



PRU*lady & Maternity Cover Plus*

Product Information Pack for
Financial Consultants / Representatives

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PRULady & Maternity Cover Plus

PRODUCT FEATURES

1 INTRODUCTION

PruLady is a regular premium standalone plan that is written out of the Non-Participating Fund. The life assured can choose to be covered for the benefits till before the policy anniversary preceding 65 or 75 years old. It is a pre-packaged plan with different sum assureds and offers the following benefits:

PruLady				
Benefit	Sum Assured (S\$)			
	Plan A	Plan B	Plan C	Plan D
Female Illnesses*	25,000	50,000	75,000	100,000
Medical Procedures*	25,000	50,000	75,000	100,000
Reconstructive Surgery or Skin Grafting	25,000	50,000	75,000	100,000
Support benefit*	25,000	25,000	25,000	25,000
Biennial Medical Screening	Package 1		Package 2	
Waiver of premium	Waives premiums for 36 months upon Female Illnesses Claim			
Loyalty Benefit	15% discount on first-year premium of selected policies purchased upon life event			

Maternity Cover Plus is an optional single premium benefit that can be added to complement PruLady. It has a policy term of 3 years starting from the Cover Start Date if it is purchased together with PruLady. If Maternity Cover Plus is added to PruLady during its policy term, the policy term of 3 years will start from the last policy anniversary of PruLady. It provides the following benefits:

Optional: Maternity Cover Plus				
Benefit	Sum Assured (S\$)			
	Plan A	Plan B	Plan C	Plan D
Pregnancy Complications	5,000	10,000	15,000	20,000
Congenital Illnesses	5,000	10,000	15,000	20,000
Hospital Care	5,000	10,000	15,000	20,000

* If there was a previous successful claim for cancer and a subsequent claim is a recurrence of the same cancer condition, we will pay the subsequent claim only if the diagnosis of the subsequent cancer is after a 5-year Cancer-free Period.



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If a subsequent cancer claim is not a recurrence of any previous cancer claim, we will pay the subsequent claim only if the diagnosis of the subsequent cancer is at least 1 year after the immediate preceding cancer diagnosis.

The “**5-year Cancer-free Period**” must be determined by the life assured’s treating specialist(s) for the whole duration of the 5-year period to confirm the cancer-free state of the life assured. The said cancer-free state must also be confirmed and supported by clinical, radiological, histological and laboratory evidence, and evidence of all other relevant investigative methods available at that time. The 5-year Cancer-free Period shall start on the date of completion of all treatments in respect of the previous cancer. These treatments shall include any surgery, chemotherapy, radiation therapy, immunotherapy, monoclonal antibody therapy and other conventional cancer treatments that have been used as prescribed by the life assured’s treating medical specialist(s).

2 LAUNCH DATE

18 May 2017

3 BENEFITS

PruLady provides the following benefits:

- Female Illnesses
- Medical Procedures
- Reconstructive Surgery or Skin Grafting
- Support benefit
- Biennial Medical Screening
- Waiver of premium
- Loyalty benefit

3.1 Female Illnesses

We will pay a percentage of the sum assured for the type of plan in one lump sum if the life assured is diagnosed by a doctor registered with the Singapore Medical Council as having one of the following illnesses listed in the table below.

Female Illnesses benefit	Percentage of SA payable	Waiting Period	Survival Period
1) Systemic Lupus Erythematosus with Lupus Nephritis	100% of SA	90 days	7 days (New)
2) Rheumatoid Arthritis			
3) Chronic Auto-Immune Hepatitis			
4) Malignant Cancer of the: a. Breast b. Cervix Uteri c. Uterus d. Fallopian tube e. Ovary			



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Female Illnesses benefit	Percentage of SA payable	Waiting Period	Survival Period
f. Vagina / Vulva			
5) Osteoporosis requiring surgery or repair	50% of SA		
6) Carcinoma-in-situ of the Breast			
7) Carcinoma-in-situ of the Cervix Uteri			
8) Urinary Incontinence requiring surgical repair	10% of SA		
9) Uterine Prolapse			
10) Pelvic Relaxation requiring surgical repair			
11) Thyroid Disorders causing Thyroid Storm <i>(New)</i>			
12) Polycystic Ovarian Syndrome <i>(New)</i>			

No benefits will be payable in the event the life assured is diagnosed with any of the listed Female Illnesses within 90 days from the Cover Start Date of the benefit or the date of reinstatement (if any) and does not survive 7 days from the date of diagnosis.

Only one claim can be made for each Female Illness and the total benefits payable under the Female Illnesses benefit is 100% of the sum assured. This benefit automatically terminates once 100% of the sum assured is paid.

Refer to **Appendix A** for the definitions of each of the Female Illnesses covered.

3.2 Medical Procedures

If the life assured undergoes a medical procedure listed in the table below, which in the opinion of a doctor registered with the Singapore Medical Council is considered Medically Necessary, we pay the percentage of the sum assured for the type of plan as shown in the table:

Types of Medical Procedures	Percentage of SA payable	Waiting Period	Survival Period
1) Radical Vulvectomy required due to malignant condition	50% of SA	90 days	N.A.
2) Wertheim's Operation required due to malignant condition			
3) Total Pelvic Exenteration required due to malignant condition			
4) Mastectomy required due to malignant condition	30% of SA		
5) Complicated repair of vagina fistula			



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Types of Medical Procedures	Percentage of SA payable	Waiting Period	Survival Period
6) Hysterectomy required due to malignant condition			
7) Bilateral Breast Lumpectomy due to a malignant condition or carcinoma in situ	20% of SA		
8) Unilateral Breast Lumpectomy due to a malignant condition or carcinoma in situ	15% of SA		

We do not pay if the medical procedure is performed within 90 days of the Cover Start Date or date of reinstatement (if any) of this benefit.

