



# **PRU***First Promise*

Product Information Pack for  
Financial Consultants / Representatives

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# PRUFirst Promise

## PRODUCT FEATURES

### 1 INTRODUCTION

It is made up of two policies at any point in time during the term of the plan before it reaches the 4<sup>th</sup> policy anniversary – a PRUMum policy and a PRUActive Life III policy. The PRUMum policy terminates upon the 4<sup>th</sup> Policy Anniversary.

**PRUMum** is a single premium plan that provides financial protection for a pregnant woman during her current pregnancy. It covers the pregnant woman for death, pregnancy complications, hospital care, hospital care accelerator, psychological consultation, postpartum depression and gestational diabetes mellitus and the new born baby for congenital illnesses hospital care, hospital care accelerator and health cover for child benefit.

**Singleton pregnancy resulting from In Vitro Fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI), Intrauterine Insemination (IUI) and Intracervical Insemination (ICI) needs to fulfill the following criteria prior to submission:**

For:

- i. Multiple births (beyond Twins) under natural conception; or
  - ii. Single, Twins or Multiple birth pregnancy resulted from In Vitro Fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI), Intrauterine Insemination (IUI) and Intracervical Insemination (ICI),
- it needs to fulfill the following criteria prior to submission:

- a) Non-smoker
- b) Client's ANB is 39 and below at entry
- c) Client's pregnancy is at gestation week between:
  - i. 13 to 36 at entry – Single and twins Pregnancy via Assisted Reproductive Technology.
  - ii. 28 to 35 at entry – Multiple births (beyond twins) under natural conception/Multiple Pregnancy via Assisted Reproductive Technology.
- d) Up-to-date O&G check-up must be done and reported as normal by the doctor at gestation week between:
  - i. 13 to 36 at entry – Single and twins Pregnancy via Assisted Reproductive Technology.
  - ii. 28 to 35 at entry – Multiple births (beyond twins) under natural conception/Multiple Pregnancy via Assisted Reproductive Technology.
- e) No history of vanishing syndrome during current pregnancy
- f) Fetal head circumference measurement and estimated fetal weight in latest ultrasound should be normal
- g) No pregnancy complications in current and past pregnancies.
- h) Routine O&G report and pregnancy Screening result (including antenatal Ultrasound) are normal
- i) No other risk factors (e.g., overweight, any other gynaecological disorders etc.)

PACS reserves the rights to reject the application if we are unable to offer acceptable terms on the application.

#### **Loading criteria:**

**Multiple birth pregnancy (Triplets and more) resulting from natural conception:**



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Submission is subject to underwriting. If term can be offered, loading of 50% will be imposed for each additional foetus beyond twins.

**Multiple birth pregnancy (Twins and more) resulting from In Vitro Fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI), Intrauterine Insemination (IUI) and Intracervical Insemination (ICI),**

Submission is subject to underwriting. If terms can be offered, loading of 300% will be imposed.

**PRUActive Life III (PAL III)** is a participating limited premium whole life plan with premium payment term options from 5 to 35 years. This packaged plan provides financial protection against Death, Terminal Illness and Total and Permanent Disability

This product is designed to provide customers with a multiplied assurance during the time when they needed it most, while keeping premiums affordable. It also allows customers to add a Multiplier benefit of 2x, 3x, 4x or 5x of the sum assured with Multiplier Benefit expiry ages 65, 70, 75 or 80 years.

This enhancement is on Early Crisis Care (PAL III) with no change in premiums as follows:

- 1) Enhanced Carcinoma In Situ definition
- 2) Higher maximum payout for early stage claim
- 3) Removal of Premium Waiver benefit
- 4) Introduction of Pre-Critical Medical Conditions

There are no change to PAL III and Crisis Care (PAL III).



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## 2 PLAN STRUCTURE

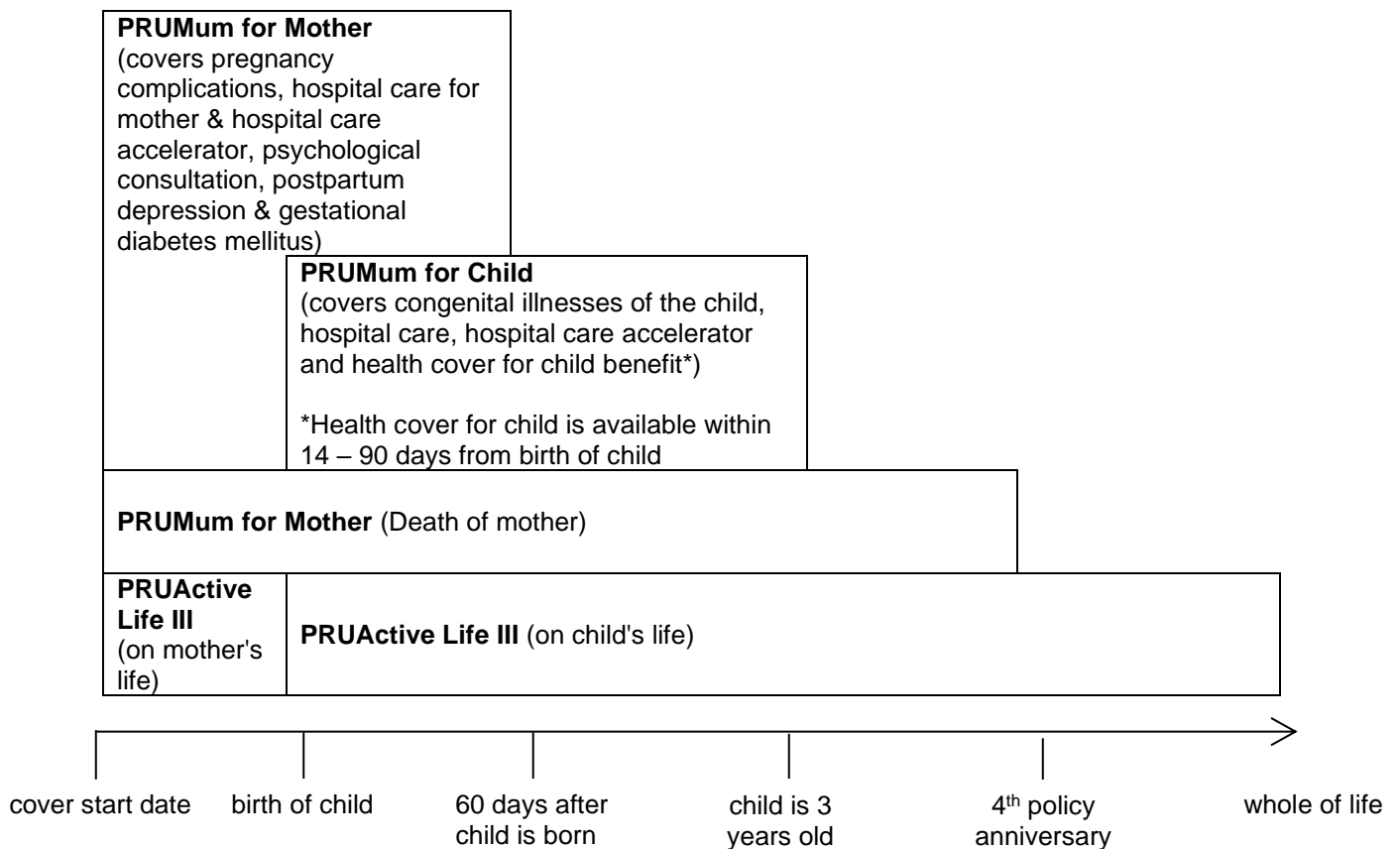
PRUFirst Promise is made up of two policies at any point in time during the term of the plan before it reaches the 4<sup>th</sup> policy anniversary – a PRUMum policy and a PRUActive Life III policy.

PRUMum provides financial protection for a pregnant woman (and her child, until her child is 3 years old) from the cover start date of the policy.

Within PRUMum, the life assured is the mother.

PRUActive Life III provides financial protection against death and terminal illness for the mother from the cover start date of the policy until the time when her child is born. She is entitled to a percentage of the death benefit's sum assured and includes the multiplier benefit.

Once her child is born, cover on the mother's life ends and cover on the life of her child starts.



### Notification of the birth of child

The policy holder needs to inform us when the child is born within 60 days of the date of birth. Please provide a copy of the birth certificate or its equivalent.



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If the policy holder did not inform us within 60 days from the estimated due date of the child (which the client has declared in the proposal form), we will end the PRUActive Life III policy at the time that we consider appropriate.

Note that PRUActive Life III coverage start date for the child is effective from the date of birth.

When the client has informed us of the birth of the child, we will end the mother's PRUActive Life III cover and start her child's PRUActive Life III cover with effect from the date of birth of her child. This is as long as the PRUActive Life III policy on the mother's life is issued before the birth of her child and it has not lapsed or ended at the time the client has informed us on of the birth of the child.

If the client decide to include the Early Crisis Care benefit to the child's PRUActive Life III policy, within 60 days from the child's date of birth, the client can do so without giving us evidence of good health of the child.

If the client informs us after 60 days that he/she wants to buy a new PRUActive Life III policy on the life of the child, he/she must give us evidence of good health of the child. We will decide if we can insure the child and may offer different terms or refuse cover. If we accept his/her application, the cover start date of the child's PRUActive Life III will be shown in the certificate of life assurance.

### **3 PRUMUM BENEFITS**

PRUMum is a single premium plan that provides financial protection for pregnant women and their newborn babies. It covers the pregnant woman for death, pregnancy complications, hospital care, hospital care accelerator, psychological consultation, postpartum depression, gestational diabetes mellitus and the new born baby for congenital illness hospital care, hospital care accelerator and health cover for child benefit.

#### **For the life assured (the mother):**

- a) Death benefit – pays the sum assured for your type of plan if the life assured dies
- b) Pregnancy complications – pays the sum assured for your type of plan if the life assured is diagnosed with any one of the covered pregnancy complications.
- c) Hospital care benefit – pays 2% of the sum assured for your type of plan, per day if the life assured is hospitalised with any one of the respective lists of covered conditions. Includes the Hospital care accelerator benefit that pays 100% of the sum assured if the life assured is hospitalised for a continuous period of 30 days or warded in the intensive care unit for at least one day.
- d) Psychological consultation – pays \$100 a session (up to two sessions) if the life assured requires psychological or psychiatric consultation.
- e) Postpartum depression – pays 5% of the sum assured for your type of plan if the life assured is diagnosed with postpartum depression.
- f) Gestational diabetes mellitus – pays 10% of the sum assured for your type of plan if the life assured is diagnosed with gestational diabetes mellitus.

#### **For the child:**

- g) Congenital illness – pays the sum assured for your type of plan when the child is diagnosed with any of the covered congenital illnesses.
- h) Hospital care benefit – pays 2% of the sum assured for your type of plan per day, up to a maximum of 50% of the sum assured for your type of plan if the child is hospitalised with any one of the respective lists of covered conditions. Includes the Hospital care accelerator benefit that pays 50% of the sum assured if the child is warded in the neonatal intensive care unit or intensive care unit for at least three continuous days.



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- i) Health Cover for Child – you can buy a PRUShield plan that only provides coverage in a restructured hospital, on the life of the child. If applied within 14 to 90 days from the child's birth, the plan can be bought without medical underwriting, under specified conditions.

There are four plan types with their respective sums assured, that the client can choose from

PRUMum	Plan A	Plan B	Plan C	Plan D
<b>Sum Assured</b>	\$5,000	\$10,000	\$15,000	\$20,000

The sum assured option for Multiple birth pregnancy (Twins and more) resulted from In Vitro Fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI), Intrauterine Insemination (IUI) and Intracervical Insemination (ICI) and Multiple birth (Triplets and more) resulted from natural conception (Triplets and more) is \$5,000 (Plan A) and \$10,000 (Plan B).

Please refer to **Appendix A** for the definition of benefits under PRUMum.

#### 4 PRUACTIVE LIFE III BENEFITS

PRUActive Life III provides financial protection against death and terminal illness on the mother's life until her child is born.

When the client has informed us of the birth of the child, we will end the mother's PRUActive Life III cover and start her child's PRUActive Life III cover with effect from the date of birth of her child without any medical underwriting.

When PRUActive Life III is on the child's life it provides financial protection against death for as long as the life assured lives. It also provides financial protection against disability and terminal illness. Client can also choose to add critical illness cover and a multiplier benefit that provides a higher payout.

##### **PRUActive Life III on the mother's life**

The PRUActive Life III policy on the mother's life will only cover her for the death and terminal illness benefits. The other benefits will not apply.

The sum assured will be 50% of the sum assured for death and terminal illness on the child's life and includes the multiplier benefit.

##### **PRUActive Life III on the child's life**

##### **Multiplier Benefit table for PRUActive Life III**

Multiplier benefit Expiry Age	Multiplier benefit for death / Terminal Illness / Disability / Critical Illness before the Multiplier benefit Expiry Age or Cover End Date *
65 years	200%
	300%
	400%



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Multiplier benefit Expiry Age	Multiplier benefit for death / Terminal Illness / Disability / Critical Illness before the Multiplier benefit Expiry Age or Cover End Date <sup>+</sup>
	500%
70 years	200%
	300%
	400%
	500%
	500%
75 years	200%
	300%
	400%
	500%
	500%
80 years	200%
	300%
	400%
	500%
	500%

<sup>+</sup> *Whichever event occurs first*

#### 4.1 Death Benefit

If the Multiplier benefit has been added and the life assured dies before the selected Multiplier benefit expiry age, we pay the higher of:

- the sum assured for death shown in your certificate of life assurance and all the bonuses<sup>^</sup> that we have added to your policy; or
- the Multiplier benefit\*, less any amounts you owe us.

If the Multiplier benefit was not added, or the life assured dies from the Multiplier benefit expiry age and above, we pay the sum assured for death shown in your certificate of life assurance and all the bonuses that we have added to your policy, less any amounts you owe us.

<sup>^</sup> The bonuses stated above are NOT guaranteed.

\* The Multiplier benefit in your PRUActive Life III policy is the relevant percentage of the sum assured for death shown in your certificate of life assurance. You would have selected the relevant percentage and Multiplier benefit expiry age when you applied for the policy.

Your whole policy automatically ends once a claim for this benefit is paid.

#### 4.2 Accelerated Terminal Illness Benefit

If the Multiplier benefit has been added and the life assured is diagnosed as having a Terminal Illness before the selected Multiplier benefit expiry age, we pay the higher of:

- the sum assured for Terminal Illness shown in your certificate of life assurance plus bonuses<sup>^</sup> that we have added to your policy (if applicable). If the sum assured of the Terminal Illness benefit is lower than the sum assured of the Death benefit, then the bonuses will be pro-rated to the sum assured of the Terminal Illness benefit; or
- the Multiplier benefit\* less any amounts you owe us.



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If the Multiplier benefit was not added, or the life assured is diagnosed as having a Terminal Illness from the Multiplier benefit expiry age and above, we pay the sum assured for Terminal Illness shown in your certificate of life assurance and all the bonuses that we have added to your policy, less any amounts you owe us.

If the sum assured of the Terminal Illness benefit is lower than the sum assured of the Death benefit, then the bonuses will be pro-rated to the sum assured of the Terminal Illness benefit.

^ The bonuses stated above are NOT guaranteed.

\*The Multiplier benefit in your PRUActive Life III policy is the relevant percentage of the sum assured for Terminal Illness shown in your certificate of life assurance. You would have selected the relevant percentage and Multiplier benefit expiry age when you applied for the policy.

We pay if the life assured is diagnosed as suffering from Terminal Illness. “**Terminal Illness**” is defined as a condition which, in the opinion of a Registered Medical Practitioner and subject to the acceptance of our appointed doctor, is highly likely to lead to death within 12 months.

#### 4.3 Accelerated Disability Benefit

If the Multiplier benefit has been added and the life assured is shown in your certificate of life assurance to be covered for this benefit and becomes totally and permanently disabled before the cover end date, we pay the disability benefit as shown in the table.

Age* at date of Disability	We pay
below 1 year	20% of the Multiplier benefit and the policy ends.
From one year old to before the cover end date	(before the Multiplier benefit expiry age), the higher of: <ul style="list-style-type: none"><li>- the sum assured for Accelerated Disability shown in your certificate of life assurance plus bonuses^ that we have added to your policy (if this applies). If the sum assured of the Accelerated Disability benefit is lower than the sum assured of the Death benefit, the bonuses will be pro-rated to the sum assured of the Accelerated Disability benefit; or</li><li>- the Multiplier benefit **</li></ul> less any amounts you owe us.

If the Multiplier benefit was not added, or the life assured becomes Totally and Permanently Disabled from the Multiplier benefit expiry age and above, we pay the sum assured for Accelerated Disability shown in your certificate of life assurance and all the bonuses that we have added to your policy, less any amounts you owe us. If the sum assured of the Accelerated Disability benefit is lower than the sum assured of the Death benefit, the bonuses will be pro-rated to the sum assured of the Accelerated Disability benefit.

We will pay this benefit six months after the confirmed onset of total and permanent disability (the Deferment Period) by a registered medical practitioner.

The deferment period does not apply if the life assured suffers:





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- total and permanent blindness in both eyes as confirmed by an ophthalmologist; or
- the physical loss of any two limbs, each above the wrist or ankle but not just the hands and feet; or
- total and permanent blindness in one eye as confirmed by an ophthalmologist and physical loss of any one limb at or above the wrist or ankle but not just a hand or foot.

We will pay the Accelerated Disability benefit up to \$2,000,000. If your Accelerated Disability benefit is above \$2,000,000, we pay the balance sum assured (in other words, any amount that is above \$2,000,000) in a lump sum:

- 12 months from the date of the first lump sum payment; or
  - when the life assured dies,
- whichever event happens first.

If the life assured stops being totally and permanently disabled before the balance sum assured is due for payment, we stop payment immediately. In this case, you can still continue your policy for the Death and Terminal Illness benefits by paying the necessary premiums. The sum assured will be equal to the balance sum assured (in other words, any amount that is above \$2,000,000).

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\* age at their last birthday

^ The bonuses stated above are not guaranteed.

\*\* The Multiplier benefit in your PRUActive Life III policy is the relevant percentage of the sum assured for Accelerated Disability shown in your certificate of life assurance. You would have selected the relevant percentage and Multiplier benefit expiry age when you applied for the policy.

For a life assured whose age is from 28 days to 15 years old, we pay when the life assured is totally and permanently disabled as a result of which they have to stay in a home, hospital or other institution and need constant care and medical attention for at least six months in a row;

For a life assured whose age is from 16 to 65 years, we pay when the life assured is totally and permanently disabled as a result of which they:

- cannot take part in any occupation, business or activity which pays an income; or
- suffer total and permanent loss of use of:
- both eyes; or
- any two limbs, each above the wrist or ankle but not just the hands and feet; or
- one eye and any one limb at or above the wrist or ankle but not just the hand or foot.

