| 51 - 55 | 3,663 | 2,582 | 1,691 | 800 |
| 56 - 60 | 4,545 | 3,230 | 2,110 | 990 |
| 61 - 65 | 6,312 | 4,495 | 2,924 | 1,354 |
| 66 - 70 (Renewal) | 10,100 | 8,081 | 5,181 | 2,280 |
| 71 - 75 (Renewal) | 12,626 | 10,985 | 6,926 | 2,868 |
| 76 - 80 (Renewal) | 16,414 | 15,100 | 10,129 | 5,159 |

Prestige B (WW)

| Age Band | Annual Deductible (SGD) | | | |
|-------------------|-------------------------|--------|--------|--------|
| | 0 | 1,200 | 3,600 | 6,000 |
| 0 - 5 | 1,985 | 1,389 | 943 | 497 |
| 6 - 12 | 1,660 | 1,162 | 789 | 416 |
| 13 - 18 | 1,714 | 1,200 | 814 | 429 |
| 19 - 25 | 2,297 | 1,609 | 1,077 | 545 |
| 26 - 30 | 2,625 | 1,837 | 1,230 | 624 |
| 31 - 35 | 2,987 | 2,091 | 1,419 | 746 |
| 36 - 40 | 3,282 | 2,297 | 1,558 | 820 |
| 41 - 45 | 3,611 | 2,527 | 1,714 | 902 |
| 46 - 50 | 4,265 | 2,987 | 2,027 | 1,067 |
| 51 - 55 | 4,922 | 3,445 | 2,338 | 1,231 |
| 56 - 60 | 6,563 | 5,250 | 3,445 | 1,641 |
| 61 - 65 | 8,204 | 6,974 | 4,513 | 2,052 |
| 66 - 70 (Renewal) | 13,124 | 11,812 | 8,202 | 4,593 |
| 71 - 75 (Renewal) | 16,406 | 15,175 | 11,690 | 8,204 |
| 76 - 80 (Renewal) | 21,328 | 20,261 | 17,062 | 13,863 |

Subject to prevailing GST

PREMIUMS (Rates based on applicable deductibles, coinsurance and age bands)**Prestige Plus B (NAE)**

| Age Band | Annual Deductible (SGD) | | | |
|-------------------|-------------------------|--------|--------|--------|
| | 0 | 1,200 | 3,600 | 6,000 |
| 0 - 5 | 2,651 | 1,856 | 1,458 | 1,060 |
| 6 - 12 | 2,218 | 1,552 | 1,219 | 887 |
| 13 - 18 | 2,290 | 1,603 | 1,259 | 916 |
| 19 - 25 | 3,134 | 2,194 | 1,686 | 1,178 |
| 26 - 30 | 3,856 | 2,699 | 2,046 | 1,393 |
| 31 - 35 | 4,338 | 3,036 | 2,343 | 1,649 |
| 36 - 40 | 4,821 | 3,471 | 2,651 | 1,832 |
| 41 - 45 | 5,303 | 3,978 | 2,997 | 2,017 |
| 46 - 50 | 6,266 | 4,950 | 3,664 | 2,378 |
| 51 - 55 | 6,990 | 5,661 | 4,116 | 2,571 |
| 56 - 60 | 8,677 | 7,374 | 5,205 | 3,036 |
| 61 - 65 | 12,051 | 10,845 | 8,074 | 5,303 |
| 66 - 70 (Renewal) | 19,281 | 17,738 | 14,075 | 10,412 |
| 71 - 75 (Renewal) | 24,102 | 22,655 | 19,763 | 16,871 |
| 76 - 80 (Renewal) | 31,332 | 29,764 | 26,945 | 24,126 |