We pay this benefit once only for each of the Medical Procedures and the total sum assured payable for all Medical Procedure claims is up to 100% of the sum assured. This benefit automatically terminates once 100% of the sum assured is paid.

We do not pay if the malignant condition, carcinoma in situ or vagina fistula occurred before the Cover Start Date or date of reinstatement (if any) of this benefit.

Refer to **Appendix A** for the definitions of each of the Medical Procedures covered.

3.3 Reconstructive Surgery or Skin Grafting

If the life assured goes for the following listed surgical procedures upon the recommendation of a doctor registered with the Singapore Medical Council, we pay 100% of the sum assured for the type of plan.

- Breast reconstructive surgery following a Mastectomy;
- Facial reconstructive surgery due to an Accident;
- Skin grafting due to major burns;
- Skin grafting due to skin cancer.

We do not pay for breast reconstructive surgery following a Mastectomy or Skin Grafting Due to Skin Cancer if the surgery is done within 90 days of the Cover Start Date or date of reinstatement (if any) of this benefit.

We pay this benefit once only. This benefit automatically terminates once 100% of the sum assured is paid.

We do not pay if the mastectomy, facial disfigurement or skin destruction was a result of an accident or cancer occurring before the Cover Start Date or date of reinstatement (if any) of this benefit.

Refer to **Appendix A** for the definitions of each of the conditions covered.



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3.4 Support benefit

If the life assured undergoes a medical procedure listed in the table below, which in the opinion of a doctor registered with the Singapore Medical Council is considered Medically Necessary, we pay the percentage of the sum assured for the type of plan shown in the table:

Support benefit	Percentage of SA payable	Waiting Period	Survival Period
1) Oocyte Cryopreservation due to covered female cancers	100%	90 days	N.A.
2) Breast Cancer - Molecular Gene Expression Profiling Test for Treatment Guidance	40%		
3) Hormone Replacement Therapy	20%		
4) Outpatient Psychiatric benefit	\$100 per visit (up to 10 visits)		

We pay this benefit once only for each of the Support benefit and the total sum assured payable is up to 100% of the sum assured for the type of plan. This benefit automatically terminates once 100% of the sum assured is paid.

We do not pay if the medical procedure is within 90 days of the Cover Start Date or date of reinstatement (if any) of this benefit.

Refer to **Appendix A** for the definitions of each of the conditions covered.

3.5 Biennial Medical Screening

We provide medical screening with our appointed clinics or Hospitals once every 2 years as long as the policy has not been terminated.

This benefit is only available from the second anniversary of the Cover Start Date of the benefit.

We will issue a voucher for the medical screening with our appointed clinics or hospitals. We reserve the right to vary the types of medical services.

There are 2 packages available and these are dependent on the type of plan.

	Medical Services
Package 1 (for Plan A and B)	<ul style="list-style-type: none">• Complete history taking• Complete physical examination• Instructional breast self-examination• Body Mass Index & % fat composition (Anthropometry)• Visual acuity and colour vision• Blood pressure measurement



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	Medical Services
	<ul style="list-style-type: none">• Stool occult blood• Urinalysis• Full blood count• Endocrine (gland) function• Cholesterol screening• Liver function screening• Hepatitis screening• Kidney function screening• Bone & joint screening• Thyroid function screening• Pap smear• Ovarian Cancer Marker (CA 125)• Carcinoembryonic Antigen (CEA colon)• Liver Cancer Marker (AFP) (only if the life assured is 40 years old and above)• Serology – sexually transmitted infection• Resting ECG• Medical report and Doctor's consultation
Package 2 (for Plan C and D)	<ul style="list-style-type: none">• Complete history taking• Complete physical examination• Instructional breast self-examination• Body Mass Index & % fat composition (Anthropometry)• Visual acuity and colour vision• Blood pressure measurement• Stool occult blood• Urinalysis• Full blood count• Endocrine (gland) function• Cholesterol screening• Liver function screening• Hepatitis screening• Kidney function screening• Bone & joint screening• Thyroid function screening• Pap smear• Ovarian Cancer Marker (CA 125)• Carcinoembryonic Antigen (CEA colon)• Liver Cancer Marker (AFP) (only if the life assured is 40 years old and above)• Breast ultrasound / mammogram• Pelvic ultrasound• Serology – sexually transmitted infection• Resting ECG



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Medical Services

- Medical report and Doctor's consultation
-

The Company reserves the right to vary the types of medical services provided.

3.6 Waiver of premium

Once there is a payout of at least 50% of the sum assured under the Female Illnesses benefit, we will waive the premium for 36 months from the next premium due date following the date of diagnosis of the illness. Premiums become payable again after this waiver period. This benefit can be activated up to 2 times during the policy term.

Example 1

Life assured makes a claim for Malignant Cancer of the breast (100% payout), premium is waived for 36 months. The Waiver of premium benefit will not be activated a second time as there will not be a second Female Illnesses claim.

Example 2

On 1 Jan 2018, life assured makes a claim for Carcinoma in-situ of the breast (50% payout), premium is waived for 36 months.

On 1 Jan 2025, life assured makes a claim for Osteoporosis (50% payout), premium is waived for 36 months. Female Illnesses benefit will terminate after this second claim and hence the waiver of premium benefit cannot be activated anymore.

3.7 Loyalty Benefit

A 15% discount on the first year premium (of a list of selected policies) will be given in the event the life assured purchases a new regular premium policy on her life, her spouse's life or her child's life. The list of selected policies is available on our website at www.prudential.com.sg.