For a life assured whose age is from 66 years to 70 years, we pay when the life assured is totally and permanently disabled as a result of which they:

- suffer total and permanent loss of use of:
- both eyes; or
- any two limbs each above the wrist or ankle but not just the hands and feet; or
- one eye and any one limb at or above the wrist or ankle but not just the hand or foot, or
- are unable to perform (whether with help or without help) at least three of the following six Activities of Daily Living for at least six months in a row.



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**Activities of Daily Living:**

Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

Feeding - the ability to feed oneself once food has been prepared and made available

Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

Mobility - the ability to move indoors from room to room on level surfaces;

Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa.

For a life assured whose age is from 71 years to before the cover end date of this benefit, we pay when the life assured is totally and permanently disabled as a result of which they:

- suffer total and permanent loss of use of:
  - both eyes; or
  - any two limbs each above the wrist or ankle but not just the hands and feet; or
  - one eye and any one limb at or above the wrist or ankle but not just the hand or foot.

The above is the definition of totally and permanently disabled.

The disability must be confirmed by a registered medical practitioner.

We can ask for a medical examination to be carried out by a medical practitioner registered with the Singapore Medical Council if we decide the medical reports you give us are not enough for our purposes.

***What is not covered under Accelerated Disability Benefit?***

We do not pay if the Disability:

- claim was made when the life assured has already died at the time of the claim. We will pay the Death benefit instead;
- happened and the life assured was under 28 days of age;
- existed at the cover start date or date of reinstatement (if any) of this benefit; or
- arises directly or indirectly out of:
  - attempted suicide or self-inflicted injuries while sane or insane; or
  - travelling on a non-commercial airline except military aircraft; or
  - an activity under special exclusions and special terms and conditions shown in your certificate of life assurance.

***What happens after a claim?***

Once we pay an Accelerated Disability claim, the Accelerated Disability benefit ends. In addition:

- a) If the sum assured of the Death benefit is the same as the sum assured of the Accelerated Disability benefit, the policy and all its benefits, including the Accelerated Terminal Illness and Crisis Care (PRUActive Life III) (if added to the plan) benefits, will end.
- b) If the sum assured of the Death benefit is more than the sum assured of the Accelerated Disability benefit, we will reduce the sum assured of the Death benefit to an amount equal to the difference between the sum assured of the Death benefit and the sum assured of the Accelerated Disability benefit. You can continue the policy for this Death benefit and any other supplementary benefits (except those that have ended under c, d, e and f of this section) by paying the necessary premiums.



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- c) If the sum assured of the Accelerated Terminal Illness benefit is more than the sum assured of the Accelerated Disability benefit, we will reduce the sum assured of the Accelerated Terminal Illness benefit to an amount equal to the difference between the sum assured of the Accelerated Terminal Illness benefit and the sum assured of the Accelerated Disability benefit. This applies as long as you continue to pay the necessary premiums for both the Death and Accelerated Terminal Illness benefits.
- d) If the sum assured of the Accelerated Terminal Illness benefit is less than or equal to the sum assured of the Accelerated Disability benefit, the Accelerated Terminal Illness benefit will end. In this case, we will not pay for the Accelerated Terminal Illness benefit once we have paid the Accelerated Disability benefit.
- e) If the sum assured of the Crisis Care (PRUActive Life III) benefit (if added to the plan) is more than the sum assured of the Accelerated Disability benefit, we will reduce the sum assured of the Crisis Care (PRUActive Life III) benefit to an amount equal to the difference between the sum assured of the Crisis Care (PRUActive Life III) benefit and the sum assured of the Accelerated Disability benefit. This applies as long as you continue to pay the premiums for both the Death and Crisis Care (PRUActive Life III) benefits.
- f) If the sum assured of the Crisis Care (PRUActive Life III) benefit (if added to the plan) is less than or equal to the sum assured of the Accelerated Disability benefit, the Crisis Care (PRUActive Life III) benefit will end. In this case, we will not pay for the Crisis Care (PRUActive Life III) benefit if we have paid the Accelerated Disability benefit.

#### **4.4 Buy Another Policy Benefit**

If the policy was purchased on standard terms, (i.e. not given Offer of Conditional Acceptance where the life assured was offered special terms and conditions for acceptance of the proposal for life assurance) the policyholder can buy another policy, subject to the conditions below, without evidence of good health when the life assured experiences any of the following life events:

- marriage; or
- becomes a parent / delivers a baby; or
- adoption of a child through legal means.
- death of a spouse;
- divorce;
- marriage of his/her child;
- his/her child entering primary school; or
- his/her child entering secondary school.

However, this benefit can only be exercised twice in the lifetime of the life assured, meaning on two separate life events.

The type of policy that the life assured can buy depends on the available products at the time of the life events. We reserve the right to vary the types of policy the life assured can buy at the time of the life events.

The new policy must:

- be purchased within 3 months from the date of the relevant life event; and
- have a term that is equal to or less than the remaining term of his/her original policy; and
- have a sum assured that is not more than:
- \$150,000; or



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- 25% of the multiplier benefit whichever is lower. This sum assured limit is applicable to each life event, irrespective of the number of policies with this benefit that he/she may have.

The life assured can only do this if:

- the life assured is under 50 years of age; and
- the life assured has paid all the premiums due under his/her policy; and
- the life assured has not made a Disability, critical illness (including pre-critical medical conditions and Special benefit) or Terminal Illness claim on any policy that he/she has with us.

#### 4.5 Kinship Booster Benefit

The life assured get to enjoy a Kinship Booster Benefit on the basic sum assured of his/her own PRUActive Life III policy when an immediate family member buys a PRUActive Life III policy.

This Kinship Booster Benefit will add an extra 10% of the basic sum assured to the death and terminal illness benefits of the life assured's own policy only, up to a maximum of \$100,000 with the following conditions.

The life assured:

- must be below 55 years old when his/her immediate family bought his/her policy,
- bought the policy on standard terms,
- have paid all the premiums due under his/her policy,
- have not made any claim on his/her PRUActive Life III policy,
- must show proof of the immediate family relationship.

Immediate family members include parents, husband or wife and children by birth or adoption. Siblings can also be considered immediate family members provided that they are agreeable to produce their Birth certificates as proof of relationship.

The Kinship Booster Benefit does **not**:

- apply to the Multiplier benefit; and
- have any surrender value.

Each PRUActive Life III policy will enjoy one Kinship Booster Benefit only.

To enjoy this benefit:

- The life assured of the existing policy must submit the Kinship Booster Benefit application to apply for the benefit
- After receiving the application form, we will add this extra sum assured the following month after the immediate family's PRUActive Life III policy has passed the 14-day free-look period

Once added to the policy, the 10% benefit will be applicable till cover expiry date

The 10% additional basic sum assured is a flat rate and will not increase or decrease with policy size and is rounded up to the nearest 500

We do not pay this 10% extra sum assured for any claims under the disability, Crisis Care (PAL) and Early Crisis Care (PAL) benefits.



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Only available for all plans under the PRUActive Life series, namely PRUActive Life and PRUActive Life III. PruLife Multiplier Flex policies are not qualified.

#### **4.6 Premium Defer benefit**

The Premium Defer benefit allows you to postpone paying premiums for two years or the remaining premium term, whichever is shorter, if the surrender value of the policy is at least 100% of two years' premiums.

We will provide you with an interest-free policy loan that will pay your premiums for two years or the remaining premium term, whichever is shorter. This will mean that your surrender value will not be affected although you have not been paying your premiums. However, if we make any payment to you under your policy during this premium deferment period, we will first deduct any interest-free policy loan amounts granted to you under this Premium Defer benefit.

After the premium deferment period, you will have to pay back this interest-free loan amount. If the loan is not paid back at the end of the premium deferment period, interest will be charged.

We charge a yearly interest rate on the loan amount starting from the end of the premium deferment period. This interest rate may change and accrues on a daily basis. On each policy anniversary of your policy, we add the previous year's interest to the loan amount and charge interest on the total until the loan is repaid.

We can change the interest rate but will give you three months' written notice if we do so.

The loan amount and interest will be amounts you owe us. You can repay the loan at any time. We deduct the loan amount and interest from any payment we make under your policy.

If the total amount you owe us under your policy is more than the surrender value, your policy will end immediately.

If you already have a policy loan or automatic premium loan under your policy, that will continue to incur interest and will affect the surrender value.

You can only use this benefit only once for each PRUActive Life III policy.

To apply, you must use our appropriate application form and meet the conditions on it. We will let you know if we accept your application.

#### **4.7 Family Waiver benefit**

Under the Family Waiver benefit, when an immediate family of the life assured dies, we waive the premiums of your PRUActive Life III policy and its supplementary benefits for a period of up to one year.

The immediate family of the life assured includes the spouse or legal children. Legal children refer to the biological, stepchildren or adopted children of the life assured, including any future child or children that the life assured may have after the cover start date of the policy. This does not include any unborn children.



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This benefit will only be activated on a claim with the life assured showing proof of the immediate family relationship.

We will waive up to 12 months of premiums from the next premium due date following the date of death of the immediate family of the life assured and if the claim is approved. If the end of the premium payment term is less than 12 months from the date of death of the life assured's immediate family, we will waive the premiums from the next premium due date up to the end of the premium term only.

You can claim this benefit only once for each PRUActive Life III policy.

We can review the supplementary benefits allowed under this benefit.

If your PRUActive Life III policy is part of the PRUFirst Promise plan, this benefit will apply to the mother when she is the life assured. When the policy is under the child's life, then this benefit will apply to the child, provided there was no claim previously.

If the benefit was activated and premiums are being waived, they will continue to be waived for one year even if during that one year the policy is transferred to the child. As the benefit was claimed under the mother and it can only be claimed once it will end and not be available under the child in the future.

To apply, you must use our appropriate application form and meet the conditions on it. We will let you know if we accept your application.

## 5 POLICY LIMITS

### 5.1 Age at Entry

PRUMum

Natural Conception	Minimum Entry Age	Maximum Entry Age
Life Assured – Mother (Single and Twins)	19 anb (Between 13 – 36 weeks of pregnancy)	46 anb (Between 13 – 36 weeks of pregnancy)
Life Assured – Mother (Beyond Twins)	19 anb (Between 28 – 35 weeks of pregnancy)	39 anb (Between 28 – 35 weeks of pregnancy)
Policyowner	19 anb	99 anb

Pregnancy through Assisted Reproductive Technology	Minimum Entry Age	Maximum Entry Age
Life Assured – Mother (Single and Twins)	19 anb (Between 13 – 36 weeks of pregnancy)	39 anb (Between 13 – 36 weeks of pregnancy)
Life Assured – Mother (Beyond Twins)	19 anb (Between 28 – 35 weeks of pregnancy)	39 anb (Between 28 – 35 weeks of pregnancy)
Policyowner	19 anb	99 anb

PRUActive Life III

PRUActive Life III	Minimum age at entry	Maximum age at entry
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Life Assured – Child 1anb after birth	N.A	N.A
Life Assured – Mother	19 anb	46 anb
Policyowner – Mother/Father	19 anb	99 anb

\*anb: age next birthday

## 5.2 Age at Expiry

Plans	Age at expiry
<b>PRUMum</b>	
- Death Benefit for Mother	End of 4 years policy term
- Pregnancy Complications	60 days after birth of child
- Hospital Care for Mother	
- Hospital Care Accelerator for Mother	
- Gestational Diabetes Mellitus	
- Psychological consultation/ Post-Partum Depression	
- Congenital Illnesses	When child reaches age 3
- Hospital Care for Child	
- Hospital Care Accelerator for Child	
- Health Cover for Child	90 days from birth of child
<b>PRUActive Life III</b>	
- on Mother	60 days from birth of child
- on Child	Whole of Life

## 5.3 Premium Term

Plans	Premium Term (years)
<b>PRUMum</b>	Single Premium
<b>PRUActive Life III</b>	5 - 35

## 5.4 Policy Term

Plans	Policy Term (years)
<b>PRUMum</b>	4 years
<b>PRUActive Life III</b>	Whole of Life

## 5.5 Size of Policy

Plans	Sum Assured
<b>PRUMum</b>	\$5,000 / \$10,000 / \$15,000 / \$20,000



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PRUActive Life III	Death Benefit	Terminal Illness Benefit	Accelerated Disability Benefit	Crisis Care (PAL III) Benefit
Min	\$10,000 sum assured (SA)			
Max	\$500,000 including multiplier benefit			

## 5.6 Mode of Payment

### PRUMum

Single Premium

### PRUActive Life III

Annually, half-yearly, quarterly and monthly.

## 5.7 Method of Payment

### PRUMum

Available via cheque.

### PRUActive Life III

Regular Premium payment.

Available via cheque, GIRO and credit card.

Payment by all credit card (VISA or MASTERCARD only) is only allowed for first premium.

For subsequent renewal premium:

Credit Card Issuing Bank ("Bank"), pls tick ✓ one

<input type="checkbox"/> SCB	<input type="checkbox"/> UOB	<input type="checkbox"/> CITIBANK
<input type="checkbox"/> DBS/POSB	<input type="checkbox"/> MAYBANK	<input type="checkbox"/> OCBC

For payment via GIRO, the first 2 monthly premiums must be made via cheque or credit card.

## 6 POLICY VALUES

### 6.1 Surrender Values

#### PRUMum

Not applicable.





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### PRUActive Life III

The policy acquires a surrender value after 36 months of premiums have been paid and in-forced for 36 months.

## **6.2 Policy Loan**

### PRUMum

Not applicable.

### PRUActive Life III

A policy loan may be taken against the surrender value of the policy. The maximum loan amount is set at 90% of the surrender value at the time the loan is taken up. An interest rate, currently at 5.25% p.a. will be charged on the loan amount from the date of the loan. Interest accrues on a daily basis. The company reserves the right to vary the interest rate but will not do so before giving 3 months' written notice to the customer.

## **6.3 Automatic Premium Loan**

### PRUMum

Not applicable.

### PRUActive Life III

In the event of non-payment of premium, the policy will not terminate so long as the surrender value of the policy is sufficient to enable Prudential to pay one or more premium. The policy will lapse once the Surrender Value is insufficient to advance the due premium.

An interest rate currently at 5.25% per annum will be charged on the loan amount starting from the date of the loan. Interest accrues on a daily basis. The company reserves the right to vary the interest rate but will not do so before giving 3 months' written notice to the customer.

#### Example:

Mode of Payment = Annual  
Annual Premium Due = \$2,400  
Surrender Value = \$2,000

Mode of Payment change to Monthly:  
Premium Due = \$200 (\$2,400 X 0.085)  
Surrender Value of \$2,000 will be used to fund the monthly premium due until it expires before lapsing the policy.

## **6.4 Paid-Up Value**

### PRUMum

Not applicable.



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### PRUActive Life III

Paid-up values will be based on total surrender value and they will not participate in future bonuses. On paid-up, death, Total & Permanent Disability and Terminal Illness benefit continue. All supplementary benefits such as Early Crisis Care (PAL III) benefit will end.

Multiplier Benefit still applies based on paid-up sum assured.

Minimum paid-up value is \$10,000 sum assured.

## **6.5 Bonus Surrender**

### PRUMum

Not applicable.

### PRUActive Life III

Any attaching reversionary bonuses can be surrendered for cash after 36 months of premiums have been paid and in-force for 36 months. Partial cashing of bonus is allowed.

## **6.6 Surgical & Nursing Loan**

### PRUMum

Not applicable.

### PRUActive Life III

If the policy has a surrender value, the customer can apply for an interest-free loan to pay for medical expenses incurred as a result of a surgical operation performed on the life assured.

The customer can only apply for the loan if he cannot claim the medical expenses from another source.

The customer can apply for more than one loan but each loan amount must be at least \$200 and the total of all loans cannot be higher than:

- 10% of the sum assured for death benefit; or
- the total premiums paid excluding additional premiums paid for health or hazardous activities and additional premiums paid for supplementary benefits; or
- the surrender value of the policy.

The customer cannot apply for a loan if the surgical operation arises directly or indirectly out of one of the following:

- dental treatment
- AIDS condition
- cosmetic surgery
- pregnancy, miscarriage or childbirth



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They can repay the loan at any time. We deduct the loan amount owing to us from any payment we make under the policy.

If the total outstanding amount owing to us under the policy exceeds the surrender value, the policy terminates immediately.

## **7 POLICY CONDITIONS**

### **7.1 Free Look Provision**

Within 14 days from the date of receipt of the policy document, the policy-owner has the right to cancel the policy and receive a full refund of the premiums paid (without interest), less any medical fees and other expenses, such as payments for medical check-ups and medical reports, incurred by us.

The policy is considered delivered and received in the ordinary course of the post, 7 days after the date of posting. If we make the policy document and all other documents from us available electronically via PRUaccess, we consider they have been delivered and received when the policy-owner receive the relevant SMS or email telling them that the documents are accessible on PRUaccess. Otherwise, we consider the policy and all other documents from us as delivered and received seven days from the date of posting to the last-known address the policy-owner gave us.

### **7.2 Grace Period for Renewal Premium**

PRUMum

Not applicable.

PRUActive Life III

The policyowner has up to 30 days grace period for premium payment. The policy will lapse if premium is not received or there is insufficient surrender value to deduct from at the end of the grace period.

If there is sufficient surrender value, the insurance coverage can be maintained and the policy goes into Automatic Premium Loan. The premiums will continue to be deducted until the policy has no surrender value at which time the policy will lapse without value.

### **7.3 Waiting Period and Survival Period**

PRUMum

Waiting period not applicable for claim but for benefit on Congenital Illnesses the child with the congenital illness must be alive at the time when the diagnosis of the congenital illness is confirmed.

PRUActive Life III

Not applicable.



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#### **7.4 Non-guaranteed Premium**

##### PRUMum

Not applicable.

##### PRUActive Life III

We guarantee that the premiums for your PRUActive Life III policy will remain unchanged throughout its premium term as long as you pay the premiums within 30 days of the date they are due.

##### Crisis Care (PRUActive Life III)

The premium for Crisis Care (PRUActive Life III) is not guaranteed. These rates may be adjusted based on future experience. We reserve the right to vary the premiums at any time in the future during the premium payment period. However, we will give you 30 days' written notice before doing so. Premiums are payable for the period of premium payment term and can be paid monthly, quarterly, half-yearly or yearly.

##### Early Crisis Care (PRUActive Life III)

The premium for Early Crisis Care (PRUActive Life III) is not guaranteed. These rates may be adjusted based on future experience. We reserve the right to vary the premiums at any time in the future during the premium payment period. However, we will give you 30 days' written notice before doing so. Premiums are payable for the period of premium payment term and can be paid monthly, quarterly, half-yearly or yearly.

#### **7.5 Policy Alteration**

##### PRUMum

Upgrading or downgrading not allowed within the policy and if client wish to terminate the policy (not as a result of claim), premium will not be refunded.

##### PRUActive Life III

For any alteration, policyholders would need to give 7 days written notification to the Company.