Prestige Plus B (WW)

| Age Band | Annual Deductible (SGD) | | | |
|-------------------|-------------------------|--------|--------|--------|
| | 0 | 1,200 | 3,600 | 6,000 |
| 0 - 5 | 3,663 | 2,746 | 2,105 | 1,464 |
| 6 - 12 | 3,064 | 2,297 | 1,761 | 1,224 |
| 13 - 18 | 3,164 | 2,372 | 1,818 | 1,264 |
| 19 - 25 | 4,239 | 3,180 | 2,355 | 1,531 |
| 26 - 30 | 4,844 | 3,632 | 2,690 | 1,749 |
| 31 - 35 | 5,449 | 4,087 | 3,079 | 2,071 |
| 36 - 40 | 6,055 | 4,602 | 3,451 | 2,300 |
| 41 - 45 | 6,660 | 5,195 | 3,863 | 2,531 |
| 46 - 50 | 7,871 | 6,415 | 4,702 | 2,989 |
| 51 - 55 | 9,082 | 7,629 | 5,540 | 3,451 |
| 56 - 60 | 12,110 | 10,717 | 7,780 | 4,844 |
| 61 - 65 | 15,137 | 13,774 | 11,050 | 8,326 |
| 66 - 70 (Renewal) | 24,218 | 22,524 | 19,133 | 15,742 |
| 71 - 75 (Renewal) | 30,273 | 28,759 | 25,732 | 22,704 |
| 76 - 80 (Renewal) | 39,355 | 37,780 | 34,828 | 31,877 |

Subject to prevailing GST

PREMIUMS (Rates based on applicable deductibles, coinsurance and age bands)**Prestige Plus C (NAE)**

| Age Band | Annual Deductible (SGD) | | | |
|-------------------|-------------------------|--------|--------|--------|
| | 0 | 1,200 | 3,600 | 6,000 |
| 0 - 5 | 2,651 | 1,856 | 1,458 | 1,060 |
| 6 - 12 | 2,218 | 1,552 | 1,219 | 887 |
| 13 - 18 | 2,290 | 1,603 | 1,259 | 916 |
| 19 - 25 | 6,046 | 5,106 | 4,525 | 3,944 |
| 26 - 30 | 10,800 | 9,643 | 8,816 | 7,989 |
| 31 - 35 | 11,282 | 9,980 | 9,286 | 8,593 |
| 36 - 40 | 11,765 | 10,414 | 9,595 | 8,776 |
| 41 - 45 | 12,581 | 11,256 | 10,276 | 9,295 |
| 46 - 50 | 13,545 | 12,228 | 10,942 | 9,657 |
| 51 - 55 | 6,990 | 5,661 | 4,116 | 2,571 |
| 56 - 60 | 8,677 | 7,374 | 5,205 | 3,036 |
| 61 - 65 | 12,051 | 10,845 | 8,074 | 5,303 |
| 66 - 70 (Renewal) | 19,281 | 17,738 | 14,075 | 10,412 |
| 71 - 75 (Renewal) | 24,102 | 22,655 | 19,763 | 16,871 |
| 76 - 80 (Renewal) | 31,332 | 29,764 | 26,945 | 24,126 |

Prestige Plus C (WW)

| Age Band | Annual Deductible (SGD) | | | |
|-------------------|-------------------------|--------|--------|--------|
| | 0 | 1,200 | 3,600 | 6,000 |
| 0 - 5 | 3,663 | 2,746 | 2,105 | 1,464 |
| 6 - 12 | 3,064 | 2,297 | 1,761 | 1,224 |
| 13 - 18 | 3,164 | 2,372 | 1,818 | 1,264 |
| 19 - 25 | 7,665 | 6,606 | 5,695 | 4,785 |
| 26 - 30 | 11,921 | 10,709 | 9,591 | 8,472 |
| 31 - 35 | 12,526 | 11,164 | 10,156 | 9,148 |
| 36 - 40 | 13,132 | 11,679 | 10,528 | 9,377 |
| 41 - 45 | 13,737 | 12,272 | 10,940 | 9,608 |
| 46 - 50 | 14,948 | 13,492 | 11,779 | 10,066 |
| 51 - 55 | 9,082 | 7,629 | 5,540 | 3,451 |
| 56 - 60 | 12,110 | 10,717 | 7,780 | 4,844 |
| 61 - 65 | 15,137 | 13,774 | 11,050 | 8,326 |
| 66 - 70 (Renewal) | 24,218 | 22,524 | 19,133 | 15,742 |
| 71 - 75 (Renewal) | 30,273 | 28,759 | 25,732 | 22,704 |
| 76 - 80 (Renewal) | 39,355 | 37,780 | 34,828 | 31,877 |