The 15% discount is available before the expiry date of the policy and upon the following events of the life assured:

1. Marriage
2. Divorces a spouse
3. Delivers a baby
4. Adopts a child through legal means
5. Suffers the death of her spouse
6. Marriage of her children
7. Her children entering primary school
8. Her children entering secondary school

We provide the 15% discount for a maximum of 2 new policies per event and for a maximum total yearly premium of \$10,000 (including additional premiums for supplementary benefits for these 2 new policies).

The new policy must be purchased within 3 months from the date of event. We reserve the right to vary the types of policy the life assured can purchase.



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Maternity Cover Plus provides the following benefits:

- Pregnancy Complications
- Congenital Illnesses
- Hospital Care

The life assured can choose to add Maternity Cover Plus benefit before she turns 45 (age next birthday). Maternity Cover Plus can only be added to PruLady and can only be done so when the life assured is pregnant. However if the life assured's child is born before the start of the Maternity Cover Plus Benefit, this benefit will be cancelled and the premiums paid for it will be refunded without interest. To apply for the refund, the life assured must write to us and forward her letter together with her child's birth certificate.

Each Maternity Cover Plus rider will only cover 1 pregnancy and for the same pregnancy throughout the policy term.

3.8 Pregnancy Complications

We pay this benefit for each covered pregnancy complication once and the total sum assured payable for all Pregnancy Complications claims is up to 100% of the sum assured for the type of plan. This benefit automatically terminates once 100% of the sum assured is paid. However, the cover for Congenital Illness and Hospital Care benefit continues.

Types of Pregnancy Complications	Percentage of SA payable	Waiting Period	Survival Period
1) Disseminated Intravascular Coagulation (DIC)	100% of SA per condition per pregnancy	Not Applicable	Not Applicable
2) Death of foetus after 195 days of pregnancy			
3) Death of child within 28 days after birth			
4) Death of life assured during delivery			
5) Pre-Eclampsia or Eclampsia			
6) Fatty Liver of Pregnancy			
7) Postpartum Haemorrhage requiring Hysterectomy (New)			
8) Miscarriage due to Accident (New)			
9) Antepartum Haemorrhage (New)			
10) Choriocarcinoma (New)			
11) Placenta Increta / Percreta (New)			
12) Uterine Rupture (New)			
13) HELLP Syndrome (New)			
14) Amniotic Fluid Embolism	10% of SA per	Not	Not



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Types of Pregnancy Complications	Percentage of SA payable	Waiting Period	Survival Period
15) Abruptio Placentae	condition per pregnancy	Applicable	Applicable

Refer to **Appendix A** for the definitions of each of the Pregnancy Complications covered.

3.9 Congenital Illness Benefit

We pay 100% of the sum assured in a lump sum if an infant of the life assured is diagnosed by a doctor registered with the Singapore Medical Council as having a congenital illness listed in the table below. The Congenital Illness benefit automatically terminates upon payment of 100% of the sum assured. However, the cover for the Pregnancy Complications and Hospital Care benefit continues.

If the life assured has twins, this benefit will apply to both twins separately. This means that if both twins have any of the congenital illnesses, we will pay the sum assured to each twin. If the claim is made on one of the twins only, this benefit continues to be available for the other twin.

Congenital Illnesses	Percentage of SA payable	Waiting Period	Survival Period (of the infant)
1) Down's Syndrome	100% of SA per condition per pregnancy	Not Applicable	Not Applicable
2) Spina Bifida			
3) Tetralogy of Fallot			
4) Transposition of the Great Vessels			
5) Atrial Septal Defect			
6) Absence of 2 limbs			
7) Anal Atresia			
8) Infantile Hydrocephalus			
9) Cerebral Palsy			
10) Ventricular Septal Defect			
11) Club Foot			
12) Congenital Dislocation of Hip			
13) Congenital Blindness			
14) Congenital Deafness			
15) Tracheo-Esophageal Fistula or			



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Congenital Illnesses	Percentage of SA payable	Waiting Period	Survival Period (of the infant)
Esophageal Atresia (New)			
16) Patent Ductus Arteriosus (New)			
17) Cleft Palate / Cleft Lip and Palate			
18) Congenital Hypertrophic Pyloric Stenosis (New)			
19) Congenital Diaphragmatic Hernia (New)			
20) Retinopathy of Prematurity (New)			
21) Truncus Arteriosis (New)			

We will pay only if the congenital illness is diagnosed within 2 years from the date of delivery of the infant and before the Cover Expiry Date of this benefit.

Refer to **Appendix A** for the definitions of each of the Congenital-Illness covered.

3.10 Hospital Care Benefit

We pay 1% of the sum assured for the type of plan for each day of hospitalisation if the life assured or her infant is hospitalised in Singapore or Malaysia for the following conditions:

Hospital Care Benefit	Percentage of SA payable	Waiting Period	Survival Period (of the infant)
1) Incubation of newborn child for more than 3 consecutive days immediately following birth	1% of the SA (Subject to a lifetime limit of 100% of SA)	Not Applicable	Not Applicable
2) Premature birth requiring neonatal ICU			
3) Hospitalisation of child due to Hand, Foot, Mouth Disease (New)			
4) Hospitalisation of child due to Zika (New)			
5) Hospitalisation of life assured (mother) due to pregnancy complications (New)*			
6) Hospitalisation of mother due to Zika (New)			

The total sum assured payable for all Hospital Care claims is up to 100% of the sum assured for the type of plan. This benefit automatically terminates once 100% of the sum



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assured is paid. However, the cover for Pregnancy Complications and Congenital Illness benefit continues.