##### **7.5.1 Sum Assured**

Minimum reduction in sum assured is in multiples of \$1,000. Minimum remaining sum assured must be at least \$10,000.

If there is any partial surrender value, it will be paid less off indebtedness.

Reduction will take effect from the paid-to-date. Multiplier still applies based on reduced sum assured and original age at entry (age next birthday).

##### **7.5.2 Mode of Payment**



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Life assured can also change the Mode of Payment. The change will only be effected on the next Premium Due Date i.e. if monthly mode, the change can be effected from the following months onwards. When the life assured is originally on Yearly mode and halfway through requested for a change, we will advise the change on the next Premium Due Date.

## **8 REVIVAL CRITERIA / REINSTATEMENT OF POLICY**

### PRUMum

Not applicable.

### PRUActive Life III

As per existing practice, revival is subject to normal underwriting and the submission of relevant forms such as revival forms and supplementary proposal form etc.

Revival can be effected by Payment of Arrears and Revival by re-dating. We will charge an interest of 5.25% for the outstanding premiums of policies which have lapsed for more than 6 months if the policyholder chose to revive via Payment of Arrears.

Note that Revival by re-dating, the premium payable on revival is based on life assured revised age next birthday. Multiplier will be based on revised age at entry after re-dating.

Auto revival is allowed.

If the policy terminates due to the indebtedness exceeds the surrender value, policyowner may apply to reinstate it if:

- he/she applies within 24 months from the termination date of the policy; and
- he/she pays the total outstanding loan amount and interest; and
- he/she gives us satisfactory evidence of the health of the life assured at his/her own expense.

Reinstatement is subject to normal underwriting and the submission of relevant forms such as reinstatement forms and supplementary proposal form etc. Normal TSAR calculation applies.

### **8.1 Changes to Policy Benefit and Conditions**

The Company reserves the rights to vary the policy benefits and conditions at any time by giving 30 days notice to the policyholder before doing so.

### **8.2 Advance Premium Deposit**

#### PRUMum

Not applicable.

#### PRUActive Life III

Not available.



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### **8.3 Alter from Inception**

#### PRUMum

Not applicable.

#### PRUActive Life III

The policyholder can change the billing frequency after the new proposal is issued without having to freelook the policy.

### **8.4 Mid-term Addition (MTA)**

#### PRUMum

Not applicable.

#### PRUActive Life III

Crisis Care (PAL III) and Early Crisis Care (PAL III) is allowed for MTA to PRUActive Life III for the first 2 years of the policy from inception, provided that the remaining premium term must be at least 5 years.

MTA of supplementary benefits are allowed after the policy coverage has been transferred to the child. Do note that terms and conditions of the respective supplementary benefits apply.

Medical underwriting for MTA Crisis Care (PAL III) and Early Crisis Care (PAL III) to PRUFirst Promise is not required if MTA is done within 60 days from birth of child

After 60 days from birth of child, MTA is subject to medical underwriting of the life assured (child).

### **8.5 Governing Law**

This plan is governed by and interpreted according to the laws of the Republic of Singapore.

### **8.6 Notice of Claim**

For Death Claim, the life assured or, in the case of the life assured's death, the legal representative must send us practicable, at their own expense:

- a completed Claimant Statement;
- the current Certificate of Life Assurance;
- a completed Clinical Abstract Application Form;
- a medical report from the life assured's Registered Medical Practitioner;
- the death certificate issued by the relevant authority;
- the identification documents of the Claimant;
- evidence that the person is entitled to receive the payment (e.g. birth certificate, marriage certificate, deceased's last Will, Letter of Administration or Probate, Trust Deed etc.); and
- any documentary proof as required by us.



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In addition to the above documents,

- if death is due to unnatural causes (e.g. Accident, suicide, etc), the following documents are required:
  - the Post mortem report;
  - the Coroner's verdict; and
  - a Police report.
- if death occurs outside of Singapore, the following documents must also be submitted:
  - the Death Abroad Questionnaire;
  - the Declaration of Identity of the deceased;
  - an official document from the relevant authority proving the death of the life assured.

For Terminal Illness Claim, the life assured must send us as soon as practicable, at their own expense:

- a completed Terminal Illness claim form;
- the current Certificate of Life Assurance;
- a medical report including clinical, radiological, imaging evidence, laboratory and histological evidence from the life assured's Registered Medical Practitioner;
- any documentary proof as required by us; and
- a completed Clinical Abstract Application Form.

All the requirements must be submitted within 6 months from the date of diagnosis or else we cannot consider the claim.

For Disability Claim (if any), the life assured must send us as soon as practicable, at their own expense:

- a completed Disability claim form;
- the current Certificate of Life Assurance;
- a medical report including clinical, radiological, imaging evidence, laboratory and histological evidence from the life assured's Registered Medical Practitioner;
- any documentary proof as required by us (e.g. police report); and
- a completed Clinical Abstract Application Form.

The life assured must also give us evidence to our satisfaction of continuing Disability before each payment.

The company reserves the right to ask the life assured or life assured's legal representative to provide, at his/her own expense, more documents or evidence to help in the assessment of the claim.

For Critical Illness Claim (if any), the life assured must send us as soon as practicable, at their own expense:

- a completed Critical Illness claim form;
- the current Certificate of Life Assurance;
- a medical report including clinical, radiological, imaging evidence, laboratory and histological evidence from the life assured's Registered Medical Practitioner;
- any documentary proof as required by us; and
- Clinical Abstract Application Form



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The company reserves the right to ask the life assured or life assured's legal representative to provide, at his/her own expense, more documents or evidence to help in the assessment of the claim.

## **8.7 Termination of benefits**

### PRUMum

The benefits under PRUMum will terminate upon:

- the mother's death and the resulting death of the foetus; or
- the Policy Anniversary just before the mother turns 51 years old; or
- payment of claims on all the benefits; or
- reaching the Cover Expiry Date as shown on the Certificate of Life Assurance of the PRUMum policy.

whichever occurs first.

### PRUActive Life III

The benefits under mother's PRUActive Life III policy will terminate upon:

- the death of the foetus; or
- the birth of the child; or
- any of the instances listed in the "Termination of your Policy" clause in the PRUActive Life III policy document; or

whichever occurs first.

The benefits under child's PRUActive Life III policy will terminate upon:

- the expiry of 60 days from the Estimated Due Date of the child (as you have declared in the proposal form) if you have not notified us of the birth of the child by that time; or
- any of the instances listed in the "Termination of your Policy" clause in the PRUActive Life III policy document; or

whichever occurs first.

## **8.8 FATCA**

PRUFirst Promise is in-scope of FATCA.

## **8.9 Common Reporting Standard (CRS)**

PRUFirst Promise is in-scope of CRS, as it has cash value and policyholder can borrow against the policy.

## **8.10 SUPPLEMENTARY BENEFITS**

### PRUMum

Not applicable.

### PRUActive Life III





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All supplementary benefits that can be attached to PRUActive Life III can only be added after the life assured has been transferred to the child and will be subject to underwriting:

Fracture Care, Accident Assist, Recovery Aid, PruSmart Lady II, Payer Security Plus and Early Payer Security on Payer Security Plus.

PRUSmart Lady II is only attachable to PRUActive Life III plans with premium term 10 years and above only.

In addition, Crisis Care (PAL III) and Early Crisis Care (PAL III) are allowed for MTA to PRUActive Life III after the policy coverage has been transferred to the child for the first 2 years of the policy from inception, provided that the remaining premium term must be at least 4 years and 1 month.

Medical underwriting for MTA Crisis Care (PAL III) and Early Crisis Care (PAL III) to PRUFirst Promise is not required if MTA is done within 60 days from birth of child

After 60 days from birth of child, MTA is subject to medical underwriting of the life assured (child).



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## 9 EXCLUSIONS

### PRUMum

- Any benefit that is due directly or indirectly to a Pre-existing Condition. A **“Pre-existing Condition”** is the existence of any signs or symptoms for which treatment, medication, consultation, advice or diagnosis has been sought or received by the life assured or would have caused an ordinary prudent person to seek treatment, diagnosis or cure, prior to the Cover Start Date of this benefit or the date of reinstatement (if any).
- a deliberate act like taking intoxicating liquor, drugs or poison, suicide or attempted suicide or intentional self-injury while sane or insane
- AIDS, AIDS related complex or infection by HIV
- the use of unprescribed drugs where such drugs are required by law to be prescribed by a Registered Medical Practitioner
- an activity under Special Exclusions or Special Terms and Conditions shown on your Certificate of Life Assurance.
- the illness of the life assured or life assured's infant arises directly or indirectly due to any complication resulting from fertility treatments excluding In-Vitro Fertilisation (IVF), Intracytoplasmic Sperm Injection (ICSI), Intrauterine Insemination (IUI) and Intracervical Insemination (ICI);
- Pregnancy Complications if:
  - the death of the foetus is due to abortion; or
  - the life assured opts for elective termination of pregnancy other than for medical reasons

### PRUActive Life III

#### **(i) Death Benefit**

If the life assured dies from suicide within 12 months from the Cover Start Date of the policy or from the date of reinstatement (if any), the policy becomes void, we cancel it and refund the total premiums received less any Policy Loans (including interests), Automatic Premium Loans (including interests), Surgical and Nursing Loans and all other outstanding amounts owing to us in connection with the policy and expenses (including but not limited to administrative, sales related and medical expenses) incurred by us on the policy.

If the life assured dies from an activity under Special Exclusions or Special Terms and Conditions shown on the Certificate of Life Assurance, we do not pay the sum assured but we will either:

- refund the total premiums received less any Policy Loans (including interests), Automatic Premium Loans (including interests), Surgical and Nursing Loans and all other outstanding amounts owing to us in connection with the policy and expenses (including but not limited to administrative, sales related and medical expenses) incurred by us on the policy; or
  - pay the surrender value (if any),
- whichever is higher.

#### **(ii) Accelerated Terminal Illness Benefit**

We do not pay in any of the following circumstances:

- if the life assured is already deceased at the time of the claim. We will pay the Death Benefit instead;
- the symptoms of the Terminal Illness existed at the Cover Start Date or date of reinstatement (if any) of this benefit;



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- the life assured is diagnosed as having a Terminal Illness caused by:
  - self-inflicted injuries while sane or insane;
- AIDS, AIDS-related complex or infection by HIV except HIV Due to Blood Transfusion and Occupationally Acquired HIV;
- the use of unprescribed drugs where such drugs are required by law to be prescribed by a Registered Medical Practitioner; or
- an activity under Special Exclusion and/or Special Terms and Conditions shown on the Certificate of Life Assurance.

### **(iii) Accelerated Disability Benefit**

We do not pay if the disability:

- claim was made when the life assured was already deceased at the time of the claim. We will pay the Death Benefit instead;
- occurred when the life assured is below 28 days of age;
- existed at the Cover Start Date or date of reinstatement (if any) of this benefit; or
- arises directly or indirectly out of:
  - attempted suicide or self-inflicted injuries while sane or insane;
  - travelling on a non-commercial airline except military aircraft; or
  - an activity under Special Exclusion and/or Special Terms and Conditions shown on the Certificate of Life Assurance.

### **(iv) Crisis Care (PAL III) Benefit**

We do not pay in any of the following circumstances:

- the Critical Illness existed before the Cover Start Date or date of reinstatement (if any) of this benefit;
- any benefit for any Critical Illness that is due directly or indirectly to a Pre-existing Condition unless it was declared in the proposal and specifically accepted by us. A "Pre-existing Condition" is the existence of any signs or symptoms for which treatment, medication, consultation, advice or diagnosis has been sought or received by the life assured or would have caused an ordinary prudent person to seek treatment, diagnosis or cure, prior to the Cover Start Date or the date of reinstatement (if any) of this benefit;
- the life assured is diagnosed as having a Heart Attack of Specified Severity, Major Cancer or Other Serious Coronary Artery Disease within 90 days of the Cover Start Date or the date of reinstatement (if any) of this benefit;
- a doctor has diagnosed coronary artery disease within 90 days of the Cover Start Date or the date of reinstatement (if any) of this benefit. This diagnosis of the coronary artery disease has led to the performance of a Coronary Artery By-pass Surgery or Angioplasty and Other Invasive Treatment for Coronary Artery on the life assured;
- the life assured is diagnosed as having a Critical Illness caused by:
  - self-inflicted injuries while sane or insane;
- Acquired Immunodeficiency Syndrome ("AIDS"), AIDS- related complex or infection by Human Immunodeficiency Virus ("HIV") except HIV Due to Blood Transfusion and Occupationally Acquired HIV;
- the use of unprescribed drugs where such drugs are required by law to be prescribed by a Registered Medical Practitioner;
- an activity under Special Exclusion and/or Special Terms and Conditions shown on the Certificate of Life Assurance; or
- participation or attempted participation in an unlawful act.



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#### (v) Early Crisis Care (PAL III) Benefit

We do not pay in any of the following circumstances:

- If the Critical Illness existed before the Cover Start Date or date of reinstatement (if any) of this benefit;
- If any benefit for any covered illness that is due directly or indirectly to a Pre-existing Condition unless it was declared in the proposal and specifically accepted by us. A **“Pre-existing Condition”** is the existence of any signs or symptoms for which treatment, medication, consultation, advice or diagnosis has been sought or received by the life assured or would have caused an ordinary prudent person to seek treatment, diagnosis or cure, prior to the Cover Start Date or the date of reinstatement (if any) of this benefit;
- If the life assured is diagnosed as having a Heart Attack of Specified Severity, Major Cancers or Other Serious Coronary Artery Disease within 90 days of the Cover Start Date or date of reinstatement (if any) of this benefit;
- If a doctor has diagnosed coronary artery disease within 90 days of the Cover Start Date or date of reinstatement (if any) of this benefit. This diagnosis of the coronary artery disease has led to the performance of a Coronary Artery By-pass Surgery (Category 7) at all severity levels, on the life assured;
- If the life assured is diagnosed as having a claim for Diabetic Complications or Juvenile Medical Conditions within 90 days of the Cover Start Date or the date of reinstatement (if any) of this benefit;
- If the life assured is diagnosed as having an illness caused by:
  - self-inflicted injuries while sane or insane;
  - Acquired Immunodeficiency Syndrome (“AIDS”), AIDS-related complex or infection by Human Immunodeficiency Virus (“HIV”) except as a result of Category 14 - HIV Due to Blood Transfusion and Occupationally Acquired HIV as defined in the benefit;
  - the use of unprescribed drugs where such drugs are required by law to be prescribed by a Registered Medical Practitioner;
  - an activity under Special Exclusion and/or Special Terms and Conditions shown on the Certificate of Life Assurance;
  - participation or attempted participation in an unlawful act; or
  - alcohol or drug abuse.

## 10 UNDERWRITING GUIDELINES

### 10.1 Medical Underwriting

Full medical underwriting is required for PRUFirst Promise on the mother's life.

When customer inform us of the birth of the child we will cease the PRUActive Life III coverage of the Mother and commence child's PRUActive Life III coverage effective from the date of birth of the child. This is provided the PRUActive Life III policy on Mother's life is issued before the birth of the child and has not lapsed or terminated at the time of notification to us of the birth of the child.

If customer notify us of the birth of the child within 60 days from the child's date of birth, we will automatically transfer the PRUActive Life III policy to the child without medical underwriting on the child, effective from the date of birth of the child.



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If the client decide to include the Early Crisis Care benefit to the child's PRUActive Life III policy, within 60 days from the child's date of birth, the client can do so without giving us evidence of good health of the child.

If the client informs us after 60 days that she wants to buy a new PRUActive Life III policy on the life of the child, she must give us evidence of good health of the child. We will decide if we can insure the child and may offer different terms or refuse cover. If we accept her application, the cover start date of the child's PRUActive Life III will be shown in the certificate of life assurance.

## **10.2 Aggregation Rules**

### PRUMum

Not applicable.

### PRUActive Life III

Calculation of Sum at Risk for each benefit is based on the Multiplier Benefit and not the Sum Assured.

#### Example:

*Fred has an existing plan with Death/TPD/TI/CC cover of \$200,000 and wishes to purchase a PRUActive Life III 70 4X plan \$100,000 sum assured.*

*Multiplier Benefit for this case is 400% for Death/TPD/TI/CC.*

*Aggregation for Death/TPD/TI/CC = \$200,000 + \$100,000 x 400%*

Before attained age 70,

TSAR under death/TPD/TI/CC benefit

= Sum Assured under respective benefit x Multiplier for death/TPD/TI/CC benefit

After attained age 70,

TSAR under death/TPD/TI/CC

= Sum Assured under respective benefit

## **10.3 Restriction on Nationality**

This plan is available to all Singaporean, Singapore Permanent Resident and foreigner with valid passes.

For foreigners without valid passes, please refer to the residency table in PRUInfo.

## **10.4 Backdating**

Not allowed



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## **11 PREMIUM**

### **11.1 Premium Rates**

#### PRUMum

Premium rates are based on the pre-determined plans. It is dependent on age of entry.

#### PRUActive Life III

Premiums are level and are dependent on the Multiplier Benefit and its expiry age chosen and premium term.

### **11.2 Large Sum Assured Discount**

#### PRUMum

Sum Assured	% Discount
\$5,000	N.A
\$10,000	4.00%
\$15,000	6.00%
\$20,000	8.00%

#### PRUActive Life III

Please refer to PRUActive Life III product information pack for the large sum assured discount table.

### **11.3 Frequency Factors**

#### PRUMum

Not applicable.

#### PRUActive Life III

The rates published are annual rates. The frequency factors used for conversion into other modes of payment are:

Premium payable	Yearly	Half-yearly	Quarterly	Monthly
Frequency factor	1	0.505	0.255	0.085

### **11.4 Discounts**

Not applicable.



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# PRUFirst Promise

## FREQUENTLY ASKED QUESTIONS

### PRODUCT FEATURES

**Q1 What does PRUFirst Promise plan consist of?**

A1 PRUFirst Promise is made up of two policies at any point in time during the term of the plan before it reaches the fourth policy anniversary – a PRUMum policy and a PRUActive Life III policy. PRUMum terminates upon the fourth Policy Anniversary.

**Q2 What are the benefits of PRUFirst Promise?**

A2 PRUFirst Promise (PRUMum) covers the pregnant woman for death, pregnancy complications, hospital care, hospital care accelerator, psychological consultation, postpartum depression, gestational diabetes mellitus and the newborn baby for congenital illness, hospital care, hospital care accelerator and health cover for child benefit.

PRUFirst Promise (PRUActive Life III) provides financial protection against death and terminal illness on the mother's life until her child is born. When PRUFirst Promise (PRUActive Life III) is on the child's life, it provides financial protection against death, disability and terminal illness and has a multiplier benefit option that provides a higher payout.