Subject to prevailing GST

PREMIUMS (Rates based on applicable deductibles, coinsurance and age bands)
Rates at 10% Coinsurance (SGD)
Prestige Plus A (WW)

| Age Band | Annual Deductible (SGD) | | | |
|-------------------|-------------------------|--------|--------|--------|
| | 0 | 1,200 | 3,600 | 6,000 |
| 0 - 5 | 2,194 | 1,539 | 1,101 | 663 |
| 6 - 12 | 1,835 | 1,288 | 921 | 555 |
| 13 - 18 | 1,895 | 1,330 | 951 | 573 |
| 19 - 25 | 2,540 | 1,760 | 1,247 | 734 |
| 26 - 30 | 2,904 | 2,011 | 1,432 | 852 |
| 31 - 35 | 3,302 | 2,290 | 1,647 | 1,005 |
| 36 - 40 | 3,628 | 2,516 | 1,811 | 1,106 |
| 41 - 45 | 3,990 | 2,769 | 1,993 | 1,216 |
| 46 - 50 | 4,716 | 3,272 | 2,309 | 1,346 |
| 51 - 55 | 5,442 | 4,082 | 2,810 | 1,539 |
| 56 - 60 | 7,255 | 5,804 | 3,909 | 2,013 |
| 61 - 65 | 9,070 | 7,709 | 5,118 | 2,528 |
| 66 - 70 (Renewal) | 12,697 | 11,428 | 8,571 | 5,714 |
| 71 - 75 (Renewal) | 16,326 | 15,182 | 12,489 | 9,795 |
| 76 - 80 (Renewal) | 21,767 | 20,678 | 18,175 | 15,672 |

Subject to prevailing GST

PREMIUMS (Rates based on applicable deductibles, coinsurance and age bands)
Rates at 10% Coinsurance (SGD)
Prestige Plus B (NAE)

| Age Band | Annual Deductible (SGD) | | | |
|-------------------|-------------------------|--------|--------|--------|
| | 0 | 1,200 | 3,600 | 6,000 |
| 0 - 5 | 2,519 | 1,763 | 1,385 | 1,007 |
| 6 - 12 | 2,107 | 1,474 | 1,158 | 842 |
| 13 - 18 | 2,175 | 1,523 | 1,196 | 870 |
| 19 - 25 | 2,977 | 2,084 | 1,602 | 1,119 |
| 26 - 30 | 3,663 | 2,564 | 1,944 | 1,323 |
| 31 - 35 | 4,121 | 2,884 | 2,225 | 1,567 |
| 36 - 40 | 4,580 | 3,297 | 2,519 | 1,740 |
| 41 - 45 | 5,038 | 3,779 | 2,848 | 1,916 |
| 46 - 50 | 5,953 | 4,702 | 3,481 | 2,259 |
| 51 - 55 | 6,640 | 5,378 | 3,911 | 2,443 |
| 56 - 60 | 8,243 | 7,005 | 4,945 | 2,884 |
| 61 - 65 | 11,448 | 10,302 | 7,670 | 5,038 |
| 66 - 70 (Renewal) | 18,317 | 16,851 | 13,371 | 9,891 |
| 71 - 75 (Renewal) | 22,897 | 21,522 | 18,775 | 16,027 |
| 76 - 80 (Renewal) | 29,765 | 28,276 | 25,598 | 22,920 |

Prestige Plus B (WW)

| Age Band | Annual Deductible (SGD) | | | |
|-------------------|-------------------------|--------|--------|--------|
| | 0 | 1,200 | 3,600 | 6,000 |
| 0 - 5 | 3,480 | 2,609 | 2,000 | 1,390 |
| 6 - 12 | 2,911 | 2,182 | 1,672 | 1,163 |
| 13 - 18 | 3,006 | 2,253 | 1,727 | 1,201 |
| 19 - 25 | 4,027 | 3,021 | 2,237 | 1,454 |
| 26 - 30 | 4,602 | 3,450 | 2,556 | 1,662 |
| 31 - 35 | 5,176 | 3,883 | 2,925 | 1,968 |
| 36 - 40 | 5,752 | 4,372 | 3,279 | 2,185 |
| 41 - 45 | 6,327 | 4,935 | 3,670 | 2,405 |
| 46 - 50 | 7,477 | 6,094 | 4,467 | 2,839 |
| 51 - 55 | 8,627 | 7,248 | 5,263 | 3,279 |
| 56 - 60 | 11,504 | 10,181 | 7,391 | 4,602 |
| 61 - 65 | 14,381 | 13,085 | 10,497 | 7,910 |
| 66 - 70 (Renewal) | 23,007 | 21,398 | 18,176 | 14,955 |
| 71 - 75 (Renewal) | 28,759 | 27,321 | 24,445 | 21,569 |
| 76 - 80 (Renewal) | 37,388 | 35,891 | 33,087 | 30,283 |