If the life assured has twins, this benefit will apply to both twins separately. This means that if both twins are hospitalised, we will pay 1% of the sum assured for your type of plan, for each day of hospitalisation to each twin.

Refer to **Appendix A** for the definitions of each of the conditions covered.

* Except death of the child of the life assured within 28 days after birth, Abruption placentae, Placenta Increta / Percreta and the Hospitalisation is within 42 days after the birth of the life assured's child. We pay 1% of the sum assured for each day the life assured is in the Hospital, up to a maximum of 30 days and the stay must be during the policy term. For the avoidance of doubt, if the stay in hospital is due to multiple medical conditions, only 1% of the sum assured will be paid for each day the life assured stays in the hospital. The remaining sum assured will continue to cover for the other listed conditions in the section.

4 POLICY LIMITS

4.1 Age Limits

Age at entry

	Min (ANB)	Max (ANB)
PruLady	17	55
Maternity Cover Plus	17 (between 13-35 weeks of pregnancy)	45 (between 13-35 weeks of pregnancy)

Age at expiry

Benefit	Max (ANB)
PruLady	65 or 75
Maternity Cover Plus	48

4.2 Policy Term

Option to select the expiry age

	Min	Max
PruLady	10 years	Expiry age 65: 65 less age of entry Expiry age 75: 75 less age of entry
Maternity Cover Plus	3 years	



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4.3 Premium Payment Term

	Premium Payment term
PruLady	Same as policy term
Maternity Cover Plus	Single premium

4.4 Size of Policy

	PruLady	Maternity Cover Plus
Minimum Sum	\$25,000	\$5,000
Maximum Sum Assured	\$100,000	\$20,000

Maximum per life limit for PruLady is \$100,000

Maximum limit for Maternity Cover Plus is \$20,000 per pregnancy

Plan type of Maternity Cover Plus does not need to match PruLady plan type. For example, Maternity Cover Plus Plan B can be attached to PruLady Plan A.

4.5 Mode of Payment

Yearly, Half-Yearly, Quarterly or Monthly.

4.6 Method of Payment

Regular Premium payment.

Available via cash, cheque, GIRO and credit card.

First & subsequent premiums: (Prudential/SCB/DBS/POSB/Maybank/UOB/Citibank/OCBC Visa/MasterCard only)

Monthly payments must be made either through GIRO or via credit card.

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

5 POLICY VALUES

5.1 Surrender Values

This product does not have any surrender value.

5.2 Policy Loan

Not available.



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5.3 Policy Alteration

5.3.1 Sum Assured

Increase in sum assured is not allowed during the policy term. The life assured would have to purchase another policy if she wishes to increase the sum assured.

Level premiums will be charged for the new policy based on the age next birthday at the point of application.

Decrease in sum assured (subject to the minimum applicable for the plan) is allowed from the next premium due date. Reduction in sum assured must be by the plan type.

5.3.2 Mode of Payment

The life assured is also allowed to 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 month onwards. If the policy is originally on Yearly mode and request for a change, we will advise the change on the next premium due date.

5.4 Paid-up Value

Not available.

5.5 Bonus Surrender

Not available.

5.6 Surgical and Nursing Loan

Not available.

5.7 Automatic Premium Loan

Not available.

5.8 i-Quotation

Not available



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6 POLICY CONDITIONS

6.1 Free Look Provision

Within 14 days from the date of receipt of the policy document, the policyowner has the right to cancel the policy and receive a full refund of the premiums paid.

The policy is considered delivered and received in the ordinary course of the post, 7 days after the date of posting.

6.2 Grace Period for Premium Payment

The policyowner has up to 30 days grace period for premium payment. The policy will lapse if premium is not received at the end of the grace period.

6.3 Guaranteed Renewal

The Company guarantees that PruLady is renewable throughout the policy term for as long as the required premium is paid before the end of the grace period for premium payment.

6.4 Non-guaranteed Premium

Premium rates for PruLady are not guaranteed. The Company reserves the right to vary the premium rates at any time by giving 30 days' notice to the policyowner before doing so.

6.5 Alter from Inception

Alteration from inception is allowed to change the payment frequency and campaign code.

6.6 Revival Criteria / Reinstatement of Policy

Revival is subject to the submission of relevant forms such as revival forms and supplementary proposal form, where underwriting is required for lapsed policies.

Policies terminated for 2 months or less

- a. Payment of all unpaid premiums including supplementary premiums if any, from the premium due dates.

Policies terminated for more than 2 months and up to 12 months

- a. Completion of the Reinstatement Application, and
- b. Completion of the Supplementary Proposal Form if the sum assured is more than or equal to \$500,000 on any policy, and
- c.
 - i) Payment of all unpaid premiums including supplementary premiums if any, from the premium due dates OR
 - ii) Payment of current premium including supplementary premiums if any.



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Policies terminated for more than 12 months and up to 24 months

- a. Completion of the Reinstatement Application, and
- b. Completion of the Supplementary Proposal Form, and
- c.
 - i) Payment of all unpaid premiums including supplementary premiums if any, from the premium due dates OR
 - ii) Payment of current premium including supplementary premiums, if any.

6.7 Mid-term Add

MTA is allowed on Maternity Cover Plus and is subject to underwriting and health declaration by the life assured. Maternity Cover Plus plan type does not need to match PruLady plan type.

6.8 Incontestability

Except for fraud or exclusions, the validity of the policy cannot be contested after 2 years from the Cover Start Date of the policy or from the date of any reinstatement.

6.9 Termination

The benefits will terminate upon:

- Death of the life assured;
 - Lapse or non-payment of premiums at the end of the grace period;
 - Cover Expiry Date;
 - Upon request by the policyowner; or
 - Termination of the basic plan it is attached to (applies to Maternity Cover Plus)
- Whichever event occurs first.