**Q3 Why are we enhancing Early Crisis Care (PRUActive Life III) that can be attached to PRUFirst Promise to cover the child's life upon the birth of the child?**

A3 At Prudential, we constantly review our products with the aim to improve our benefits and to provide better coverage for our customers. Hence, this enhancement provides customers with the following changes:

- **Enhanced Carcinoma In Situ definition** – We are now covering all organs, with the removal of specified organ requirements from the Carcinoma In Situ definition; provided it fulfils the terms and conditions.
- **Introduction of Pre-Critical Medical Conditions** – The early and intermediate stage medical conditions are now named Pre-Critical Medical Conditions for simplicity. There is no change to the definition details of the medical conditions, except for the above enhancement on Carcinoma In Situ under the Major Cancer category.
- **Maximum payout limit of Pre-Critical Medical Conditions** – The maximum payout limit is now S\$350,000 for both early and intermediate stage medical conditions.
- **Removal of Premium Waiver benefit** – With the payment of FULL sum assured of Early Crisis Care (PRUActive Life III) upon claim on the covered Pre-Critical Medical



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Condition, Early Crisis Care (PRUActive Life III) will terminate and hence, the Premium Waiver benefit will no longer be applicable as there is no remaining premiums to be waived.

There is no change to Early Crisis Care (PRUActive Life III) premiums.

**Q4 When will the Early Crisis Care (PRUActive Life III) enhancements take effect?**

A4 The enhanced benefits will take effect on 03 October 2023 and apply to new customers and existing customers holding an inforce Early Crisis Care (PRUActive Life III) rider.

**Q5 What will happen to my customers who submitted their Early Crisis Care (PRUActive Life III) application before the enhancement launch date but their Early Crisis Care (PRUActive Life III) policy is issued after the enhancement launch date?**

A5 These customers will be enjoying the enhanced benefits from the cover start date of the policy.

Kindly note that although these enhanced benefits are not listed in the product summary during purchase as the changes will only take effect on the enhancement launch date, your customers may find these benefits listed in the policy document which will be sent to them upon policy issuance.

**Q6 Why did we enhance PRUFirst Promise in July 2023?**

A6 As PRUFirst Promise is a bundle of PRUMum and PRUActive Life III, this is an enhancement to PRUMum benefits.

At Prudential, we constantly review our products with the aim to improve our benefits and to provide better coverage for our customers. Hence, this enhancement provides customers with a more comprehensive maternity coverage and an option to buy an eligible PRUShield plan for the baby without medical underwriting under specified conditions.

There were no changes to PRUActive Life III during this launch.

**Q7 What PRUMum benefits were enhanced in July 2023?**

A7 The enhanced benefits took effect from 11 July 2023 and apply to all existing and new customers.

The table below shows the benefits enhancement of PRUMum:

Benefits	PRUMum	Enhanced PRUMum (with effect from 11 July 2023)
Pregnancy Complications <b>ENHANCED</b>	Total 13 conditions	Total 17 conditions, including 4 new conditions





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Benefits	PRUMum	Enhanced PRUMum (with effect from 11 July 2023)
Hospital Care Benefit for Life Assured <b>ENHANCED</b>	Total 9 conditions	Total 26 conditions, including 17 new conditions added from Pregnancy Complications benefit
Hospital Care Benefit for Child <b>ENHANCED</b>	1% per day, capped at 50% Sum Assured	2% per day, capped at 50% Sum Assured
Hospital Care Accelerator for Child <b>NEW</b>	Nil	50% of Sum Assured (Singapore-registered hospitals only)
Health Cover for Child <b>NEW</b>	Nil	You can buy a PRUShield plan that only provides coverage in a restructured hospital, on the life of your child without medical underwriting. This is valid for applications within 14 to 90 days from your child's birth and under specified conditions.

All other terms and benefits of the policy remain unchanged.

**Q8 What are the details of the benefits of PRUMum?**

A8 Refer to Features

**Q9 What are the policy terms and premium payment terms options?**

A9 Refer to Features.

**Q10 Can the customer choose to buy PRUMum policy without PRUActive Life III?**

A10 Yes. Customer can choose to buy PRUMum (Standalone).

**Q11 What will happen to my customers who submitted their PRUFirst Promise's application before the enhancement launch date i.e. 11 July 2023 but their PRUFirst Promise's policy is issued after the enhancement launch date?**

A11 These customers will be enjoying the enhanced benefits from the cover start date of the policy.



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Kindly note that although these enhanced benefits are not listed in the product summary during purchase as the changes will only take effect on the enhancement launch date, your customers may find these benefits listed in the policy document which will be sent to them upon policy issuance.

**Q12 What happens if the birth of the child takes place prior to the issuance of the PRUFirst Promise policy?**

A12 This policy will not be valid under the Validity of Contract clause in the policy document.

**Q13 How is PRUActive Life III policy transferred from the mother to the child under the guaranteed issuance benefit?**

A13 Upon birth of the child, the policyowner needs to notify Prudential with the child's birth certificate within 60 days from the child's date of birth.

Upon notification, the mother's PRUActive Life III coverage will cease and the child's PRUActive Life III coverage will commence automatically without any evidence of good health, effective from the date of birth of the child. This is provided that the PRUActive Life III policy on the mother's life is issued before the birth of the child and has not lapsed or terminated at the time of the notification to us of the birth of the child.

**Q14 What does PRUActive Life III cover on mother's life?**

A14 The PRUActive Life III policy on the mother's life will only cover her for the death and terminal illness benefits. The other benefits will not apply.

The sum assured will be 50% of the sum assured for death and terminal illness on the child's life and includes the multiplier benefit.

- At POE, when keying in the SA, there is a pop up prompter that states "Please note that you are entering child's sum assured".
- For example, if you wish to cover the child for \$50,000 SA, please key in \$50,000 in POE.
- When the PI is generated, it shows \$25k SA under PRUActive Life III with the footnote "Your sum assured for PRUActive Life III is \$25,000. The coverage applies for death and terminal illness only. Upon the birth of your child, your cover expires and cover on the life of your child commences. The sum assured will be \$50,000 for your child. Please refer to Policy Illustration 2 for detailed Illustrated Benefits for the child."



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**Q15 What does PRUActive Life III cover on the child's life?**

A15 The PRUActive Life III policy on the child's life will cover death, terminal illness and total and permanent disability.

The sum assured will be 100% of the sum assured for death, terminal illness and total and permanent disability on the child's life and includes the multiplier benefit.

Crisis Care (PAL III) is a supplementary benefit to PAL III and not an embedded benefit, the policy owner can decide whether to mid-term add (MTA) Crisis Care (PAL III) rider.

Please refer to PRUActive Life III product information pack for more information on PRUActive Life III.

**Q16 How can I add Crisis Care (PAL III) and Early Crisis Care (PAL III) cover on the child's life without providing evidence of good health of the child?**

A16 As Crisis Care (PAL III) is a supplementary benefit to PAL III and not an embedded benefit, the policy owner can decide whether to mid-term add (MTA) Crisis Care (PAL III) rider.

If policy owner decides to include the Crisis Care (PAL III) and Early Crisis Care (PAL III) benefit to the child's PAL III policy, **within 60 days from the child's date of birth**, policy owner can do so without giving us evidence of good health of the child.

However, if policy owner let us know of the inclusion of Crisis Care (PAL III) and Early Crisis Care (PAL III) benefit after 60 days, policy owner must give us evidence of good health of the child. We will decide if we can insure the child and may offer different terms or refuse cover.

**Q17 How can I estimate the premium for Crisis Care (PAL III) before the child is born?**

A17 You can use POE to generate the premium for a 1ANB male non-smoker or female non-smoker under Crisis Care (PAL III).

**Q18 What is the premium for PRUFirst Promise (PAL III) based on?**

A18 The premium for PRUFirst Promise (PAL III) is based on 1ANB female non-smoker under PAL III.



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**Q19 What will be the treatment of the policy if birth notification of child is received after 60 days from the child's date of birth?**

A19 PRUActive Life III policy will automatically lapse after 60 days from Estimated Due Date (EDD) if we do not receive the notification of birth of child. Hence, full underwriting of the child is required if we receive notification after 60 days. We will require evidence of good health of the child and we will assess the child's insurability and may offer revised terms and/or refuse coverage. If we accept the application, the cover start date will be shown on the Certificate of Life Assurance.

**Q20 What will be the treatment of the policy if no notification after 60 days from the child's date of birth?**

A20 The PRUActive Life III policy will terminate upon the expiry of 60 days from the Estimated Due Date of the child (as declared in the proposal form) if we have not been notified of the birth of the child.

**Q21 Are there any special exclusions for Crisis Care (PAL III) and Early Crisis Care (PAL III) added to PRUFirst Promise within 60 days from birth of child without underwriting?**

A21 There are no special exclusions for Crisis Care (PAL III) and Early Crisis Care (PAL III) added to PRUFirst Promise within 60 days from birth of child without underwriting except for the replacement of the below exclusions with a congenital condition max claim limit of \$30,000:

- the life assured is diagnosed before age 6 as having a covered illness caused by a congenital or inherited disorder except the covered Juvenile Medical Conditions;
- the life assured is diagnosed before age 2 as being deaf.

These 2 exclusions will be removed and replaced by a congenital condition max claim limit of \$30,000 for Crisis Care (PAL III) and Early Crisis Care (PAL III) added to PRUActive Life III policies under PRUFirst Promise only.

This congenital condition max claim limit does not apply to PRUActive Life III policies not under PRUFirst Promise.

**Congenital condition max claim limit for Crisis Care (PRUActive Life III) added to PRUActive Life III policy that is part of a PRUFirst Promise policy:**

If Crisis Care (PRUActive Life III) is added to PRUActive Life III policy that is part of a PRUFirst Promise policy, and is issued under the Guaranteed Issuance Benefit within 60 days from the child's date of birth, the Crisis Care benefit and the Crisis Care Accelerator benefit payable will be subject to a congenital maximum claim limit of \$30,000 in the following circumstance:

- If the child is diagnosed with or has undergone a surgical procedure for any stage of critical illness before the age of six years, and this condition is directly or indirectly due to any congenital defect or condition which was detected within 90 days of the birth of the child.



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The congenital maximum claim limit of \$30,000 is subject to the Multiplier benefit (if any).

Crisis Care (PRUActive Life III) is an accelerating benefit and will reduce the sum assured of the main plan when claimed.

**Congenital condition max claim limit for Early Crisis Care (PRUActive Life III) added to PRUActive Life III policy that is part of a PRUFirst Promise policy:**

If Early Crisis Care (PRUActive Life III) is added to PRUActive Life III policy that is part of a PRUFirst Promise policy, and is issued under the Guaranteed Issuance Benefit within 60 days from the child's date of birth, the Medical Conditions benefit and Special Medical Conditions and Juvenile Medical Conditions benefit payable will be subject to a congenital maximum claim limit of \$30,000 in the following circumstance:

- If the child is diagnosed with or has undergone a surgical procedure for any Pre-Critical Medical Conditions, Special Medical Conditions and Juvenile Medical Conditions before the age of six years, and this condition is directly or indirectly due to any congenital defect or condition which was detected within 90 days of the birth of the child.

The congenital maximum claim limit of \$30,000 is subject to the Multiplier benefit (if any).

Early Crisis Care (PRUActive Life III) is an accelerating benefit and will reduce the sum assured of Crisis Care (PRUActive Life III) benefit when claimed.

**Q22 Are there any pre-existing clause exclusions and waiting periods for Crisis Care (PAL III) and Early Crisis Care (PAL III) added to PRUFirst Promise within 60 days from birth of child without underwriting?**

A22 Yes, the pre-existing conditions and waiting period exclusions will apply from the cover start date of the Crisis Care (PAL III) and Early Crisis Care (PAL III) benefits as shown on the Certificate of Life Assurance.

**Q23 What are the other optional supplementary benefits that can be added to PRUFirst Promise?**

A23 There are no supplementary benefits available for PRUFirst Promise at proposal. Other optional supplementary benefits available to PRUActive Life III can only be added after policy coverage has been transferred to the child.

Crisis Care (PAL III) and Early Crisis Care (PAL III) is allowed for MTA to PRUActive Life III for the first 2 years of the policy from inception, provided that the remaining premium term must be at least 4 years 1 month.

Underwriting for both Crisis Care (PAL III) and Early Crisis Care (PAL III) is not required if MTA is done within 60 days from birth of child.



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**Q24 Can you offer PRUFirst Promise for expecting mothers with twins?**

A24 Yes. For expecting mothers with natural pregnancy twins, they will need to buy one PRUMum policy, and two PRUActive Life III policies (one policy for each child). The premium rates for PRUMum is the same for Single Child or natural pregnancy Twins.

**Q25 Can you offer PRUFirst Promise for expecting mothers with triplets?**

A25 Yes. Please see below Multiple births section for more information.

**Q26 Will you consider those proposals if the baby/babies are conceived through IVF or other methods of fertility?**

A26 Yes, we can consider if the pregnancy is resulted from In Vitro Fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI), Intrauterine Insemination (IUI) and Intracervical Insemination (ICI). However, it needs to fulfil the following criteria prior to submission.

For:

- i. Multiple births (beyond Twins) under natural conception; or
- ii. Single, Twins or Multiple birth pregnancy resulted from In Vitro Fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI), Intrauterine Insemination (IUI) and Intracervical Insemination (ICI),

it needs to fulfill the following criteria prior to submission:

- a) Non-smoker
- b) Client's ANB is 39 and below at entry
- c) Client's pregnancy is at gestation week between:
  - i. 13 to 36 at entry – Single and twins Pregnancy via Assisted Reproductive Technology.
  - ii. 28 to 35 at entry – Multiple births (beyond twins) under natural conception/Multiple Pregnancy via Assisted Reproductive Technology.
- d) Up-to-date O&G check-up must be done and reported as normal by the doctor at gestation week between:
  - i. 13 to 36 at entry – Single and twins Pregnancy via Assisted Reproductive Technology.
  - ii. 28 to 35 at entry – Multiple births (beyond twins) under natural conception/Multiple Pregnancy via Assisted Reproductive Technology.
- e) No history of vanishing syndrome during current pregnancy
- f) Fetal head circumference measurement and estimated fetal weight in latest ultrasound should be normal
- g) No pregnancy complications in current and past pregnancies.
- h) Routine O&G report and pregnancy Screening result (including antenatal Ultrasound) are normal
- i) No other risk factors (e.g. overweight, any other gynaecological disorders etc.)

PACS reserves the rights to reject the application if we are unable to offer acceptable terms on the application.



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**Loading criteria:**

**Multiple birth pregnancy (Triplets and more) resulting from natural conception:**

Submission is subject to underwriting. If term can be offered, loading of 50% will be imposed for each additional foetus beyond twins.

**Multiple birth pregnancy (Twins and more) resulting from In Vitro Fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI), Intrauterine Insemination (IUI) and Intracervical Insemination (ICI),**

Submission is subject to underwriting. If terms can be offered, loading of 300% will be imposed.

**Q27 Can the customer choose a different sum assured under the PRUActive Life III for each foetus?**

A27 No. Each foetus must be on the same sum assured.

**Q28 What are the entry requirements for expecting mothers to buy PRUFirst Promise?**

A28 Between ages 19 to 46 age next birthday and between 13 to 36 weeks of pregnancy.

**Q29 Can the father be the policyholder for PRUFirst Promise?**

A29 Yes. You may apply with the father as the policyholder while the mother is the life assured of the PRUFirst Promise policy.

**Q30 Can customers buy more than 1 PRUFirst Promise plan?**

A30 No. Only 1 maternity plan is allowed per pregnancy. We will allow the customers to buy another maternity plan for their next pregnancy.

**PRUFirst Promise (PRUMum)**

**Q31 What are the benefits of PRUMum?**

A31 PRUMum provides financial protection for pregnant women and their newborn babies. It covers the pregnant woman for death, pregnancy complications, hospital care, hospital care accelerator, psychological consultation, postpartum depression, gestational diabetes mellitus and the newborn baby for congenital illness, hospital care, hospital care accelerator and health cover for child benefit.

**Q32 When will the Death Benefit (for Mother) terminate?**

A32 The Death Benefit (for Mother) automatically terminates once the sum assured is paid or when the policy reaches the fourth Policy Anniversary, whichever is earlier.



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**Q33 Will the other benefits under PRUMum continue after the Death benefit (for the expectant mother) has been claimed?**

A33 In the event that we have paid out the Death Benefit (for Mother), Pregnancy complication, Hospital Care for mum, Psychological consultation, Postpartum depression, Gestational Diabetes Mellitus automatically terminates while the other benefits under PRUMum continue to cover the child.

**Q34 For the Pregnancy complications, Hospital Care benefit for Mother, Postpartum Depression, Gestational Diabetes Mellitus, when will the coverage for these benefits commence and terminate?**

A34 The coverages for these benefits will commence upon the cover start date of the PRUMum plan and automatically terminate once the sum assured is paid or 60 days after childbirth, whichever is earlier.

Other benefits covered under PRUMum (e.g. Congenital Illness, Hospital Care and Hospital Care Accelerator, Health Cover for Child benefit) continue on the life of the child after such automatic termination.

**Q35 For Congenital Illnesses, Hospital Care and Hospital Care Accelerator benefit for the child, when will the coverage for these benefits commence and terminate?**

A35 The coverages for these benefits will commence upon the birth of the child and these benefits automatically terminate once the sum assured is paid or when the child attains the age of 3 years, whichever is earlier.

Other benefits covered under PRUMum continue after such automatic termination.

**Q36 For Health Cover for Child benefit, when will the coverage commence and terminate?**

A36 The coverage for this benefit will commence from 14 days after birth of the child and will automatically terminate once the benefit is exercised or when the child is more than 90 days old, whichever is earlier.

Other benefits covered under PRUMum continue after such automatic termination.

**Q37 Is there any waiting period under Pregnancy Complications Benefit?**

A37 No. There are no waiting period for Pregnancy Complications Benefit.

**Q38 Is there any survival period under Congenital Illness Benefit?**

A38 No. There are no survival period for the child under Congenital Illness Benefit. The child only needs to be alive at the time of diagnosis before any benefit is payable under the Congenital Illness Benefit.





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**Q39 Does PRUMum have any surrender/maturity value?**

A39 There is no surrender/maturity value for PRUMum

**Q40 What are the sum assured options for PRUMum?**

A40 Plan A: \$5,000  
Plan B: \$10,000  
Plan C: \$15,000  
Plan D: \$20,000

The maximum sum assured coverage for assisted pregnancy (Twins and more) and natural pregnancy (Triplets and more) is \$10,000. Only Plan type A (SA \$5,000) and B (SA \$10,000) are allowed. Sum Assured above \$10,000 (Plan type C and D) will be declined.

**Q41 Can customers buy more than 1 PRUMum plan?**

A41 No. Only 1 maternity plan is allowed per pregnancy. We will allow the customers to buy another maternity plan for their next pregnancy.