Subject to prevailing GST

PREMIUMS (Rates based on applicable deductibles, coinsurance and age bands)
Rates at 10% Coinsurance (SGD)
Prestige Plus C (NAE)

| Age Band | Annual Deductible (SGD) | | | |
|-------------------|-------------------------|--------|--------|--------|
| | 0 | 1,200 | 3,600 | 6,000 |
| 0 - 5 | 2,545 | 1,782 | 1,400 | 1,018 |
| 6 - 12 | 2,129 | 1,490 | 1,171 | 851 |
| 13 - 18 | 2,198 | 1,539 | 1,209 | 879 |
| 19 - 25 | 5,804 | 4,902 | 4,344 | 3,786 |
| 26 - 30 | 10,368 | 9,257 | 8,463 | 7,670 |
| 31 - 35 | 10,830 | 9,581 | 8,915 | 8,249 |
| 36 - 40 | 11,294 | 9,998 | 9,211 | 8,425 |
| 41 - 45 | 12,078 | 10,806 | 9,865 | 8,924 |
| 46 - 50 | 13,003 | 11,739 | 10,505 | 9,270 |
| 51 - 55 | 6,710 | 5,435 | 3,952 | 2,469 |
| 56 - 60 | 8,330 | 7,079 | 4,997 | 2,915 |
| 61 - 65 | 11,569 | 10,411 | 7,751 | 5,091 |
| 66 - 70 (Renewal) | 18,510 | 17,028 | 13,512 | 9,996 |
| 71 - 75 (Renewal) | 23,138 | 21,749 | 18,972 | 16,196 |
| 76 - 80 (Renewal) | 30,078 | 28,574 | 25,867 | 23,161 |

Prestige Plus C (WW)

| Age Band | Annual Deductible (SGD) | | | |
|-------------------|-------------------------|--------|--------|--------|
| | 0 | 1,200 | 3,600 | 6,000 |
| 0 - 5 | 3,517 | 2,636 | 2,021 | 1,405 |
| 6 - 12 | 2,941 | 2,205 | 1,690 | 1,175 |
| 13 - 18 | 3,037 | 2,277 | 1,745 | 1,213 |
| 19 - 25 | 7,358 | 6,341 | 5,468 | 4,594 |
| 26 - 30 | 11,444 | 10,280 | 9,207 | 8,133 |
| 31 - 35 | 12,025 | 10,718 | 9,750 | 8,782 |
| 36 - 40 | 12,607 | 11,212 | 10,107 | 9,002 |
| 41 - 45 | 13,187 | 11,781 | 10,502 | 9,224 |
| 46 - 50 | 14,350 | 12,952 | 11,308 | 9,663 |
| 51 - 55 | 8,718 | 7,324 | 5,319 | 3,313 |
| 56 - 60 | 11,625 | 10,288 | 7,469 | 4,650 |
| 61 - 65 | 14,532 | 13,223 | 10,608 | 7,993 |
| 66 - 70 (Renewal) | 23,249 | 21,623 | 18,368 | 15,113 |
| 71 - 75 (Renewal) | 29,062 | 27,609 | 24,703 | 21,796 |
| 76 - 80 (Renewal) | 37,781 | 36,269 | 33,435 | 30,602 |