6.10 Governing Law

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

6.11 Changes to Policy Benefit and Conditions

The Company reserves the rights to terminate or vary the policy benefits, conditions or plan at any time if any material fact affecting the risk is incorrectly stated or represented to us or is omitted from any of the documents you submitted to us.

6.12 Taxes

6.12.1 Goods and Services Tax (GST)

PruLady is a protection product and hence subject to GST. The current GST rate is 9%. The GST collected from policyowners will be paid to the Comptroller of GST as output tax. A tax invoice showing the premiums and the related GST amount should be sent to the policyowner. Similarly, a credit note should be issued to the policyowner if there is any refund in premiums (where a tax invoice has been sent previously).



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GST paid on claims is claimable as input tax. Finance need to account for the GST on claims separately.

6.12.2 Withholding tax including SRS Withholding Tax

Income, including interest income, from Life insurance policies paid to non-residents is exempt from withholding tax.

However, interest payments on death claims (if applicable) to non-residents is subject to withholding tax.

Withholding tax is applicable at the point of death claims proceed and/or interest payment on death claims **for policies purchased using SRS funds by a foreigner or Singapore Permanent Resident (SPR)**. Withholding tax is at 20% on 50% of the payment (proceeds and/or interest).

On a separate note, if the date of payment is from 01 July 2012 onwards, the filing and payment of withholding tax must be made to IRAS by the 15th of the second month from the date of payment. In addition, from 1 Jul 2016, the withholding tax form can only be filed electronically via myTax Portal, for withholding tax payment to IRAS.

6.13 Territorial Cover

We provide 24-hour worldwide cover.

7 NOTICE OF CLAIMS

All documents submitted that are not in English must be translated to English by an accredited translator at the policyowner's or the claimant's expense.

The life assured must send us as soon as practicable, at her own expense:

- a completed PruLady 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;
- a Clinical Abstract Application Form;
- a copy of the Hospital bills (if the claim is for the Hospital Care benefit);
- any documentary proof as required by us; and
- a completed Clinical Abstract Application Form.

We reserve the right to appoint a Registered Medical Practitioner to re-examine the life assured.

A "**Registered Medical Practitioner**" is any person properly qualified by degree in western medicine to practice medicine, and is licensed by the appropriate medical authority of his country of residence to practice medicine within the scope of his licensing and training and excludes the policyowner, the life assured or a family member of either.



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8 SUPPLEMENTARY BENEFITS THAT CAN BE ATTACHED

Only Maternity Cover Plus can be attached to PruLady. When Maternity Cover Plus is added, its premiums are subject to the prevailing GST.

9 EXCLUSIONS

We do not pay in any of the following circumstances:

- Any benefit for any PruLady and Maternity Cover Plus 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 or date of reinstatement (if any) of this benefit;
- 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; or
- an activity under Special Exclusion and/or Special Terms and Conditions shown on the Certificate of Life Assurance.

In addition to the above, we do not pay any benefit under

- Maternity Cover Plus if:
 - the life assured is carrying 3 or more babies in a single pregnancy; or
 - the life assured is pregnant, through in-vitro fertilisation, with more than one foetus.
- Pregnancy Complications if:
 - the death of the foetus is due to abortion;
 - the life assured opts for elective termination of pregnancy other than for medical reasons; or
 - Disseminated Intravascular Coagulation (DIC) arises during the first seven months of the pregnancy.
- Congenital Illnesses if:
 - the condition is diagnosed at the foetal stage.

10 UNDERWRITING GUIDELINES

10.1 Medical Underwriting

Simplified underwriting

10.2 Aggregation

Maximum per life limit for PruLady is \$100,000

Maximum limit for Maternity Cover Plus is \$20,000 per pregnancy

PruLady sum assured is not aggregated to PruSmart Lady II sum assured aggregation of \$50,000.



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10.3 Impaired Lives

Underwriting decision will be to accept, exclude, defer, decline cover or loading.

10.4 Nationality

PruLady is available to all Singaporeans, Singapore Permanent Residents (PRs) and Foreigners. Foreigners applying for this plan must either have a valid Employment Pass (EP) with P1, P2 or Q1 status or a valid Dependent Pass (DP) issued on an EP holder, PR or Singapore Citizen.

10.5 Back-dating

Back-dating is allowed, up to 6 months.

11 PREMIUM CALCULATION

11.1 Premium Rates

Premium rates vary according to

- Age at Entry
- Policy Term
- Smoking Status

Premium rates are level.

11.2 PruSmart Lady / PruTermPlus Advantage / PruPrestige / Family Discount

Premium discounts will be allowed under the following programs:

- PruPrestige / PruPrestige Family Discount
- PruSmart Lady
- PruTerm Plus Advantage
- PruLady
- PruMan

11.3 Policy Fee

There is no policy fee.

11.4 Large Sum Assured Discount

Large sum assured discount is applicable to PruLady as per table below.

Plan type	Plan A	Plan B	Plan C	Plan D
Discount	N.A.	5%	10%	15%



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PRU*lady*

FREQUENTLY ASKED QUESTIONS

PRODUCT FEATURES

Q1 What is PruLady?

A1 PruLady is a non-participating, regular premium standalone policy, denominated in Singapore Dollars. Maternity Cover Plus is an optional benefit to PruLady.