**PRUFirst Promise (PRUActive Life III)**

**Refer to the Product Pack for PRUActive Life III for detailed information about the product.**

**Q42 Does the PRUActive Life III policy provide coverage for the Mother or the Child?**

A42 PRUActive Life III will provide the coverage on the Mother before the birth of the child, and the coverage will cease upon the birth of the child. Thereafter, when we are notified on the birth of the child within 60 days of the date of birth, we will provide coverage on the child from the date of birth of the child.

**Q43 What does PRUActive Life III cover when it is on the mother's life?**

A43 When the PRUActive Life III policy is on the mother's life, PRUActive Life III will only cover her for the death and terminal illness benefits. The other benefits will not apply. The sum assured will be 50% of the sum assured for death and terminal illness on the child's life and includes the multiplier benefit.

**Q44 What does PRUActive Life III cover when it is on the child's life?**

A44 When the PRUActive Life III is on the child's life, it provides financial protection against death, disability, terminal illness and critical illness (if added) and has a multiplier benefit that provides a higher payout.



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**Q45 Why does the PRUActive Life III policy commence on the mother's life first?**

A45 We cannot insure the foetus as a life assured. In addition, it is also important for the mother to have coverage before her delivery.

**Q46 What are the features and supplementary benefits not available under the PRUActive Life III policy when the Mother is the life assured?**

A46 The coverage for disability, critical illness, and kinship booster benefit are not available when the mother is the life assured.

MTA of supplementary benefit is not allowed when the policy coverage has not been transferred to the child.

**Q47 What is the minimum and maximum sum assured for PRUFirst Promise (PRUActive Life III)?**

A47 The minimum sum assured is \$10,000 and the maximum sum assured is \$500,000 including multiplier benefit.

**Q48 Does PRUActive Life III have any surrender/maturity value?**

A48 The policy acquires a surrender value after 36 months of premium have been paid and in-force for 36 months.

**Q49 Is alteration of the sum assured allowed after PRUFirst Promise is incepted?**

A49 No changes in sum assured will be allowed before the birth of the child. After the policy coverage has been transferred to the child, we allow increase and decrease in sum assured subject to the terms and conditions of the current PRUActive Life III policy.

## **NEW BUSINESS**

**Q50 Who is eligible to apply?**

A50 This product is available to all Singaporeans, Permanent Resident of Singapore and Foreigners with valid passes. Foreigners without valid pass are not allowed to purchase this plan. Please refer to PruInfo for our foreigner guidelines.

**Q51 What are the documents that I need to submit for my client's application if she is carrying twins or if the current pregnancy is through Assisted Reproductive Technology (IVF, ICI, IUI, ICSI)?**

A51 Please submit together with your application:  
1)Obstetrics & Gynaecology Report  
2)Pregnancy screening result (including antenatal ultrasound)



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For multiple birth pregnancy (Twins and more) resulted from In Vitro Fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI), Intrauterine Insemination (IUI) and Intracervical Insemination (ICI), it needs to fulfill the following criteria prior to submission:

- a) Client's ANB is 39 and below at entry
- b) Client's pregnancy is at Gestation week between 28 to 35 at entry
- c) O&G must be done at gestation week between 28 to 35 and reported as normal by the doctor
- d) No history of vanishing syndrome during current pregnancy
- e) Fetal head circumference measurement and estimated fetal weight in latest ultrasound should be normal
- f) No pregnancy complications in current and past pregnancies.
- g) Routine O&G report and pregnancy Screening result (including antenatal Ultrasound) are normal
- h) No other risk factors (e.g. overweight, any other gynaecological disorders etc.)

It is subject to medical underwriting. We will either accept with +300% loading on the PRUMum policy or decline such cases.

PACS reserves the rights to reject the application if we are unable to offer acceptable terms on the application.

**Q52 Can the customer choose to backdate the policy?**

A52 No. Backdating is not allowed for PRUFirst Promise.

**Q53 Is financial underwriting applicable to PRUFirst Promise?**

A53 Yes.

**Q54 Can the PRUFirst Promise policy still be incepted if the baby is delivered before submission of requirements are done?**

A54 No. If the baby is delivered before the policy can be incepted, the proposal will be 'non taken up' and premiums paid will be refunded upon notification to Prudential.

If the client fails to notify Prudential and the proposal gets incepted, the policy will be void with premiums paid refunded when such information is made known.

**Q55 Can New Business apply for the O&G report?**

A55 No, the O&G report if required, needs to be obtained and submitted by the customer.

**Q56 What will happen to the existing PRUFirst Promise (PAL II) applications submitted?**

A56 The applications will continue to be processed as per usual. Please submit all outstanding requirements to get your cases incepted soon.



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**Q57 If my customer has submitted application under PRUFirst Promise (PAL II) and is yet to be incepted and would like to change the plan to PRUFirst Promise (PAL III), how do I go about doing it?**

A57 Please submit:  
1) 'Non-taken up' request on the existing PRUFirst Promise (PAL II) application &  
2) Re-submit application under PRUFirst Promise (PAL III)  
Please take note of that the usual entry requirements of expecting mothers will still apply.

**Q58 How do I know if my customer is eligible to purchase PRUShield under Health Cover for Child benefit?**

A58 When the child is born and PRUMum policy has not ended, your customer can buy a PRUShield plan on the life of the child without medical underwriting, provided:

1. The eligible PRUShield plan must be **PRUShield Plus or PRUShield Standard**, with no supplementary plan e.g. PRUExtra is attached;
2. Customer's PRUMum policy must be in force;
3. The child is not currently hospitalised;
4. The child must be at least 14 days old but not more than 90 days old at the time of the application;
5. The child is born from the same pregnancy that is covered by the PRUMum policy;
6. The person applying for the eligible PRUShield plan for the child must be either the policyowner or the life assured of the PRUMum policy.

Please note that we do not cover congenital illnesses or pre-existing conditions, which refers to any health issue the child had before getting the eligible PRUShield plan.

For example, if a baby was born with a cleft lip, any related expenses to the cleft lip condition will not be covered. Other conditions which are not pre-existing will be considered. All other terms and conditions as stated in the eligible PRUShield policy document will apply.

**Q59 How does the Health Cover for Child benefit apply to expecting mothers with multiple births?**

A59 If your customer has given birth to more than one child from the same pregnancy that is covered by the PRUMum policy, and if the PRUMum policy has not ended, your customer can apply an eligible PRUShield plan without medical underwriting for each child. Refer to Health Cover for Child clause under Features for more details.

**Q60 What is the application process for PRUShield under Health Cover for Child benefit?**

A60 PRUShield (under Health Cover for Child) application is available for eSubmission in POE



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**Q61 What are the questions that my customers will be asked when applying for PRUShield (under Health Cover for Child)?**

**A61** If your customer is eligible to purchase a PRUShield (under Health Cover for Child), POE will display the following questions under Previous Insurance tab:

Question	YES/NO response
1. You have an existing PRUMum policy with us.	YES: next question
Would you like to purchase the PRUShield plan for your child through PRUMum's Health Cover for Child option?	NO: route to full/SIO UW
2. Is your child currently hospitalised?	YES: route to full/SIO UW NO: next question
3. We will not cover any pre-existing conditions or congenital illnesses that the child was born with or had the signs/symptoms of these illnesses before the cover start date of the eligible PRUShield plan.  Are you aware of any pre-existing conditions and/or congenital illnesses that your child was born with or had before applying for this PRUShield plan?  Important: - A pre-existing condition is the existence of any signs or symptoms for which treatment, medication, consultation, advice or diagnosis has been sought or received by the life assured or would have caused an ordinary prudent person to seek treatment, diagnosis or cure, prior to the Cover Start Date of this benefit or the date of reinstatement (if any), whichever is later. - Congenital illnesses or congenital abnormalities refer to birth defects including hereditary conditions or illnesses that the child was born with.	YES: prompt an additional question  NO: next question (acknowledgement)
3.1 (additional question if Q3 is YES)  We will not cover any pre-existing conditions or congenital illnesses that the child was born with or had the signs/symptoms of these illnesses before the cover start date of the eligible PRUShield plan, including the pre-existing condition(s) and/or congenital illness(es) that you declare below. This exclusion applies regardless of your declaration of such pre-existing condition(s) or congenital illness(es). Your declaration on this Proposal Form shall not constitute deemed acceptance by us.  Please specify the exact pre-existing condition(s) or congenital illness(es) that your child was born with, including details of	Input is mandatory



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<p>symptoms that your child had before applying for this PRUShield plan. E.g. Down's syndrome, cleft lip, cerebral palsy, congenital heart disease, microencephaly, etc.</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p>&lt;free-text box&gt;</p> </div>	
<p>4. Acknowledgement (regardless of Q3 is YES/NO)</p> <p>By answering Yes, you acknowledge all of the following terms and conditions: Your policy will still be issued subject to the fulfilment of the following terms and conditions:</p> <ul style="list-style-type: none"> <li>a) Your PRUMum policy must be in force</li> <li>b) Your child must be at least 14 days old but not more than 90 days old at the time of your application</li> <li>c) Your child is born from the same pregnancy that is covered by the PRUMum policy</li> <li>d) Proposer of this application must be either PRUMum's Proposer or Life Assured</li> <li>e) We will not cover any pre-existing conditions or congenital illnesses that the child was born with or had the signs or symptoms of these illnesses, and these illnesses or signs or symptoms were known before the cover start date of the eligible PRUShield plan, including the pre-existing condition(s) and/or congenital illness(es) that you have declared (if any). This exclusion applies regardless of your declaration of such pre-existing condition(s) or congenital illness(es). Your declaration on this Proposal Form shall not constitute deemed acceptance by us.</li> <li>f) All the terms and conditions as stated in the eligible PRUShield plan's policy document will apply</li> </ul>	<p>YES: completion</p> <p>NO: route to full/SIO UW</p>

**Q62 If my customer is a Public Service Officer or Staff from Selected Company, can my customer still enjoy the respective discount while applying PRUShield (under Health Cover for Child) for the child?**

**A62** Yes, your customer can enjoy the respective discount from Public Service Officer or Staff from Selected Company scheme along with a hassle-free application for PRUShield (under Health Cover for child).

Please note that Servicing Agency Leaders/Financial consultants will need to select "Yes" under "Public Service Officer" or "Staff of Selected Companies" and provide the relevant details such as Company name and Corporate Policy number upon submission of the PRUShield – Health Cover for Child (PRUMum) proposal.

Terms and conditions under each offer apply.



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## **PREMIUM RATES**

**Q63 Is there any increase in premiums rates for Early Crisis Care (PRUActive Life III) due to the benefit enhancements?**

A63 No, your existing customer does not have to pay additional premiums.

**Q64 Was there any increase in premium rates for PRUMum due to the benefit enhancements in July 2023?**

A64 No, your existing customer does not have to pay additional premiums and there is no change to the illustrated returns, if any, in the policy illustration.

**Q65 What is the Large Sum Assured Discount for PRUFirst Promise?**

A65 PRUMum Large Sum Assured Discount table is as follows:

Sum Assured	%LSD
\$5,000	N.A
\$10,000	4.00%
\$15,000	6.00%
\$20,000	8.00%

**Q66 Is PRUFirst Promise eligible for PRUSmart Lady II discount?**

A66 No. It is not eligible for PRUSmart Lady II discounts.

## **POLICY SERVICES**

**Q67 Can the customer choose to reduce the Sum Assured of PRUFirst Promise?**

A67 No. Reduction of sum assured is not allowed for PRUMum. No changes in PRUActive Life III sum assured will be allowed before the birth of the child. After policy coverage for the PRUActive Life III policy has been changed to the child upon his/her birth, we allow decrease in sum assured subject to the terms and conditions of the current PRUActive Life III policy.



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**Q68 Is Mid-Term Add (MTA) of supplementary benefit(s) allowed?**

A68 Yes. MTA of supplementary benefits are allowed after the policy coverage has been transferred to the child. Do note that terms and conditions of the respective supplementary benefits apply.

**Q69 Can my customer Mid-Term Add (MTA) the new Early Crisis Care (PAL III) to his existing PRUActive Life II policy under PRUFirst Promise?**

A69 No. Early Crisis Care (PAL III) cannot be mid-term added to an existing PRUActive Life II policy. However, customers can still MTA the existing Early Crisis Care (PAL II) to her existing PRUActive Life II policy.

This means that:

- Early Crisis Care (PAL) can only be MTA to a PRUActive Life policy
- Early Crisis Care (PAL II) can only be MTA to a PRUActive Life II policy
- Early Crisis Care (PAL III) can only be MTA to a PRUActive Life III policy

The Early Crisis Care enhancements are applicable to Early Crisis Care attaching to PRUActive Life III only.

There is no change in benefits to Early Crisis Care (PRUActive Life) and Early Crisis Care (PRUActive Life II) rider.

**Q70 What will happen to the policy in the event of non-payment of premium?**

A70 The policy will be maintained under the Automatic Premium Loan feature provided there is sufficient surrender value to advance the premium due. We will charge an interest rate of 5.25% per annum. We reserve the right to vary the interest rates from time to time.

The policy will terminate, and no benefits will be payable once the outstanding policy loans, premiums and interest exceeds the surrender value of the policy.

**Q71 When will the existing customers with an inforce Early Crisis Care (PRUActive Life III) be informed about this enhancement?**

A71 The existing customers will be notified through letters along with the addendum which will form part of their existing policy document in batches starting from 03 October 2023 onwards.





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**Q72 When were the existing customers be informed about PRUMum enhancement in July 2023?**

A72 The existing customers were notified through letters along with the addendum which will form part of their existing policy document in batches starting from 11 July 2023 onwards.

**Q73 How do I know if my existing customer with a PRUMum policy issued before 11 July 2023 is eligible to purchase PRUShield under Health Cover for Child benefit?**

A73 Refer to Q58/A58 for the details.

Please note that if your existing customer's child is already more than 90 days old before the effective date of the enhancement, the child will not be eligible for this PRUShield (under Health Cover for Child) option. Your customer can still buy a PRUShield for the child by going through full underwriting health questions.

**Q74 With regards to PRUShield policy, which is issued under Health Cover for Child, can my customer choose to upgrade to a PRUShield plan that covers both private and restructured hospital (like PRUShield Premier)?**

A74 Yes, upgrading is allowed and will be subject to full underwriting as per normal. Please refer to PRUShield terms and conditions for details.

**Q75 With regards to PRUShield policy, which is issued under Health Cover for Child, can my customer choose to mid-term add a supplementary plan e.g. PRUExtra?**

A75 Yes, mid-term addition of a supplementary plan is allowed and will be subject to full underwriting as per normal. Please refer PRUShield terms and conditions for details.

**Notification of child birth**

**Q76 When does the policyholder need to notify the company of the birth of Child to enjoy the Guaranteed Issuance Benefit?**

A76 The policyholder will need to inform the company of the birth of the child within 60 days from the child's date of birth. Otherwise, the PRUActive Life III will terminate upon the expiry of 60 days from the Estimated Due Date (EDD) of the child (as declared in the proposal form) if we have not been notified of the birth of the child by that time.

**Q77 What is the form to be submitted for the notification on the birth of Child?**

A77 The policyholder will need to submit the Baby Announcement Form and Birth Cert. For Crisis Care (PAL III) and Early Crisis Care (PAL III), the policy owner will also have to submit the documents required for Mid-Term Add procedures.



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**Q78 Where are the forms available?**

A78 The Baby Announcement Form will be sent to the policyholder together with the policy document after the policy is inception. We will also be sending FCs a reminder (with the Form) on the Expected Date of Delivery.

A copy of the form will also be available for download from the corporate website/ SFA Raise.

**CLAIMS**

**Q79 What are the benefits payable for Mother and/or Child before and during delivery, and after delivery?**

A79 The benefits payable is illustrated in the table below:

Mother/Child	During Pregnancy (Before and During Delivery)	After Delivery
a) Mother Dies/ TI b) Child Survives	a) Mother: Claims PAL III (Death, TI for 50% of the Sum Assured) & PRUMum (Death Benefit for Mother). PAL III Terminates. b) Child: Buy another PAL III without U/W within 60 days from date of birth of child	a) Mother: Claims PRUMum (Only Death Benefit for Mother, provided death occurs prior to cover expiry of PRUMum) b) Child: Continues with PAL III and continues PMum (Only for Health cover for child*, Congenital illness, Hospital care & Hospital care accelerator benefit up to age 3). PRUMum ownership will transfer to estate of mother.  * Health cover for child is applicable within 14 days to 90 days from the child's day of birth
a) Child Dies b) Mother Survives	a) Child: Claims PRUMum either miscarriage due to accident or still birth under pregnancy complication if criteria is met. b) Mother: Full refund of PAL III premiums. PAL III terminates.	a) Child: Claims PAL III b) Mother: No Claim on PAL III. PRUMum (Death Benefit for Mother, Pregnancy complication benefit, Hospital care for mum, Psychological consultation / post-partum depression, GDM and Hospital care accelerator) continues



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a) Both Mother & Child Die at the same time <b>OR</b> b) Mother TI & Child die at the same time	a) Mother: Claims PAL III (Death, TI for 50% of the Sum Assured) & PRUMum (Death Benefit for Mother). PAL III Terminates. b) Child: Claims PRUMum either miscarriage due to accident or still birth under pregnancy complication if criteria is met.	a) Mother: Claims PRUMum (Death Benefit for Mother) b) Child: Claims PAL III
a) Mother Dies/ TI b) Twin 1 Dies c) Twin 2 Survives	a) Mother: Claims PAL III (Death, TI for 50% of the Sum Assured) & PRUMum (Death Benefit for Mother) PAL III Terminates. b) Twin 1: Claims PRUMum either miscarriage due to accident or still birth under pregnancy complication if criteria is met. c) Twin 2: Buy another PAL III without U/W within 60 days from date of birth of child	a) Mother: Claims PRUMum (Only Death Benefit for Mother, provided death occurs prior to cover expiry of PMUM) b) Twin 1: Claims PAL III c) Twin 2: Continues with PAL III and continues PRUMum (Only for Health cover for child*, Congenital illness, Hospital care & Hospital care accelerator benefit, up to age 3). PRUMum plan ownership will transfer to estate of mother  * Health cover for child is applicable within 14 days to 90 days from the child's day of birth
a) Twin 1 Dies b) Twin 2 Dies c) Mother Survives	a) Twin 1: Claims PRUMum either miscarriage due to accident or still birth under pregnancy complication if criteria is met. b) Twin 2: Claims PRUMum either miscarriage due to accident or still birth under pregnancy complication if criteria is met. c) Mother: Full refund of PAL III premiums. PAL III terminates.	a) Twins: Claims PAL III b) Mother: No Claim on PAL III. PRUMum (Death Benefit for Mother, Pregnancy complication benefit, Hospital care for mum, Psychological consultation / post-partum depression, GDM and Hospital care accelerator) continues
a) Both Mother & Twins Die at the same time	a) Mother: Mother: Claims PAL III (Death, TI for 50% of the Sum Assured) and	a) Mother: Claims PRUMum (Death Benefit for Mother) b) Twins: Claims PAL III



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	PMUM (Death Benefit for Mother). PAL III Terminates. b) Twins: Claims PRUMum either miscarriage due to accident or still birth under pregnancy complication if criteria is met.	
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**Q80 What happens to the PRUActive Life III policy should the child dies before or during delivery?**

A80 In the event the child dies before or during delivery, we will refund the premiums paid under the PRUActive Life III policy and the PRUActive Life III policy terminates thereafter. The FCs' persistency will not be affected by this claim made.