Subject to prevailing GST

PREMIUMS (Rates based on applicable deductibles, coinsurance and age bands)
Rates at 20% Coinsurance (SGD)
Prestige Plus A (WW)

| Age Band | Annual Deductible (SGD) | | | |
|-------------------|-------------------------|--------|--------|--------|
| | 0 | 1,200 | 3,600 | 6,000 |
| 0 - 5 | 2,079 | 1,458 | 1,043 | 628 |
| 6 - 12 | 1,739 | 1,220 | 873 | 526 |
| 13 - 18 | 1,795 | 1,260 | 901 | 543 |
| 19 - 25 | 2,406 | 1,667 | 1,181 | 695 |
| 26 - 30 | 2,751 | 1,905 | 1,356 | 807 |
| 31 - 35 | 3,128 | 2,169 | 1,561 | 952 |
| 36 - 40 | 3,437 | 2,384 | 1,716 | 1,047 |
| 41 - 45 | 3,780 | 2,624 | 1,888 | 1,152 |
| 46 - 50 | 4,468 | 3,100 | 2,187 | 1,275 |
| 51 - 55 | 5,155 | 3,867 | 2,663 | 1,458 |
| 56 - 60 | 6,873 | 5,499 | 3,703 | 1,908 |
| 61 - 65 | 8,593 | 7,303 | 4,849 | 2,395 |
| 66 - 70 (Renewal) | 12,029 | 10,826 | 8,120 | 5,413 |
| 71 - 75 (Renewal) | 15,467 | 14,383 | 11,832 | 9,280 |
| 76 - 80 (Renewal) | 20,621 | 19,589 | 17,218 | 14,847 |

Subject to prevailing GST

PREMIUMS (Rates based on applicable deductibles, coinsurance and age bands)
Rates at 20% Coinsurance (SGD)
Prestige Plus B (NAE)

| Age Band | Annual Deductible (SGD) | | | |
|-------------------|-------------------------|--------|--------|--------|
| | 0 | 1,200 | 3,600 | 6,000 |
| 0 - 5 | 2,386 | 1,670 | 1,312 | 954 |
| 6 - 12 | 1,996 | 1,397 | 1,097 | 798 |
| 13 - 18 | 2,061 | 1,442 | 1,133 | 824 |
| 19 - 25 | 2,820 | 1,975 | 1,517 | 1,060 |
| 26 - 30 | 3,470 | 2,429 | 1,841 | 1,254 |
| 31 - 35 | 3,904 | 2,732 | 2,108 | 1,484 |
| 36 - 40 | 4,339 | 3,124 | 2,386 | 1,649 |
| 41 - 45 | 4,772 | 3,580 | 2,698 | 1,815 |
| 46 - 50 | 5,640 | 4,455 | 3,298 | 2,140 |
| 51 - 55 | 6,291 | 5,095 | 3,705 | 2,314 |
| 56 - 60 | 7,809 | 6,636 | 4,684 | 2,732 |
| 61 - 65 | 10,846 | 9,760 | 7,266 | 4,772 |
| 66 - 70 (Renewal) | 17,353 | 15,964 | 12,667 | 9,371 |
| 71 - 75 (Renewal) | 21,692 | 20,390 | 17,786 | 15,183 |
| 76 - 80 (Renewal) | 28,199 | 26,788 | 24,251 | 21,713 |

Prestige Plus B (WW)

| Age Band | Annual Deductible (SGD) | | | |
|-------------------|-------------------------|--------|--------|--------|
| | 0 | 1,200 | 3,600 | 6,000 |
| 0 - 5 | 3,297 | 2,472 | 1,894 | 1,317 |
| 6 - 12 | 2,758 | 2,067 | 1,584 | 1,102 |
| 13 - 18 | 2,847 | 2,135 | 1,636 | 1,138 |
| 19 - 25 | 3,815 | 2,862 | 2,120 | 1,378 |
| 26 - 30 | 4,359 | 3,269 | 2,421 | 1,574 |
| 31 - 35 | 4,904 | 3,678 | 2,771 | 1,864 |
| 36 - 40 | 5,449 | 4,142 | 3,106 | 2,070 |
| 41 - 45 | 5,994 | 4,675 | 3,477 | 2,278 |
| 46 - 50 | 7,084 | 5,773 | 4,232 | 2,690 |
| 51 - 55 | 8,173 | 6,866 | 4,986 | 3,106 |
| 56 - 60 | 10,899 | 9,645 | 7,002 | 4,359 |
| 61 - 65 | 13,624 | 12,396 | 9,945 | 7,493 |
| 66 - 70 (Renewal) | 21,796 | 20,272 | 17,220 | 14,168 |
| 71 - 75 (Renewal) | 27,245 | 25,883 | 23,159 | 20,434 |
| 76 - 80 (Renewal) | 35,420 | 34,002 | 31,345 | 28,689 |