PruLady provides the following key benefits:

- **Female Illnesses** – pays a percentage of the sum assured for the type of plan if the life assured is diagnosed as having any of the covered female illnesses.
- **Medical Procedures** – pays a percentage of the sum assured for the type of plan if the life assured goes for specific medical procedures.
- **Reconstructive Surgery or Skin Grafting** – pays the sum assured for the type of plan, for breast reconstructive surgery following a Mastectomy, facial reconstructive surgery due to accident or skin grafting due to major burns or skin cancer.
- **Support benefit** – pays a percentage of the sum assured for the type of plan if the life assured goes for specific medical procedures.
- **Waiver of premium** - Once at least 50% of the sum assured is paid out under the Female Illnesses benefit, premiums will be waived for 36 months.
- **Biennial Medical Screening** – provides medical screening once every 2 years.
- **Loyalty benefit** – provides a 15% discount on the first-year premium of selected policies if the life assured buys a new regular premium policy following a life event.

Q2 Why are we launching PruLady and Maternity Cover Plus?

A2 There has been repeated feedback to make PruSmart Lady II supplementary benefit a standalone product. Also, there are some overlap in benefits between the supplementary benefit and some of our other on-shelf products. For example, surgical procedure is covered under PruShield and some of the female illnesses are covered under Early Stage Crisis Cover.



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Q3 What are the plan types available for PruLady?

A3 PruLady has 4 plan types.

Benefits	Sum Assured			
	Plan A	Plan B	Plan C	Plan D
Female Illnesses	\$25,000	\$50,000	\$75,000	\$100,000
Medical Procedures				
Reconstructive Surgery or Skin Grafting				
Support Benefit	\$25,000	\$25,000	\$25,000	\$25,000
Biennial Medical Screening	Package 1		Package 2	
Waiver of premium	Waives premiums for 36 months upon diagnosis of Female Illness			
Loyalty Benefit	15% discount on the first-year premium of policies bought at significant life events			

Q4 Why does PruLady come in pre-packaged plans with varying sum assured?

A4 This is to make the sales process simpler. Customers are not required to select the sum assured for the various benefits.



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Q5 What are the new benefits covered under PruLady?

A5 3 benefits under PruLady are new or have been enhanced.

(i) Female Illnesses

Female Illnesses benefit	Percentage of SA payable
1) Systemic Lupus Erythematosus with Lupus Nephritis	100% of SA
2) Rheumatoid Arthritis	
3) Chronic Auto-Immune Hepatitis	
4) Malignant Cancer of the following female sites: a. Breast b. Cervix Uteri c. Uterus d. Fallopian tube e. Ovary f. Vagina / Vulva	
5) Osteoporosis requiring surgery or repair	
6) Carcinoma-in-situ of the Breast	50% of SA
7) Carcinoma-in-situ of the Cervix Uteri	
8) Urinary Incontinence requiring Surgical Repair	
9) Uterine Prolapse	10% of SA
10) Pelvic Relaxation requiring Surgical Repair	
11) Thyroid Disorders causing Thyroid Storm <i>(New)</i>	
12) Polycystic Ovarian Syndrome <i>(New)</i>	

(ii) Support Benefit

Support benefit	Percentage of SA payable
1) Oocyte Cryopreservation due to covered female cancers	100%
2) Breast Cancer - Molecular Gene Expression Profiling Test for Treatment Guidance	40%
3) Hormone Replacement Therapy	20%
4) Outpatient Psychiatric benefit	\$100 per visit (up to 10 visits)

(iii) Waiver of premium



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Q6 Who are the medical providers of the Biennial Medical Screening Benefit?

A6 There are 3 medical providers for your customers to choose from - Parkway Shenton, Asia HealthPartners and Asia Medic. Customers can choose their preferred medical provider when they receive their medical screening voucher.

Q7 How can my customer arrange for an appointment?

A7 Your customers will receive a medical screening voucher. Customers can call the numbers provided in the voucher to book an appointment with the preferred medical provider. Customers can also book an appointment via the email addresses provided.

Q8 What is the validity period of the medical screening voucher?

A8 The medical screening voucher is valid for 2 years from the date of issuance.

Q9 Can my customer bring a photocopied medical screening voucher to the medical provider during her appointment?

A9 No, the medical providers will only accept the original medical screening voucher. If your customer has misplaced her voucher, she will need to request for a reissuance.

Q10 Is the medical screening voucher transferable?

A10 Yes, the voucher can be transferred to another female. Your customer will be required to fill up the voucher with the details of the person whom the medical screening will be transferred to. The transferee will need to present the voucher and her proof of identity when she goes for the medical screening.

Q11 What are the eligible plans under the Loyalty Benefit?

A11 The Loyalty Benefit is applicable when the following plans are purchased upon certain events: PruLife, PruLife Limited Pay, PruLife Multiplier Flex, PruSave, PruFlexicash, PruTerm Ascend, PruMortgage, PruMultiple Crisis Cover, PruPersonal Accident, PruTerm Vantage (SGD or USD), PruTerm Total Refund, PruEarly Stage Crisis Cover, PruEarly Stage Disability, PruLady and PruMan.

The list of eligible plans is subject to changes. Please refer to the corporate website for the updated list.

Q12 Is PruLady a replacement for PruSmart Lady II?

A12 No. PruSmart Lady II will still be available, and there is no enhancement made to this supplementary benefit.

Q13 Is policy renewal guaranteed?

A13 Yes, PruLady is renewable throughout the policy term for as long as the required premium is paid before the end of the grace period for premium payment.



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Q14 Are there any supplementary benefits that can be added to PruLady?

A14 Yes, customers can add on Maternity Cover Plus when they are pregnant to receive coverage on maternity-related benefits.

POLICY LIMITS

Q15 Can my customer select the policy term?

A15 Yes. Customers can choose the policy term to end before the policy anniversary preceding 65 or 75 years old.

Q16 What is the maximum sum assured that my customer can purchase?