**Q81 What happens to the PRUActive Life III policy should the Mother dies before or during delivery?**

A81 In the event the mother dies before or during delivery of the child but the child survives, we will pay the 50% Death Benefit (and this includes the multiplier benefit) from the PRUActive Life III policy and the policy terminates. In this case, the PRUActive Life III policy on the child's life will not commence. However, we will allow another PRUActive Life III policy to be purchased on the life of the child, without evidence of good health but with evidence of insurable interest (i.e. evidence of the relationship between the biological father and the child or such other relationship as may attract insurable interest in accordance with any prevailing applicable laws or regulations), provided the policy is purchased within 60 days from the date of birth of the child.

**Q82 How will the claim be assessed upon diagnosis of the new conditions for existing customers for PRUMum?**

A82 We will base on the new condition's date of diagnosis or hospitalisation admission date whichever is applicable, to determine the claim pay-out.

If the new condition's date of diagnosis or the hospitalisation admission date, whichever is applicable is after the enhancement launch date, the claim will be payable subject to the fulfilment of other terms and conditions stated in the respective updated clause in the policy document.



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**Q83 How will the claim be assessed for the PRUShield under Health Cover for Child?**

A83 We will refer to the terms and conditions as stated in the eligible PRUShield policy document that you will receive upon PRUShield policy issuance to assess the claims. Please note that we will not cover any pre-existing conditions or congenital illnesses that the child was born with or had the signs or symptoms of these illnesses, and these illnesses or signs or symptoms were known before the cover start date of the eligible PRUShield plan.

Upon the lodgement of a claim, PACS PRUShield Claims team will review and conduct due diligent investigation if deems necessary to determine whether the claim would be covered or not.

a) For the congenital condition, where symptoms and diagnosis would be apparent and obvious at birth, we would reserve the right to reject the claim.

For example:

Condition 1: Cleft Lip			
Buying PRUShield via PRUMum (Health Cover for Child)		Buying PRUShield directly (full UW)	
UW	Claims	UW	Claims
Incepted without exclusion	Will not pay for any benefits which are directly or indirectly related to the cleft lip  However, the child will still be considered for other conditions unrelated to the cleft lip	Incepted with exclusion on cleft lip related conditions	Will not pay for any benefits which are directly or indirectly related to the cleft lip  However, the child will still be considered for other conditions unrelated to the cleft lip
Condition 2: Down's Syndrome			
Buying PRUShield via PRUMum (Health Cover for Child)		Buying PRUShield directly (full UW)	
UW	Claims	UW	Claims
Incepted without exclusion	Will not pay for any benefits which are directly or indirectly related to the down's syndrome  However, the child will still be considered for other	Rejected	Not Applicable



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	conditions unrelated to the down's syndrome		
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b) For all other congenital conditions where the nature of the symptoms and diagnosis are not apparent and obvious at birth, we would reserve our rights to request for medical evidence from the doctor to assist us in the claim review.

For example:

<b>Condition 3: Coarctation of the aorta (a congenital heart defect involving a narrowing of the aorta)</b>			
<b>Buying PRUShield via PRUMum (Health Cover for Child)</b>		<b>Buying PRUShield directly (full UW)</b>	
<b>UW</b>	<b>Claims</b>	<b>UW</b>	<b>Claims</b>
Incepted without exclusion	Will not pay for any benefits which are directly or indirectly related to the coarctation of the aorta	- Declined if child has coarctation of the aorta without surgery, or symptomatic or have complication after surgery	- Not Applicable
	However, the child will still be considered for other conditions unrelated to the coarctation of the aorta	- Postponed	- Not Applicable
		- Accepted as standard if no symptom or complication after surgery, depending on the duration from last surgery	- The child will be covered by PRUShield as a Standard Life

**Q84 How will the claim be assessed for the enhanced Early Crisis Care (PRUActive Life III)?**

A84 The coverage for customer's policy will be based on the above-listed changes starting from 03 October 2023, and ONLY applies for claims on conditions with date of diagnosis being on and after October 2023.

For any claims with the condition's date of diagnosis being before 03 October 2023, the above-listed changes will not be applicable and the claim(s) will be assessed based on the



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coverage stated in customer's original policy contract. If your claim(s) have been assessed by us, our decision would remain unchanged.

## **MARKETING SUPPORT**

### **Q85 Will there be brochures for PRUFirst Promise?**

A85 Yes. The electronic brochure will be made available and you can direct your customers to Prudential's corporate website at [www.prudential.com.sg](http://www.prudential.com.sg).

### **Q86 Will there be a new version of SQS? When will it be available?**

A86 Yes. There will be a new version of SQS on PRUONE Express and it will be available on 15 November 2023.

## **SALES ADVISORY STANDARDS**

### **Q87 What do I need to take note of when completing the PruPlanner for this product?**

A87 PRUFirst Promise (PAL III) is suitable for customer who wish to address Wealth Protection goal of Death & Male / Female Related Illness benefits.  
*(Note: PRUFirst Promise (PAL III) does not provide embedded Critical Illness coverage and the optional riders of Crisis Care (PAL III) and Early Crisis Care (PAL III) are only available for Mid-Term Addition after the policy coverage has been transferred to the child).*

The Death Coverage of PRUFirst Promise (PAL III) is the total of:

- Death Sum assured of PRUMum and
- 50% coverage after Multiplier Benefit of PRUActive Life III

If the relevant coverage exceeds the customer's relevant shortfall(s), the FC needs to highlight to the customer on the detriment / implication that may arise, and document a justification to explain the basis of recommendation, the customer's awareness and agreement with the deviation.

For more information on PruPlanner documentation, please refer to The Guide to PruPlanner Documentation and FAQ to the Guide to PruPlanner Documentation, which are available in PruRaise >> PruInfo >> Competence and Compliance >> Sales Advisory Materials.

### **Q88 Is the PRUFirst Promise training session compulsory?**

A88 In order to give advice and market PRUFirst Promise, you are required to complete the e-Learn module and pass the course-end assessment for PRUMum and PRUActive Life III.



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Re-training is not required for the benefits enhancement. If you have completed the e-Learn module and passed the course-end assessment before the enhancement launch date, you do not need to go for the training again.

**Q89 Is Agent Confidential Report required?**

A89 No. Agent Confidential Report is no longer required.

**MULTIPLE BIRTHS**

**Q90 What is the maximum PRUFirst Promise (PRUMum) sum assured coverage for multiple births assisted pregnancy (Twins and more) and natural pregnancy (Triplets and more)?**

A90 The maximum sum assured coverage for assisted pregnancy (Twins and more) and natural pregnancy (Triplets and more) is \$10,000. Only Plan type A (SA \$5,000) and B (SA \$10,000) are allowed. Sum Assured above \$10,000 (Plan type C and D) will be declined.

**Q91 What is the loading required for assisted pregnancy (Twins and more)?**

A91 Submission is subject to underwriting. If term can be offered, loading of 300% will be imposed on PRUFirst Promise (PRUMum). There will be no loading on PRUFirst Promise (PRUActive Life III).

**Q92 What is the loading required for natural pregnancy (Triplets and more)?**

A92 Submission is subject to underwriting. If term can be offered, loading of 50% on PRUFirst Promise (PRUMum) will be imposed for each additional foetus beyond twins. There will be no loading on PRUFirst Promise (PRUActive Life III).

**Q93 What is the process to submit PRUFirst Promise for multiple birth pregnancy (Triplets and more)?**

A93 Manual submission is only allowed for PRUFirst Promise multiple birth pregnancy. Please send the request to [Product.at.pru@prudential.com.sg](mailto:Product.at.pru@prudential.com.sg), a manual policy illustration will be sent back to the FCs. The submission is subject to medical underwriting. We will either offer terms with loading imposed or decline such cases. To help with the generation of the PIs, please send the request with the following information:

**1) Policy Owner:**

- Name
- Age next birthday

**2) Life Assured:**

- Name
- Age next birthday





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**3) PRUFirst Promise (PRUMum):**

- Plan type (A or B)

**4) PRUFirst Promise (PRUActive Life III):**

- PRUActive Life III Sum Assured
- Multiplier Benefit
- Multiplier Expiry Age
- Premium Term

**5) Number of foetus in the pregnancy**

After obtaining the Manual PI, please download the hardcopy PRUFirst Promise/PRUMum proposal form via PruInfo | New Business | Proposal forms (English) and complete for submission via Pru Business Centre.



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# PRUFirst Promise

## 1. INTRODUCTION

PRUFirst Promise plan is specially designed for expectant mothers who are into their 13th to 36th week of pregnancy.

It is made up of two policies at any point in time during the term of the plan before it reaches the 4th policy anniversary – a PRUMum policy and a PRUActive Life III policy. The PRUMum policy terminates upon the 4th Policy Anniversary. Please refer to PRUActive Life III Product pack for a detail comparison on PRUActive Life III.

We have made comparisons on the features of similar products offered in the market. This will give you a clearer picture of the features and positioning of PRUMum.

1. PACS – PRUMum
2. Company A – Plan M2B
3. Company SL – Plan MC
4. Company H – Plan EM
5. Company G – Plan GMC
6. Company N – Plan M360

For this competitive analysis, we have included comparisons on both the features and premiums, based on the following levels of coverage and policy terms:

- Profile: Female, non-smoker
- Ages: 30
- Sum Assured: \$10,000
- Premium Term: Single Premium

### Important Notes:

- *The information presented is strictly confidential and for internal use only and cannot be reproduced, amended or circulated in whole or in part to anyone, including policyholders and potential prospects, for whatever purpose or reason.*
- *You should refer to respective product policy documents for exact wordings and details.*
- *This comparison does not include information on all similar products. PACS does not guarantee that all aspects of the products that have been illustrated. You may wish to conduct your own comparison for products that are listed in [www.comparefirst.sg](http://www.comparefirst.sg).*



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## 2. PRUMUM VS. COMPETITORS

Company	PACS	Co. A	Co. SL	Co. H	Co. G	Co. N
Product Name	PRUMum	M2B	MC	EM	GMC	M360
<b>Entry Age</b>	19 – 46 Age Next Birthday	18 – 45 Age Last Birthday	18 – 45 Age Next Birthday	18 – 45 Age Nearest Birthday	18 – 45 Age Next Birthday	17 – 44 Age Last Birthday
<b>Application Period (Gestation Week)</b>	13 – 36 weeks	13 – 36 weeks	13 – 36 weeks	13 – 36 weeks	13 – 40 weeks	13 – 35 weeks
<b>Sum Assured</b>	\$5,000/ \$10,000/ \$15,000/ \$20,000	\$5,000/ \$10,000/ \$25,000	\$5,000 to \$20,000	\$5,000 to \$30,000	\$5,000/ \$10,000	Minimum \$5,000
<b>Benefit for Mother</b>						
<b>Death Benefit</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>Pregnancy Complication</b>	17 conditions	14 conditions	10 conditions	15 conditions	19 conditions	10 conditions
<b>Hospital Care</b>	26 conditions	23 conditions	18 conditions	24 conditions	27 conditions	8 conditions
<b>Hospital Care Accelerator</b>	Yes	Yes	No	No	No	No
<b>Other Benefits</b>	- Psychology Consultation - Postpartum Depression - Gestational diabetes	- Early Delivery by C - Sec - Childbirth Medical Negligence - No Claim Rewards	No	- Early Delivery by C - Sec	- Psychology Consultation - Gestational diabetes - GIO 2nd policy	No
<b>Benefit for Child</b>						
<b>Congenital</b>	25 conditions	25 conditions	23 conditions	26 conditions	26 conditions	23 conditions



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Company	PACS	Co. A	Co. SL	Co. H	Co. G	Co. N
<b>Illness</b>						
<b>Hospital Care</b>	22 conditions	19 conditions	5 conditions	15 conditions	46 conditions	7 conditions
<b>Hospital Care Accelerator</b>	Yes	No	No	No	No	No
<b>Other Benefits</b>	No	No	- Outpatient phototherapy - Stem cell treatment - Developmental Delay	No	- Juvenile Conditions - Major Organ	- Outpatient phototherapy - Stem cell treatment
<b>Health Cover for Child</b>	Yes, on permanent feature basis (applicable to the eligible base plans)	Yes, on campaign basis (applicable to the eligible base plans and riders)	No	Yes, on permanent feature basis (applicable to the eligible base plans and riders)	No	No
<b>Premium Comparison Based on \$10,000 SA</b>						
30ANB	\$748.80	\$920.00	\$638.00	\$798.00	\$758.00	\$781.10

Summary on features comparison:

- PRUMum offers 4 sum assured option for the customer to choose from.
- With application period as early as 13 weeks, an expecting mum can be protected early into her pregnancy with one of the most comprehensive maternity coverages.
- A first in the market to offer coverage for psychotherapy treatment and postpartum depression.
- Option to purchase an eligible PRUShield for the child without medical underwriting, under specified conditions.

### 3. PRUACTIVE LIFE III VS. COMPETITORS

Please refer to PRUActive Life III Product pack for a detail comparison on PRUActive Life III.



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# PRUFirst Promise

## Sales & Marketing Proposition

**PRUFirst Promise is a bundle of a PRUMum and a PRUActive Life III policy.**

PRUMum is a term product specially catered to the expectant mothers who are into their 13 to 36 weeks of pregnancy seeking financial protection for herself and their newborn babies.

PRUActive Life III provides financial protection against death and terminal illness for the mother until the time when her child is born. She is entitled to a percentage of the death benefit's sum assured and includes the multiplier benefit.

Once her child is born, cover on the mother's life ends and cover on the life of her child starts with no medical underwriting to give her child insurance protection for life.

Here are some **Marketing Propositions**, which you may find useful for promoting **PRUFirst Promise**:

<b>No medical underwriting required for child</b>	Once the child is born, cover on the life of the child starts with no medical underwriting to give the child insurance protection for life
<b>Covers for child</b>	Protect your child by providing him or her with insurance coverage

### PRUMum

<b>Peace of mind</b>	Provide expectant mothers with comprehensive coverage against pregnancy complications and an option to protect their baby's healthcare needs by signing up with a PRUShield Plus or PRUShield Standard plan within 14 to 90 days from birth without medical underwriting, under specified conditions.
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### PRUActive Life III

<b>Provides multiplied assurance before the selected Multiplier Benefit Expiry Age</b>	Provide customers the boosted coverage at times when they needed it most, while keeping premiums affordable. This will give customers the added assurance that their families are well protected in times of their life uncertainties especially when their financial commitment increases (e.g. getting married or welcoming a newborn) during their income earning years.
<b>Flexibility</b>	PRUActive Life III offers the option of Multiplier Benefit with 2x, 3x, 4x or 5x till Multiplier Expiry Age 65, 70, 75 or 80. This allows customers to choose their preferred multiplier benefit and its expiry age depending on their needs and affordability. Customers can also opt for a plain vanilla whole life plan with no Multiplier Benefit depending on their needs.



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<b>A comprehensive plan to address your child's protection needs</b>	<p>PRUActive Life III is a comprehensive protection plan that covers Death, Disability and Terminal Illness</p> <p>Customers can also choose to add Crisis Care (PAL III) and Early Crisis Care (PAL III) to address their pre-critical medical conditions and critical illness coverage needs as the incidence of illnesses such as cancer increases. Clients can use the lump sum payout to replace their income as they take time off to recover.</p>
<b>"Buy Another Policy" Benefit</b>	<p>The "Buy Another Policy" Benefit provides the Life Assured with the option to purchase another Whole Life (Traditional or Linked), Endowment or Term plan without evidence of good health, on specified life events.</p> <p>This allows customers to increase their insurance coverage when they need it the most.</p>
<b>Kinship Booster Benefit</b>	<p>The life assured get to enjoy a Kinship Booster Benefit of an extra 10% on the basic sum assured of his/her own PRUActive Life policy when an immediate family member buys a PRUActive Life III policy.</p> <p>This gives the customer additional coverage as his/her family grows.</p>
<b>Premium Defer Benefit</b>	<p>Customers can choose to put their premium on hold interest-free for a maximum of 2 years to tide over a financial crunch such as times of economic uncertainty while ensuring that they and their family continues to be protected under the plan.</p>
<b>Family Waiver benefit</b>	<p>Under the Family Waiver benefit, when an immediate family of the life assured dies, the premiums of the PRUActive Life III policy and its supplementary benefits will be waived for a period of up to one year to help tide our customers through this difficult period.</p>

Here are the **Customer Segments** that may be suitable for **PRUFirst Promise**:

<b>Expectant mothers from age 19 to 46 (Age Next Birthday)</b>	<p>PRUFirst Promise would meet the protection needs of these expectant mothers who are seeking protection with:</p> <p>Comprehensive coverage against pregnancy complications Lifetime Death, Terminal Illness and Total and Permanent Disability coverage for her child without medical underwriting if the policy is transferred to her child 60 days of the child's birth date.</p>
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# PRUMum

## What are the benefits?

We provide the following benefits:

### For the life assured (the mother):

- a) **Death benefit** – pays the sum assured for your type of plan if the life assured dies
- b) **Pregnancy complications** – pays the sum assured for your type of plan if the life assured is diagnosed with any one of the covered pregnancy complications.
- c) **Hospital care benefit** – pays 2% of the sum assured for your type of plan, per day if the life assured is hospitalised with any one of the respective lists of covered conditions. Includes the **Hospital care accelerator benefit** that pays 100% of the sum assured if the life assured is hospitalised for a continuous period of 30 days or warded in the intensive care unit for at least one day.
- d) **Psychological consultation** – pays \$100 a session (up to two sessions) if the life assured requires psychological or psychiatric consultation.
- e) **Postpartum depression** – pays 5% of the sum assured for your type of plan if the life assured is diagnosed with postpartum depression.
- f) **Gestational diabetes mellitus** – pays 10% of the sum assured for your type of plan if the life assured is diagnosed with gestational diabetes mellitus.

### For the child:

- g) **Congenital illness** – pays the sum assured for your type of plan when the child is diagnosed with any of the covered congenital illnesses.
- h) **Hospital care benefit** – pays 2% of the sum assured for your type of plan per day, up to a maximum of 50% of the sum assured for your type of plan, if the child is hospitalised with any one of the respective lists of covered conditions. Includes the **Hospital care accelerator benefit** that pays 50% of the sum assured if the child is warded in the neonatal intensive care unit or intensive care unit for at least three continuous days.
- i) **Health Cover for Child** – you can buy a **PRUShield** plan that only provides coverage in a restructured hospital, on the life of the child. If applied within 14 to 90 days from the child's birth, the plan can be bought without medical underwriting, under specified conditions.