Subject to prevailing GST

PREMIUMS (Rates based on applicable deductibles, coinsurance and age bands)
Rates at 20% Coinsurance (SGD)
Prestige Plus C (NAE)

| Age Band | Annual Deductible (SGD) | | | |
|-------------------|-------------------------|--------|--------|--------|
| | 0 | 1,200 | 3,600 | 6,000 |
| 0 - 5 | 2,466 | 1,726 | 1,356 | 986 |
| 6 - 12 | 2,062 | 1,443 | 1,134 | 825 |
| 13 - 18 | 2,130 | 1,491 | 1,171 | 851 |
| 19 - 25 | 5,622 | 4,749 | 4,208 | 3,668 |
| 26 - 30 | 10,044 | 8,968 | 8,199 | 7,430 |
| 31 - 35 | 10,492 | 9,281 | 8,636 | 7,991 |
| 36 - 40 | 10,941 | 9,685 | 8,923 | 8,161 |
| 41 - 45 | 11,700 | 10,468 | 9,557 | 8,645 |
| 46 - 50 | 12,597 | 11,372 | 10,176 | 8,981 |
| 51 - 55 | 6,500 | 5,265 | 3,828 | 2,391 |
| 56 - 60 | 8,069 | 6,858 | 4,841 | 2,823 |
| 61 - 65 | 11,207 | 10,085 | 7,508 | 4,931 |
| 66 - 70 (Renewal) | 17,931 | 16,496 | 13,090 | 9,683 |
| 71 - 75 (Renewal) | 22,415 | 21,069 | 18,379 | 15,690 |
| 76 - 80 (Renewal) | 29,139 | 27,681 | 25,059 | 22,437 |

Prestige Plus C (WW)

| Age Band | Annual Deductible (SGD) | | | |
|-------------------|-------------------------|--------|--------|--------|
| | 0 | 1,200 | 3,600 | 6,000 |
| 0 - 5 | 3,407 | 2,554 | 1,958 | 1,361 |
| 6 - 12 | 2,849 | 2,136 | 1,637 | 1,138 |
| 13 - 18 | 2,942 | 2,206 | 1,691 | 1,176 |
| 19 - 25 | 7,128 | 6,143 | 5,297 | 4,450 |
| 26 - 30 | 11,086 | 9,959 | 8,919 | 7,879 |
| 31 - 35 | 11,649 | 10,383 | 9,445 | 8,508 |
| 36 - 40 | 12,213 | 10,862 | 9,791 | 8,721 |
| 41 - 45 | 12,775 | 11,413 | 10,174 | 8,936 |
| 46 - 50 | 13,901 | 12,547 | 10,954 | 9,361 |
| 51 - 55 | 8,446 | 7,095 | 5,152 | 3,210 |
| 56 - 60 | 11,262 | 9,967 | 7,236 | 4,505 |
| 61 - 65 | 14,078 | 12,809 | 10,276 | 7,743 |
| 66 - 70 (Renewal) | 22,523 | 20,947 | 17,794 | 14,640 |
| 71 - 75 (Renewal) | 28,154 | 26,746 | 23,931 | 21,115 |
| 76 - 80 (Renewal) | 36,600 | 35,135 | 32,390 | 29,645 |

Optional Dental Benefit

| | Premium (SGD) |
|--------------------------|---------------|
| Dental | 736 |
| Dental - 20% Coinsurance | 684 |

Subject to prevailing GST



KEY PRODUCT PROVISIONS

The following are key product provisions found in the Policy terms and conditions. This is only a brief summary and you are advised to refer to the terms and conditions of the Policy for details of coverage, benefits, exclusions and general conditions. Please consult your insurance advisor or AIG should you need further explanation.

(a) Terms of Renewal

Coverage may be renewed on the Policy Expiry Date by payment of the annual premium.