A16 The maximum sum assured (per life) that customers can purchase is \$100,000.

Q17 Can my customer buy more than one PruLady policy?

A17 Yes, subject to the per life limit as mentioned in Q16.

PREMIUM RATES

Q18 What are the determinants for premium rates of Lady?

A18 The premium rates are determined by the entry age of the life assured, the expiry age and smoking status.

Q19 Are the premium rates guaranteed?

A19 No. Premium rates for PruLady are not guaranteed. Prudential reserves the right to vary the premium rates at any time by giving 30 days' notice to the policyowner before doing so.

Q20 Is the premium for PruLady subject to GST?

A20 Yes. Premium is subject to GST and is inclusive of the prevailing GST.

NEW BUSINESS

Q21 Who is eligible to apply for PruLady?

A21 PruLady is available to Singaporeans, Permanent Residents of Singapore and Foreigners with valid passes.

Q22 Does my customer need to go through medical underwriting?

A22 Yes, PruLady is fully underwritten. Customers are required to answer simplified health questions. If they answer yes to any of the health questions, they may be required to complete additional questionnaires. Medical examination/reports may be called for if required.



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Q23 Which proposal form should my customer complete when applying for PruLady through manual submission?

A23 Your customer should complete the new version 05/17 proposal form, "Proposal for PruLady/PruMan", which can be used for both PruLady and PruMan.

The new form can be downloaded from: PruInfo|Forms|Proposal Forms (English).

Q24 Is back-dating allowed for PruLady?

A24 Yes. Back-dating is allowed up to 6 months and must not be earlier than 1 Jan 2017.

Q25 Is Advance Premium Deposit allowed?

A25 No. Advance Premium Deposit is not allowed.

Q26 What is the aggregation limit for PruLady?

A26 The aggregation limit for PruLady is \$100,000. PruLady's sum assured is not aggregated towards the aggregation limit of \$50,000 for PruSmart Lady II.

For example, a customer who has purchased PruSmart Lady II of sum assured \$50,000 will still be allowed to purchase up to \$100,000 under PruLady.

Q27 What if my customer exceeds the aggregation limit for PruLady based on the plan type chosen?

A27 PACS can offer a lower plan, if any, and provided she does not exceed the per life limit for PruLady.

POLICY SERVICES

Q28 Can my customer increase the sum assured after the policy has been in-forced?

A28 No, however, the customer can purchase another policy to increase the total sum assured. Refer to Q16 for the sum assured limit.

Q29 Can my customer reduce the sum assured after the policy has been in-forced?

A29 Yes. The customer can reduce the sum assured by changing to a lower plan type (if available).

Q30 Can my customer add supplementary benefits after the policy has been in-forced (mid term add)?

A30 Yes. The customer can choose to add on Maternity Cover Plus. Maternity Cover Plus does not need to be the same plan type as PruLady. For example, a customer who purchases PruLady Plan B can add on Maternity Cover Plus Plan C. Please refer to the Maternity Cover Plus Frequently Asked Questions for details of its different plan types.



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Q31 Can my customer reinstate her policy if it has lapsed?

A31 Yes. The policy can be reinstated by paying the outstanding premiums and interest (if any).

CLAIMS

Q32 Is waiting period applicable to PruLady?

A32 Yes. No benefits will be payable within 90 days from the Cover Start Date of the benefit or of the date of reinstatement (if any).

Q33 Is survival period applicable to Female Illnesses benefit?

A33 Yes. No benefits will be payable in the event the life assured is diagnosed with any of the listed Female Illnesses and does not survive 7 days from the date of diagnosis.

Q34 What happens when a customer claims 100% of sum assured under one of the benefit groups? Does the policy terminate?

A34 Core benefits like Female Illnesses, Medical Procedures, Reconstructive Surgery or Skin Grafting and Support benefits each has a maximum payout of 100% of sum assured. Each core benefit will terminate when 100% of the sum assured has been claimed, but the rest of the core benefits will continue until they are fully claimed.

Example (Female Illnesses Benefit)

PruLady policy with a sum assured of \$100,000.

	<u>Percentage of sum assured</u>
1 st Claim – Carcinoma in situ of the breast:	50%
2 nd Claim – Malignant cancer of the breast:	50%

After the 1st claim, where 50% of the sum assured is paid out, premiums will be waived for 36 months (only applicable to Female Illnesses Benefit).

Although a Malignant cancer of the breast payout should be 100% of the sum assured, we will only pay 50% of the sum assured as that is the remaining benefit amount after the 1st claim.

The Female Illness benefit terminates thereafter, but the rest of the benefits continue.



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Q35 If my customer undergoes a Mastectomy due to a malignant condition and the medical bill is covered by an Integrated Shield Plan, will she still be to make a claim under the Medical Procedure benefit?

A35 Yes, the Medical Procedure benefit pays out a lump sum benefit as long as the life assured undergoes the covered medical procedures according to PruLady policy definition. She will receive the payout even after the reimbursement of her medical bill.

Q36 Will the waiver of premium be activated once a claim is made on the Female Illness benefit?

A36 No, the waiver of premium will only be activated once there is a payout of at least 50% of the sum assured.

For example

There is a claim on Uterine Prolapse and the payout is 10% of the sum assured, the waiver of premium will not be activated. Subsequently, if the customer makes another claim on Carcinoma-in-situ of the Cervix Uteri, and payout is 50% of the sum assured, the premiums will be waived for 36 months. Premium payout will resume after the waiver period.

LAPSE AND RE-ENTRY RULES

Q37 Will my production credit be impacted if my customers purchase PruLady and lapse their PruSmart Lady (PSL) or PruSmart Lady II (PSL II)?