There are four plan types with their respective sums assured, that you can choose.

PRUMum	Plan A	Plan B	Plan C	Plan D
Sum Assured	\$5,000	\$10,000	\$15,000	\$20,000

## Death benefit

We will pay the sum assured for your type of plan if the life assured dies during the term of the PRUMum policy. If that happens, all the benefits for the life assured automatically ends while the other benefits under PRUMum continue.

This benefit automatically ends once we pay the sum assured or when the policy reaches the fourth policy anniversary, whichever is earlier.

## Pregnancy Complications

We pay the pregnancy complications sum assured for your type of plan when the life assured is diagnosed with any one of the following pregnancy complications:

1. Abruptio placentae
2. Amniotic fluid embolism

3. Antepartum and intrapartum haemorrhage
4. Choriocarcinoma
5. Disseminated intravascular coagulation
6. Ectopic pregnancy
7. HELLP syndrome
8. Incompetent cervix leading to preterm birth
9. Miscarriage due to an accident
10. Placenta increta or percreta
11. Postpartum haemorrhage requiring hysterectomy
12. Severe acute fatty liver of pregnancy
13. Severe pre-eclampsia or eclampsia
14. Still birth
15. Termination of pregnancy due to a life-threatening condition
16. Uterine rupture
17. Vasa previa

This benefit automatically ends when we pay the sum assured or 60 days from the birth of the baby, whichever is earlier. However, the other benefits covered under PRUMum continue after the benefit ends.

Even if the life assured has multiple births, we pay this benefit once only.

**Multiple births** mean giving birth to more than one baby from a single pregnancy, like twins, triplets or more.

**Abruptio Placentae** is the separation of the normally implanted placenta after the 20th week of gestation and prior to the birth of the foetus, resulting in life threatening foetal distress and/ or maternal shock. The diagnoses of Abruptio Placentae must be confirmed by a gynaecologist or obstetrician, supported with medical evidence of Abruptio Placentae necessitating an emergency Caesarian section.

**Amniotic Fluid Embolism** is a syndrome in which, following the leakage of amniotic fluid into the maternal circulation, there is the sudden development of acute respiratory distress and shock. The diagnosis must be confirmed by a consultant physician and supported with medical evidence of any combination of respiratory distress, cardiovascular collapse and disseminated intravascular coagulation.

**Antepartum and intrapartum haemorrhage** refer to severe bleeding from or into the female genital tract, occurring anytime from 24 weeks of pregnancy until before the birth of the baby or during the birth of the baby, leading to potentially life-threatening maternal or foetal complications.

**Choriocarcinoma** means a highly malignant neoplasm derived from placental syncytial trophoblasts which form irregular sheets and cords, with neoplastic cells invading blood vessels. The diagnosis must be made by an appropriate medical specialist and confirmed by histological evidence.

**Disseminated intravascular coagulation** means a life-threatening complication of pregnancy, consisting of a systemic thrombo-hemorrhagic disorder, that is characterised by generalised bleeding and end organ damage. The diagnosis must be confirmed by a gynaecologist or obstetrician as disseminated intravascular coagulation and supported by laboratory tests showing a combination of significant thrombocytopenia, pro-coagulant activation, fibrinolytic activation and inhibitor consumption.

**Ectopic pregnancy** is the development of a fertilised ovum outside of the uterine cavity (ovary, fallopian tube, abdominal cavity).



The ectopic pregnancy must be confirmed by an appropriate medical specialist and have been terminated by laparotomy or laparoscopic surgery.

**Incompetent cervix leading to preterm birth** is the diagnosis of an incompetent cervix where weak cervical tissue causes an extremely preterm delivery before the completion of 31 weeks.

The unequivocal diagnosis of incompetent cervix leading to preterm birth must be confirmed by an appropriate medical specialist using a vaginal ultrasound and with confirmation of the preterm delivery.

**HELLP syndrome (Haemolysis, elevated liver enzymes, low platelet count)** is a severe complication of a pregnancy as diagnosed by an obstetrician with evidence of Haemolysis, Elevated Liver enzymes and Low Platelets, which results in foetal death.

**Miscarriage due to accident** is when the life assured sustains an accidental injury and as a result, suffers miscarriage within 24 hours after a road traffic accident and from week 13 of pregnancy. The miscarriage should not be attributed to any natural causes and/or sickness relating to pregnancy or childbirth.

**Placenta increta or percreta** refers to the abnormal adherent of the placenta to the myometrium resulting in severe haemorrhage requiring surgical removal of the placenta.

The diagnosis of placenta increta or placenta percreta must be established via histological evidence and confirmed by an appropriate specialist.

**Postpartum haemorrhage requiring hysterectomy** is the ongoing bleeding secondary to an unresponsive and atonic uterus, a ruptured uterus, or a large cervical laceration extending into the uterus requiring surgical intervention in the form of hysterectomy. Confirmation of undergoing hysterectomy is required.

**Severe acute fatty liver of pregnancy** is a severe acute fatty liver occurring during pregnancy and associated with acute liver failure where all of the following diagnostic conditions must be met:

- bilirubin is persistently elevated above 150  $\mu\text{mol/L}$  (10  $\text{mg/dL}$ ) for a period of at least 5 days; and
- there is associated hepatic encephalopathy.

**Severe Pre-Eclampsia or eclampsia.** Severe Pre-eclampsia refers to hypertension developing after 20 weeks of pregnancy with a systolic blood pressure of 160mmHg or more and/or diastolic blood pressure of 110 mmHg recorded in 2 successive measurements of at least 4 hours apart as well as proteinuria of more than 3+ on random urine sample or >2.5 g in a 24-hour urine specimen.

Eclampsia refers to the development of grand mal seizures in a woman with preeclampsia and in the absence of other neurologic conditions that could account for the seizure. The diagnosis of pre-eclampsia or eclampsia must be confirmed by a gynaecologist or obstetrician.

**Still birth** refers to the birth of a baby after 28 weeks gestation, who has not, at any time after being expelled completely from the life assured, breathed or showed any sign of life. Elective termination of pregnancy and abortion are specifically excluded.

**Termination of pregnancy due to a life-threatening condition** refers to the death of the foetus (unborn baby) after thirteen (13) weeks of pregnancy as a result of a sudden unforeseen and involuntary event or termination of pregnancy as a direct consequence of a life-threatening condition for the life assured, and must not be due to a voluntary or malicious act

**Uterine rupture** refers to the rupture of the uterus during pregnancy or childbirth that requires a hysterectomy or results in foetal death.

**Vasa previa** is a condition in which foetal blood vessels cross or run near the internal opening of the uterus, which leads to a caesarean section.

The diagnosis of vasa previa must be established via transvaginal ultrasound evidence confirmed by a gynaecologist or obstetrician.

Vasa previa as a result of in vitro fertilisation is specifically excluded.

### **Hospital care for the life assured**

We pay 2% of the sum assured for your type of plan for each day the life assured is hospitalised for any one of the following pregnancy-related conditions:

1. Complications of lactational mastitis
2. Inpatient psychiatric treatment
3. Post-natal anaemia
4. Puerperal pyrexia
5. Pulmonary embolism
6. Repair of 4<sup>th</sup> degree perineal tear
7. Septic pelvic thrombophlebitis
8. Surgical site infection following caesarean section
9. Uterine infection or transfusion due to retained placenta following childbirth
10. Any of the covered pregnancy complications (listed in clause above)

We will pay this benefit up to 100% of the sum assured for your type of plan per policy. This benefit automatically ends once the limit is reached or 60 days from the birth of the baby, whichever is earlier. However, the other benefits covered under PRUMum continue after this benefit ends.

**Complications of lactational mastitis** refers to hospitalisation for treatment of lactational mastitis with incision and drainage surgery within 60 days of childbirth. The diagnosis must be confirmed by an appropriate medical specialist.

Treatment with simple needle aspiration is specifically excluded.

**Inpatient psychiatric treatment** is when the life assured is diagnosed with peripartum psychosis as per the DSM-5 criteria and hospitalised. The diagnosis must be confirmed by a psychiatrist registered with the Singapore Medical Council.

Admission for postpartum depression or any other pre-existing mental disorders including but not limited to bipolar disorders, depression and schizophrenia are excluded from this benefit.

**Post-natal anaemia** refers to hospitalisation for treatment of postpartum anaemia with blood transfusion during the period 1 to 4 weeks after childbirth. The anaemia must be evidenced by Hb levels < 70 g/l prior to transfusion.

The diagnosis must be confirmed by an appropriate medical specialist.

**Puerperal pyrexia** refers to admission to the Intensive Care Unit in a hospital for treatment of infection causing puerperal pyrexia (fever). Symptoms and signs of this condition will include high fever, abdominal pain, hypotension and shock. The diagnosis must be confirmed by an appropriate medical specialist.

**Pulmonary embolism** refers to hospitalisation for treatment of confirmed pulmonary embolism which is characterised by chest pain, difficulty in breathing and low arterial oxygen level. The diagnosis of pulmonary embolism must be confirmed by medical specialist with appropriate investigations which may include D-dimer test, CT pulmonary angiography and ventilation perfusion scan.

**Repair of a fourth-degree perineal tear** refers to the repair under general anaesthetic of a fourth-degree perineal tear sustained during childbirth. Surgery must have been done and the diagnosis must be confirmed by an appropriate medical specialist.

**Septic pelvic thrombophlebitis** is this condition that happens after childbirth when an infected blood clot (thrombus) causes inflammation (phlebitis) in the pelvic vein.

The diagnosis must be confirmed by an appropriate medical specialist and supported by imaging finding such as ultrasound, CT scan or MRI. The life assured must also receive inpatient treatment with antibiotics and anticoagulation.

**Surgical site infection following caesarean section** refers to the infection of the caesarean section surgical site following childbirth. The life assured should be hospitalised for at least two days for treatment.

The life assured must be treated with incision and drainage (of abscess) at the surgical site and intravenous antibiotics.

The diagnosis must be confirmed by an appropriate medical specialist.

**Uterine infection or transfusion due to retained placenta following childbirth** is the surgical removal of and subsequent complications for a retained placenta after a term vaginal delivery.

Surgery must have been done and complications must be treated inpatient with intravenous antibiotics or a transfusion for excessive blood loss.

The diagnosis must be confirmed by an appropriate medical specialist.

Surgery or other treatment for incomplete uterine evacuation following miscarriage or termination of pregnancy is excluded.

### **Hospital care accelerator**

We pay up to 100% of the sum assured for your type of plan when the life assured is hospitalised:

- for a continuous period of 30 days in one hospital admission; or
- in the intensive care unit for at least one day

The hospitalisation should happen within the period the life assured was in her 13<sup>th</sup> week of pregnancy until 60 days from the birth of the baby. We will only consider hospitalisation in Singapore-registered hospitals.

This hospital care accelerator benefit is paid out from the same sum assured as that of the hospital care for the life assured benefit. If the hospital care benefit was claimed previously, the amount we pay under this benefit will be the original sum assured less the claim amount previously paid out.

This benefit automatically ends once the benefit sum assured is paid out or 60 days from the birth of the baby, whichever is earlier. The hospital care benefit for the life assured automatically ends. However, the other benefits covered under PRUMum continue after this benefit ends.

### **Psychological consultation**

We pay \$100 for each session (up to two sessions) that the life assured has to go for psychological or psychiatric consultation.

This benefit automatically ends once the limit is reached or 60 days from the birth of the baby, whichever is earlier. However, the other benefits covered under PRUMum continue after this benefit ends.

### **Postpartum depression condition**

We pay 5% of the sum assured for your type of plan when the life assured is diagnosed with postpartum depression.

This benefit automatically ends once the limit is reached or 60 days from the birth of the baby, whichever is earlier. However, the other benefits covered under PRUMum continue after this benefit ends.

**Postpartum depression** is a mood disorder in the life assured which develops as a reaction from the pregnancy and newborn baby. Postpartum depression must be diagnosed by a registered psychiatrist. The diagnosis should be made within the first 60 days from birth of the baby.

### **Gestational diabetes mellitus**

We pay 10% of the sum assured for your type of plan when the life assured is diagnosed with any one of the conditions related to gestational diabetes mellitus:

- 1) Gestational diabetes mellitus resulting in foetal macrosomia and neonatal hypoglycaemia
- 2) The life assured developing type II diabetes mellitus six to eight weeks after giving birth.
- 3) Pregnancy complications accompanied by gestational diabetes mellitus.

This benefit automatically ends once the limit is reached or 60 days from the birth of the baby, whichever is earlier. However, the other benefits covered under PRUMum continue after this benefit ends.

**Gestational diabetes mellitus resulting in foetal macrosomia and neonatal hypoglycaemia** refers to Gestational Diabetes Mellitus (GDM) which is diabetes that is diagnosed for the first time during pregnancy that meets any of the following values for GDM screening test results:

- Fasting Plasma Glucose 5.1 - 6.9 mmol/L
- 1-hour Plasma Glucose  $\geq$  10.0 mmol/L following a 75 gram oral glucose load
- 2-hour Plasma Glucose 8.5 - 11.0 mmol/L following a 75 gram oral glucose load

This benefit will be paid if the life assured is confirmed to be diagnosed with Gestational Diabetes Mellitus and fulfils the following conditions:

- gives birth to a baby with foetal macrosomia defined as a baby having a birthweight of at least 4500gm regardless of gestational age; and
- neonatal hypoglycaemia where the newborn is documented to have a plasma glucose level of less than 1.65 mmol/L (30 mg/dL) in the first 24 hours of life.

Diagnosis of gestational diabetes and related outcomes must be confirmed by specialists in the relevant field.

Those with pre-existing diabetes is specifically excluded.

### **The life assured developing type II diabetes mellitus six to eight weeks after giving birth.**

The first diagnosis of Diabetes Mellitus during pregnancy which persisted after delivery.

Diagnosis of Diabetes Mellitus type 2 must be made by a physician based on the following criteria:

- Symptoms of Diabetes Mellitus plus a random plasma glucose concentration of at least 200 mg per dL (11.1 mmol per L);
  - A fasting plasma glucose level of at least 8 hours of 126 mg per dL (7.0 mmol per L) or higher;
  - A two-hour plasma glucose level of 200 mg per dL or more during an oral glucose tolerance test;
- or
- HbA1c above 6.5%

In this regard, the life assured must be examined and diagnosed for diabetes based on at least two of the above criteria, such diagnosis must be confirmed and tested in a laboratory at least twice.

Type 1 Diabetes Mellitus is specifically excluded.

**Pregnancy complications accompanied by gestational diabetes mellitus.**

Gestational Diabetes Mellitus (GDM) is diabetes that is diagnosed for the first time during pregnancy that meets any of the following values for GDM screening test results:

- Fasting Plasma Glucose 5.1 - 6.9 mmol/L
- 1-hour Plasma Glucose  $\geq$  10.0 mmol/L following a 75gram oral glucose load
- 2-hour Plasma Glucose 8.5 - 11.0 mmol/L following a 75gram oral glucose load

Diagnosis of gestational diabetes and related outcomes must be confirmed by specialists in the relevant field.

Those with pre-existing diabetes is specifically excluded.

For Pregnancy complications, refer to clause above.

**Congenital illness**

We pay the congenital illness benefit sum assured for your type of plan if the child is diagnosed by a registered medical practitioner as having any one of the congenital illnesses listed below.

We can ask for a medical examination to be carried out by a medical practitioner registered with the Singapore Medical Council if we decide the medical reports you give us are not enough for our purposes.

1. Absence of two limbs
2. Anal atresia
3. Atrial septal defect with surgery
4. Biliary atresia
5. Cerebral palsy
6. Cleft palate / cleft lip
7. Club foot
8. Coarctation of the aorta
9. Congenital blindness
10. Congenital cataract
11. Congenital deafness
12. Congenital diaphragmatic hernia
13. Congenital dislocation of the hip
14. Congenital hypertrophic pyloric stenosis
15. Development dysplasia of the hip
16. Down's syndrome
17. Infantile hydrocephalus
18. Patent ductus arteriosus with surgery
19. Retinopathy of prematurity
20. Spina bifida
21. Tetralogy of fallot
22. Tracheoesophageal fistula or oesophageal atresia
23. Transposition of the great vessels
24. Truncus arteriosus
25. Ventricular septal defect with surgery

This benefit automatically ends once we pay the sum assured or when the child (see note below) reaches three years old, whichever is earlier. However, the other benefits covered under PRUMum continue after this benefit ends.

Note: If the life assured has multiple births, this benefit will apply to each child separately. This means that if all the children born within the same pregnancy, have any of the congenital illnesses, we will pay the sum assured for your type of plan for each child. If the claim is made on one child only, this benefit continues to be available for the other child or children born within the same pregnancy.

We pay only if:

- the congenital illness is diagnosed within three years from the date of delivery of the child; and
- the child with the congenital illness is alive at the time when the diagnosis of the congenital illness is confirmed.

**Absence of Two Limbs** refers to the absence of 2 arms (above the wrist), 2 legs (above the ankle) or an arm (above the wrist) and a leg (above the ankle) from birth.

**Anal Atresia** is an anatomical malformation involving the absence of the anus or the absence of the canal between the rectum and anus. The diagnosis must be made by a medical specialist and surgery must have been performed to correct the abnormality.

**Atrial Septal Defect with surgery** means a hole in the partition (septum) between the left and right atrium (upper chambers) of the heart permitting abnormal circulation from the left side of the heart to the right side. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and invasive surgery must have been performed to correct the condition.

**Biliary atresia** is the congenital absence of or abnormally narrowed or blocked bile ducts leading to disorder or disease of the liver.

For the benefit to be payable, all the following should be satisfied.

- Presence of jaundice for 2-3 weeks after birth or appearance of jaundice after 2 weeks of birth;
- Marked increase of direct bilirubin as evidenced by laboratory report;
- Evidence of biliary atresia on imaging scans or liver biopsy;
- Diagnosis is confirmed by an appropriate medical specialist; and
- Surgery – portoenterostomy or liver transplantation must be performed.

All other causes of neonatal jaundice or liver disease are excluded.

**Cerebral Palsy** is a persisting, non-progressive disorder of movement resulting from damage to the brain before, during or after birth. The diagnosis of cerebral palsy must be confirmed by a medical specialist.

**Cleft Palate/Cleft Lip and Palate** is the diagnosis of Cleft Palate and/or Cleft Lip by a medical specialist. Surgery must have been performed to correct the abnormality.

Payment will be made for cases with cleft palate, or cleft lip and cleft palate. We will not pay claims for those with cleft lip only.

**Club Foot** is a congenital abnormality of the lower extremity which consists of plantar flexion, inversion of the heel hindfoot and forefoot and adduction of the forefoot. The benefit will only be paid if the condition is bilateral.