(b) Non-Guaranteed Premium

Premium payable for this coverage is not guaranteed. It may be increased at the sole discretion of AIG depending on the claims experience of this portfolio.

(c) Qualifying Period For Sickness Cover

Eligibility of benefits commences once an Insured Person has been accepted in the plan, subject to any applicable Waiting Periods.

(d) Waiting Period For Maternity Cover

A 12 month Waiting Period for Maternity benefits applies to Policies when two or more Insured Persons over the age of 19 are covered under the Prestige Plus C plan.

A 24 month Waiting Period for Maternity benefits applies to Policies when a single Insured Person over the age of 19 is covered under the Prestige Plus C plan.

(e) Dental Waiting Periods

Examinations and Tooth cleaning: No waiting period, Routine Dental Treatment: Three months waiting period, Major Restorative Dental Work: Six months waiting period

(f) Area of Cover

AIG PROHealth Plans provide you coverage in North America & the Caribbean for treatment of sudden Illnesses and Bodily Injury suffered while in these countries for a maximum of 30 days per Policy Year even where North America is excluded from other benefit coverage.

(g) Exclusions

The following treatments, items, conditions, activities and their related, associated or consequential expenses are excluded from this Policy and We shall not be liable for the same:

1. Pre-existing Conditions or any related, associated or consequential Disabilities, unless disclosed to and accepted in writing by Us and explicitly stated in the Policy Schedule as being covered by this Policy.
2. Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering You including legislation or insurance coverage relating to occupational death, Bodily Injury, Illness or disease.
3. Routine medical examinations or check-ups, examinations for employment or travel, routine eye or ear examinations, vitamins, nutritional supplements, personal care items, such as special toothpastes, tooth brushes and dental floss, vaccinations, medical certificates, hearing aids, chelation therapy except for heavy metal poisoning, hydro colon therapy, growth hormones or hair restoration drugs, counselling, Custodial or Maintenance Care, rest cures, and services or treatment at home or while a bed patient at any facility that is not a Hospital unless explicitly stated in the Policy Schedule as being covered by this Policy.
4. Treatment of obesity (including morbid obesity), and any other weight control programs, photodynamic therapy, ozone therapy, chelation therapy, services or supplies, or treatment received at health spa, hydro clinic, nature care clinics or similar establishments, including rest cures and Hospitalisation for the purpose of Physiotherapy and Occupational therapy convalescence (convalescent home, convalescent Hospital), unless explicitly stated in the Policy Schedule as being covered by this Policy.
5. Dentistry (except that which is explicitly stated in the optional Dental benefits section of the Policy Schedule as being covered by this Policy), Cosmetic Treatment, and Reconstructive Surgery except for charges incurred for the prompt treatment of a Bodily Injury. In the case of Bodily Injury to teeth, the teeth repaired must have been sound and natural, the Bodily Injury must occur while the person is an Insured and the Bodily Injury must not be directly or indirectly caused by biting or chewing.
6. Illness, tests or treatment related to fertility, Assisted Conception, impotence or erectile dysfunction, sex change, contraception, contraceptive drugs even if such drugs are prescribed for other than contraceptive self-medication or any treatment that is not scientifically recognized, sterilization including any reversal of prior sterilization surgeries.
7. Congenital Conditions, unless the claim meets the criteria to be eligible for the coverage under the Maternity Benefit. Developmental Abnormalities or any voluntary termination of pregnancy or abortion performed due to psychological or social reasons, and consequences thereof.
8. Pregnancy or childbirth including pre-natal and post-natal care, unless explicitly stated under the Maternity Benefits section of the Policy Schedule as being covered by this Policy.
9. Treatment that is either not part of Western (allopathic) medicine, except where Complementary Medicine Benefits under Part 4 Section H above are explicitly stated in the Benefit Schedule as being covered by this Policy, or which is not Medically Necessary, or complications or Disabilities consequential thereupon.
10. All costs relating to human cornea, bone marrow, muscular, skeletal, or tissue transplant from a donor to a recipient and all expenses directly or indirectly related to Organ Transplantation (including conditions requiring or likely to require transplantation and post transplantation conditions) unless such expenses are explicitly stated under the Organ Transplantation Benefit Section as being covered by this Policy.
11. Tests or treatment of psychiatric, psychological, Mental Disorder, and any physiological or psychosomatic causes or manifestations thereof unless specifically stated on the Benefit Schedule as being covered by this Policy, self-inflicted Bodily Injury, suicide or attempted suicide, deliberate exposure to exceptional danger except in an effort to save human life, smoking cessation treatments, excessive consumption of alcohol or narcotics or similar drugs or agents, sleep disorders, learning difficulties, or behavioral disorders.