**Coarctation of the aorta** is a congenital heart defect involving a narrowing of the aorta. The diagnosis must be confirmed by a cardiologist supported by an echocardiogram and invasive surgery must be performed to correct the condition.

**Congenital Blindness** is the complete absence of the sense of sight in both eyes from birth. The diagnosis must be confirmed by a medical specialist.

**Congenital cataract** means clouding of the lens of both eyes that is present at birth. Benefits shall only be payable if cataract removal surgery has been performed.

**Congenital Deafness** is the complete absence of the sense of hearing from birth. The diagnosis must be confirmed by a medical specialist.

**Congenital Diaphragmatic Hernia** is medically necessary treatment taken for a congenital malformation of the diaphragm resulting in the protrusion of abdominal contents through a development defect of the diaphragm into the chest cavity. The diagnosis must be made by a medical specialist supported by the characteristic chest radiograph finding of herniated abdominal contents into the thorax.

Surgery must have been performed to correct the abnormality.

**Congenital Dislocation of the Hip** is the displacement of the femoral head from the acetabulum of the pelvis. The diagnosis must be made by a medical specialist and surgery must have been performed to correct the abnormality.

**Congenital hypertrophic pyloric stenosis** refers to a congenital disorder in which the pylorus is thickened causing obstruction of the gastric outlet (to the duodenum) and leading to projectile vomiting.

The diagnosis must be confirmed by an appropriate medical specialist and surgery must have been performed to correct the abnormality.

**Development dysplasia of the hip** is also known as congenital hip dysplasia. It is characterised by the abnormal development of one or more components of a baby's hip joint so that the head of the femur is easily manipulated out of the hip socket.

The diagnosis must be confirmed by appropriate medical specialist and surgery must be performed to correct the abnormality.

**Down's Syndrome (also known as Trisomy 21 or Mongolism)** means a specific chromosomal abnormality, specifically an autosomal aberration, identified by an extra chromosome 21 and characterised by muscular hypotonicity, microcephaly, brachycephaly and a flattened occiput. Such diagnosis shall be based solely on the accepted currently applicable criteria of Down's Syndrome after full examination by the appropriate medical specialist practitioner.

**Infantile Hydrocephalus** is the excessive and life-threatening accumulation of cerebrospinal fluid within the cerebral ventricles, which in the opinion of a consultant neurologist, necessitates the insertion of an extra-cranial shunt.

**Patent ductus arteriosus with surgery** refers to the surgical correction for the failure of closure of ductus arteriosus (a foetal vessel connecting the pulmonary artery with the aorta).

The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and invasive surgery must have been performed to correct the abnormality.

**Retinopathy of Prematurity** requiring laser, cryotherapy or other forms of surgical treatment is covered. Confirmation of treatment by ophthalmologist and proof of actual undergoing of the laser, cryotherapy or surgical procedure is required.

**Spina Bifida** means defective closure of the spinal column due to a neural tube defect with a resultant meningocele or meningocele and associated neurological deficit.

**Tetralogy of Fallot** means an anatomic abnormality with severe or total right ventricular outflow tract obstruction and a ventricular septal defect allowing right ventricular unoxygenated blood to

bypass the pulmonary artery and enter the aorta directly. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and invasive surgery must have been performed to correct the condition.

**Trachea-oesophageal fistula or oesophageal atresia** refers to:

- Congenital oesophageal atresia (EA) represents a failure of the oesophagus to develop as a continuous passage. Instead, it ends as a blind pouch.
- Tracheo-oesophageal fistula (TEF) represents an abnormal opening between the trachea and oesophagus. EA and TEF can occur separately or together.

The diagnosis must be confirmed by an appropriate medical specialist and supported with radiologic evidence. Surgery must have been performed to correct the abnormality.

**Transposition of the Great Vessels** means complete transposition of the aorta and pulmonary artery such that the right ventricle of the heart pumps blood from the systemic veins into the aorta and the left ventricle pumps blood from the pulmonary veins into the pulmonary artery. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram, and invasive surgery must have been performed to correct the condition.

**Truncus arteriosus** is a congenital disorder characterised by a single great vessel (truncus) which arises over a ventricular septal defect.

The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram. Invasive surgery must have been performed to correct the abnormality.

**Ventricular Septal Defect with surgery** is a hole in the partition (septum) between the left and right ventricle (lower chambers) of the heart permitting the abnormal circulation from the left side of the heart to the right side. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and invasive surgery must have been performed to correct the condition.

### **Hospital care for the child**

We pay 2% of the sum assured for your type of plan for each day the child is hospitalised in Singapore for any one of the following conditions:

1. Bronchitis
2. Dengue haemorrhagic fever
3. Inpatient hospitalisation due to Hand, foot and mouth disease
4. Incubation immediately after birth for more than three consecutive days
5. Other infectious diseases
6. Phototherapy for severe neonatal jaundice
7. Pneumonia
8. Premature birth

We will pay the hospital care benefit up to 50% of the sum assured for your type of plan.

This hospital care benefit automatically ends once the limit is reached or when the child reaches three years old, whichever is earlier. However, the other benefits covered under the PRUMum continue after this benefit ends.

If the life assured has multiple births, this benefit will apply to each child separately. This means we will pay the hospital care benefit up to 50% of the sum assured for your type of plan for each child born within the same pregnancy. If the claim is made on one child only, this benefit continues to be available for the other child or children born within the same pregnancy.

**Bronchitis** means when the insured child is admitted into an intensive care unit (ICU) or high dependency unit (HDU) in a hospital for at least one day as a result of bronchitis. The diagnosis must be confirmed by an appropriate medical specialist.



**Dengue haemorrhagic fever** means when the insured child is admitted into an intensive care unit (ICU) or high dependency unit (HDU) in a hospital as a result of severe type of dengue virus infection characterised by high fever, haemorrhagic phenomena, hepatomegaly and circulatory failure.

The diagnosis must be confirmed by an appropriate medical specialist.

Non-haemorrhagic dengue fever is excluded.

**Incubation of the newborn baby for more than three consecutive days** immediately following birth is the medically necessary incubation of the newborn baby in the Neonatal Intensive Care Unit (NICU) for more than three consecutive days following birth. The benefit is only payable for births in Hospitals.

**Inpatient hospitalisation due to Hand, Foot and Mouth Disease** is when the child is hospitalised as a result of Hand, Foot and Mouth Disease which must be diagnosed by a physician.

**Phototherapy for severe neonatal jaundice** refers to cases requiring hospitalisation for treatment with phototherapy within 60 days after birth and the presence of neonatal jaundice must be confirmed and supported with relevant blood tests results including but not limited to total serum bilirubin levels of  $> 250 \mu\text{mol/L}$  (micromol/litre). The treating paediatrician must confirm the requirement of phototherapy as Medically Necessary.

**Pneumonia** The insured child is admitted into an intensive care unit (ICU) or high dependency unit (HDU) in a hospital for at least one day as a result of pneumonia.

The diagnosis must be confirmed by an appropriate medical specialist.

**Premature birth requiring neonatal ICU** is the birth of the insured child with a gestation period shorter than 37 weeks requiring medically necessary confinement in a neonatal intensive care unit (NICU) or high dependency unit (HDU) in a hospital.

The diagnosis must be confirmed by an appropriate medical specialist.

**Other infectious diseases** include:

1. **Severe measles** - A multi-systemic viral infection caused by Measles virus. For the purpose of this Policy the measles infection must be confirmed by a treating Physician and the condition must have resulted in one of the following complications – pneumonia, encephalitis, convulsions or hepatitis.
2. **Severe hand foot and mouth disease** - A viral syndrome associated with exanthemenanthem caused by Coxsackie A17 and Enterovirus 71. For the purpose of this Policy, only severe hand, foot and mouth disease associated with either encephalitis and/ or myocarditis will be covered. Positive isolation of the causative virus to support the diagnosis has to be provided together with documented evidence of the presence of encephalitis and/or myocarditis.

A claim for this benefit will only be made with evidence of neurological deficit at least 30 days after the event.

3. **Chikungunya fever** - The definite diagnosis of Chikungunya fever must be confirmed with the positive isolation of Chikungunya Virus and associated with any one of the following severe complications confirmed by the treating Specialist:
  - a. myocarditis;
  - b. ocular disease (uveitis, retinitis);

- c. hepatitis;
- d. severe bullous lesions; or
- e. neurologic disease, such as meningoencephalitis, Guillian-Barré syndrome, myelitis or cranial nerve palsies.

**4. Typhoid fever** - The definite diagnosis of Typhoid Fever must be confirmed with positive culture of *Salmonella typhi* from blood (by the Widal test (titer  $\geq 1/320$ ) and/or the Tubex test (+4)) or stool sample and associated with any one of the following complications confirmed by the treating Specialist:

- a. internal bleeding;
- b. intestinal perforation; or
- c. severe neuropsychiatric symptoms namely delirium or psychosis.

**5. Rabies** - An infection by Rabies virus associated with all of these following signs and symptoms of Rabies namely muscle fasciculations, delirium, psychosis, seizures and aphasia. We will not pay for this condition of Rabies if the child undergoes only the prophylactic post exposure vaccination, without having developed the aforementioned symptoms.

**6. Zika virus** - The clinical diagnosis of Zika Virus Infection must be established and confirmed with the positive isolation of Zika virus and certified by an Infectious Disease Specialist and requiring hospitalisation for at least 1 day.

**7. MERS-CoV** - In the presence of active respiratory symptoms and definitive diagnosis of MERS-CoV as confirmed by the following validated test in a reference laboratory and certified by an Infectious Disease Specialist and requiring hospitalisation for at least one day.

A positive detection of MERS CoV RNA via reverse-transcription polymerase chain reaction (RT-PCR) assay validated by the Communicable Disease Centre (CDC), with confirmation in a reference laboratory, from:

- a. At least two specific genomic targets, or
- b. A single positive target with sequencing of a second target.

**8. Ebola** - The clinical diagnosis of Ebola Virus Infection must be established and confirmed with the positive isolation of Ebola virus and certified by an Infectious Disease Specialist and requiring hospitalisation for at least 1 day.

**9. SARS** - In the presence of active respiratory symptoms and definitive diagnosis of SARS-CoV as confirmed by any one of the following validated tests in a reference laboratory and certified by an Infectious Disease Specialist and requiring hospitalisation for at least one day.

Isolation in cell culture of SARS-CoV from a clinical specimen, with confirmation using a test validated by the Communicable Disease Centre (CDC) or equivalent health protection agency.

A positive detection of SARS-CoV RNA via reverse transcriptase polymerase chain reaction (RT-PCR) assay validated by the CDC, with confirmation in a reference laboratory, from:

- a. At least two clinical specimens from different sources or
- b. At least two clinical specimens collected from the same source on 2 different days.

**10. Influenza A – Avian influenza A (H7N9 and A(H5N1))** - The definite diagnosis of Avian Influenza must be confirmed with the positive isolation of A(H7N9) or A(H5N1) virus using the appropriate diagnostic test and certified by an Infectious Disease Specialist and requiring hospitalisation for at least 1 day.

**11. Nipah virus encephalitis** - Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by Nipah virus infection requiring hospitalisation for at least 3 days. The diagnosis must be confirmed by a positive isolation of the virus via reverse

transcriptase polymerase chain reaction (RT-PCR) and certified by a consultant neurologist or Infectious Disease Specialist.

Encephalitis in the presence of HIV infection is specifically excluded.

**12. Japanese encephalitis** - The definite diagnosis of Japanese Encephalitis must be confirmed with positive culture of Japanese Encephalitis Virus (JEV) from cerebrospinal fluid and certified by a consultant neurologist or Infectious Disease Specialist and requiring hospitalisation for at least 1 day.

**13. Creutzfeldt-Jakob disease** - A neurological disease, fatal spongiform encephalopathy accompanied by signs and symptoms of:

- a. uncontrolled muscular spasm or tremor;
- b. severe progressive dementia;
- c. cerebellar dysfunction; and
- d. athetosis.

The diagnosis must be made by a consultant neurologist and must be based on conclusive Electroencephalography (EEG) and Cerebrospinal Fluid (CSF) findings as well as Computed Tomography (CT) scan and Magnetic Resonance Imaging (MRI) and requiring hospitalisation for at least 1 day.

**14. Malaria** - The definite diagnosis of Malaria must be confirmed with light microscopy with a parasitaemia of  $\geq 100,000$  parasites/mL of blood and certified by the Specialist in the relevant field and requiring hospitalisation for at least 1 day.

**15. Dengue haemorrhagic fever** - It covers Dengue Haemorrhagic Fever Stage 3 or Stage 4, based on the World Health Organisation case definition, with unequivocal evidence of the Dengue Shock Syndrome and confirmation of dengue infection, with confirmatory serological testing of dengue; and as may be exemplified by the following findings:

- history of continuous high fever (for two (2) or more days),
- minor or major haemorrhagic manifestations,
- thrombocytopenia (less than or equal to 100000 per mm<sup>3</sup>), haemoconcentration (haematocrit increased by 20% or more), evidence of plasma leakage (i.e. pleural effusion, ascites or hypoproteinaemia, etc.), and
- evidence of the Dengue Shock Syndrome (DSS), confirmed by a consultant physician, with the following criteria being met:
  - hypotension (less than 80 mm Hg) or narrow pulse pressure (20 mm Hg or less), and
  - evidence of tissue hypoperfusion such as cold, clammy skin, oliguria, or a metabolic acidosis.

### **Hospital care accelerator for the child**

We pay up to 50% of the sum assured for your type of plan when the child is hospitalised in the neonatal intensive care unit or intensive care unit for at least three continuous days. We will only consider hospitalisation in Singapore-registered hospitals.

This hospital care accelerator benefit is paid out from the same sum assured as that of the hospital care for the child benefit. If the hospital care benefit for the child was claimed previously, the amount we pay under this benefit will be 50% of the original sum assured less the claim amount previously paid out.

This benefit automatically ends once the benefit sum assured is paid out or when the child is three years old, whichever is earlier. However, the other benefits covered under PRUMum continue after this benefit ends.

### Health Cover for Child

When the child is born and the PRUMum policy has not ended, you can buy a PRUShield plan on the life of the child, without medical underwriting, provided:

- The eligible PRUShield plan must be one that only provides coverage in a restructured hospital. We will let you know which plans are available under this health cover option when you apply to buy the eligible PRUShield plan.
- Your child is not currently hospitalised
- Your child must be at least 14 days old but not more than 90 days old at the time of your application.
- Your child is born from the same pregnancy that is covered by the PRUMum policy. If you have given birth to more than one child from the same pregnancy, and if the PRUMum policy has not ended, you can apply for each child, an eligible PRUShield plan without medical underwriting.
- The person applying for the eligible PRUShield plan for the child must be either the policyowner or the life assured of the PRUMum policy.
- We will not cover any pre-existing conditions or congenital illnesses that the child was born with or had the signs or symptoms of these illnesses, and these illnesses or signs or symptoms were known before the cover start date of the eligible PRUShield plan.
- All the terms and conditions as stated in the eligible PRUShield plan's policy document will apply.

A **pre-existing condition** is the existence of any signs or symptoms for which the child received treatment, medication, consultation, advice or diagnosis or would have caused an ordinary sensible person to get treatment, diagnosis or a cure, before the cover start date or date of reinstatement (if any) of the eligible PRUShield plan.

We must receive the application for the eligible PRUShield plan when the child is between 14 days to 90 days from the date of birth. If we receive the application before 14 days or beyond 90 days from the child's date of birth, the application will be subject to full underwriting.

If there is any request for an upgrade of the eligible PRUShield plan to one that provides coverage in a private hospital or any addition of a supplementary plan (like PRUExtra), your request will be subject to full underwriting.

We can change the terms and conditions as this depends on whether the eligible PRUShield plans are available.

### What is not covered?

We do not pay in any of the following circumstances:

- Any benefit that is due directly or indirectly to a pre-existing condition.
- A deliberate act like taking intoxicating liquor, drugs or poison, suicide or attempted suicide or intentional self-injury while sane or insane;
- AIDS, AIDS-related complex or infection by HIV;
- Using unprescribed drugs if the drugs are required by law to be prescribed by a registered medical practitioner;
- The illness of the life assured or life assured's child arises directly or indirectly due to any complication resulting from fertility treatments excluding In-Vitro Fertilisation (IVF), Intracytoplasmic Sperm Injection (ICSI), Intrauterine Insemination (IUI) and Intracervical Insemination (ICI).
- An activity under special exclusion and special terms and conditions shown in your certificate of life assurance;
- Pregnancy complications:
  - if the death of the foetus is due to abortion;
  - if the life assured opts for elective termination of pregnancy other than for medical reasons.

### When does the policy end?

The benefits under your PRUMum policy will end:

- When the life assured dies and this results in the foetus' death;
- On the policy anniversary just before the life assured turns 51 years old;
- When we pay the claims on all the benefits; or
- On the cover end date as shown in your certificate of life assurance, whichever event happens first.

### Definitions of the common terms

**Hospital** means a facility which:

- a) is a licensed, lawfully operating institution registered as a hospital with the Ministry of Health in Singapore or, in the case of a hospital overseas, is registered with its local health authority;
- b) is open at all times;
- c) is operated mainly to diagnose and treat disabilities on an inpatient basis and at the patient's expense;
- d) has organised facilities for major surgery;
- e) has a staff of one or more doctors on call at all times;
- f) has 24-hour nursing services by or under the supervision of registered nurses;
- g) is not just a skilled nursing facility, clinic, place for treating alcoholism or drug abuse, nursing home, rest home, convalescent home, home for the aged, place for treating mental disorders or a similar establishment; and
- h) keeps a daily medical report for each patient, which is accessible to our medical advisers.

You can find the lists of Singapore restructured hospitals on our website  
< [www.prudential.com.sg](http://www.prudential.com.sg).>

A **lapsed policy** is one that has ended because its premiums have not been paid or the amounts owed to us under the policy are more than its surrender value.

**Medically necessary** means a treatment which, in the opinion of a specialist doctor, is appropriate and consistent with the symptoms, findings, diagnosis and other relevant clinical circumstances of the related illness. The treatment must be provided in line with generally accepted medical practice in Singapore.

**Policy year** means a year from the first premium due date of your policy or a year from an anniversary of the first premium due date.

A **pre-existing condition** is the existence of any signs or symptoms for which the life assured received or asked for treatment, medication, consultation, advice or diagnosis or would have caused an ordinary sensible person to get treatment, diagnosis or a cure, before the cover start date or date of reinstatement (if any) of this benefit.

A **registered medical practitioner** is any person properly qualified with a degree in western medicine to practise medicine, and is licensed by the appropriate medical authority of the country they live in to practise medicine within the scope of his licensing and training. This cannot be you, the life assured or a family member of either.

**Underwriting** means the process by which an insurance company examines risk and determines whether it will accept the risk or not, classifies those accepted and determines the appropriate rate for the cover provided.

**We** means Prudential Assurance Company Singapore (Pte) Limited.

**You** means the policyowner shown on your certificate of life assurance.