12. Any treatment or test in connection with Venereal Disease, Human Immunodeficiency Virus (HIV) related Illness including Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) and/or any mutation, derivation, or variation thereof unless explicitly stated under the AIDS/HIV Benefits section of the Benefit Schedule as being covered by this Policy.
13. Experimental or pioneering medical and surgery techniques except with Our prior approval in writing.
14. Services which are not recommended and prescribed by Your attending Physician except for a Medical Second Opinion prior to surgery and continuity of fees from a referring Physician after the date on which You have been referred to another Physician or Specialist.
15. Refractive defects of the eye, such as nearsightedness and astigmatism including any laser treatments, spectacles, monocles or contact lenses.
16. Charges, or portions of charges, which are not Reasonable and Customary Charges. In the case of costs arising under any legislation which seeks to increase the cost of medical treatment and services actually received, such costs which would be considered Reasonable and Customary Charges in the absence of such legislation, are included.
17. Any costs incurred for treatment outside of the Policy Year or for any period for which the appropriate premium has not been paid.
18. Any expenses related to treatment performed or ordered by a non-registered practitioner not in accordance with the standard medical practice as defined in the country of treatment
19. Disabilities as a result of participation in any Professional Sport, or aviation or aeronautics other than as a fare paying passenger on a duly licensed commercial aircraft unless such participation has been prior disclosed to and accepted by Us.
20. Disabilities while serving in any branch of the military or armed forces of any country, or international authority while on duty, or participation in War, civil war, invasion, insurrection, revolution, use of military power, usurpation of government or military power, or participation in an actual or attempted riot or any loss directly or indirectly caused by or attributable to any criminal or intentional illegal act or You breaking any government laws and regulations or any known or suspected Terrorist Act.
21. Any Disability, damage or legal liability sustained directly or indirectly by You if You are a terrorist or a member of a terrorist organization, or a narcotics trafficker, or a purveyor of nuclear, chemical or biological weapons.
22. The use, release, dispersal, escape or application of pathogenic or poisonous biological or chemical materials; or nuclear materials that directly or indirectly result in nuclear reaction or radiation or radioactive contamination.
23. Any expenses related to Disability occurring while You are engaged in caving, mountaineering or rock climbing, potholing, skydiving, parachuting, bungee-jumping, ballooning, hang gliding, deep sea diving, rallying, racing of any kind in or on any motor powered device or vehicle, and any organized sports undertaken on a professional or sponsored basis, or as a result of any activity required from or on a ship or oil-rig platform, or at a similar off-shore location.
24. Hospital inpatient treatment for convalescence, rehabilitation, supervision or conditions which in the opinion of Our medical adviser(s) can be properly treated as an outpatient.
25. Transportation 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 not approved in advance by Us or Our appointed twenty-four (24) hour Emergency Medical Assistance Center.
26. If, by virtue of any law or regulation which is applicable to Us, Our parent company or Our ultimate controlling entity, at the inception of this Policy or at any time thereafter, providing coverage to You is or would be unlawful because it breaches an applicable embargo or sanction, We shall provide no coverage and have no liability whatsoever nor provide any defense to You or make any payment of defense costs or provide any form of security on Your behalf, to the extent that it would be in breach of such embargo or sanction.
27. The Policy will not cover any loss, Bodily Injury , damage or legal liability suffered or sustained directly or indirectly by you if you are:
 - a) a terrorist;
 - b) a member of a terrorist organisation;
 - c) a narcotics trafficker; or
 - d) a purveyor of nuclear, chemical or biological weapons.

Disclosure of Distribution Costs, Charges & Expenses:

You may request for information on remuneration, including any commission, fee and other benefits that your insurance advisor has received or will be receiving for providing advice on, or arranging insurance contracts or both, in respect of any Accident and Health Policy.

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