A37 Yes. Please refer to the table below for the different scenarios and how you will be impacted. In both scenarios, FC A sold PruLady to the PSL/PSL II customer.

Scenario	Age of Policy (PSL or PSL II)	Commission	Production Credit	Persistency	Case Count	Servicing Agent
1	Less than 10 years	0%	0%	FC A	1	FC A
2	10 years and more	100%	100%	FC A	1	FC A

Q38 How is this being tracked?

A38 This would be tracked over a 12 months period before and after PruLady's inception. The tracking will start from 18 May 2017.

Scenario 1(a):

Customer bought PSL II 5 years ago. Customer buys PruLady on 18 May 2017 and lapses PSL II in October 2017. No commission is payable and no production credit will be given.

Scenario 1(b):

Customer bought PSL II 5 years ago. Customer lapses PSL II in May 2017 and buys PruLady in November 2017. No commission is payable and no production credit will be given.



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Scenario 1(c):

Customer bought PSL II 5 years ago. Customer lapsed PSL II a year ago on 1 April 2016 and buys PruLady in May 2017. 100% of the commission is payable and 100% production credit will be given.

Scenario 1(d):

Customer bought PSL II 5 years ago. Customer buys PruLady in May 2017 and lapses PSL II on 1 Jun 2018. 100% of the commission is payable and 100% production credit will be given.

Scenario 2(a):

Customer bought PSL 11 years ago. Customer buys PruLady on 18 May 2017 and lapses PSL in October 2017. 100% of the commission is payable and 100% production credit will be given.

Scenario 2(b):

Customer bought PSL 11 years ago. Customer lapses PSL in May 2017 and buys PruLady in November 2017. 100% of the commission is payable and 100% production credit will be given.

Scenario 2(c):

Customer bought PSL 11 years ago. Customer lapsed PSL a year ago on 1 April 2016 and buys PruLady in May 2017. 100% of the commission is payable and 100% production credit will be given.

Scenario 2(d):

Customer bought PSL 11 years ago. Customer buys PruLady in May 2017 and lapses PSL on 1 Jun 2018. 100% of the commission is payable and 100% production credit will be given.

Q39 Will the persistency of PSL II be affected if my customer lapses it?

A39 Usual persistency rule applies, e.g. lapse or termination in the first and second policy year will impact persistency.

FACT FIND

Q40 What do I need to take note of when completing the planner for this product?

A40 This product is suitable for females who have wealth protection need on Female-related Need only. You should not recommend this product if the customer has no Female-related Need which she wishes to address this review. The needs analysis should be done under the Main Life Assured of the Plan.

When recommending the Female-related Need sum assured, the selected plan's sum assured should be within customer's Female-related Need shortfall. If not, please provide justification for the sum assured deviation.



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MARKETING SUPPORT

Q41 What will the marketing collateral that will be available?

A41 Brochures will be available in both hard and soft copies. Pull-up banners will also be available for roadshows.

Q42 When will the new version of SQS be available?

A42 The new version of SQS will be available from 18 May 2017.

Q43 What other marketing support will there be?

A43 Product information will be made available on the corporate website from 1 January 2023.

Product information pack (including FAQs) will be uploaded to SFA Raise.

GENERAL

Q44 Is it compulsory to attend the product training for PruLady?

A44 No, although it is highly encouraged.

HI, M5, M9 and M9A certification is required to sell the product, while CKA is not applicable.



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Maternity Cover Plus

FREQUENTLY ASKED QUESTIONS

PRODUCT FEATURES

Q1 What is Maternity Cover Plus?

A1 Maternity Cover Plus is an optional benefit to PruLady. The optional Maternity Cover Plus can be added to provide the following benefits:

1. Pregnancy Complications
2. Congenital Illnesses
3. Hospital Care

Maternity Cover Plus is a single premium supplementary benefit.

Q2 What are the plan types available for Maternity Cover Plus?

A2 Maternity Cover Plus has 4 plan types.

Benefit	Sum Assured (S\$)			
	Plan A	Plan B	Plan C	Plan D
Pregnancy Complications	5,000	10,000	15,000	20,000
Congenital Illnesses	5,000	10,000	15,000	20,000
Hospital Care	5,000	10,000	15,000	20,000

Q3 Why does Maternity Cover Plus come in pre-packaged plans with varying sum assured?

A3 This is to make the sales process simpler. Customers are not required to select the sum assured for the various benefits.

Q4 Does customer have to purchase the same plan type for both PruLady and Maternity Cover Plus?

A4 No, customers have the option to purchase different plan types for PruLady and Maternity Cover Plus. For example, Maternity Cover Plus Plan B can be attached to PruLady Plan A.

Q5 Can Maternity Cover Plus plan type be higher than PruLady plan type?

A5 Yes, customers can choose to add Maternity Cover Plus of a higher plan type to their PruLady policies. For example, a customer who has PruLady Plan B can choose to add on Maternity Cover Plus Plan D.



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Q6 How are the Pregnancy Complications benefits under Maternity Cover Plus and Maternity Risk Cover II different?

A6 7 new conditions have been added in and 2 conditions have been removed.

Pregnancy Complications	Maternity Cover Plus	Maternity Risk Cover II
1) Disseminated Intravascular Coagulation (DIC)	✓	✓
2) Ectopic Pregnancy	×	✓
3) Death of foetus after 195 days of pregnancy	✓	✓
4) Death of child within 28 days after birth	✓	✓
5) Death of insured during delivery	✓	✓
6) Hydatidiform Mole	×	✓
7) Pre-Eclampsia or Eclampsia	✓	✓
8) Fatty Liver of Pregnancy	✓	✓
9) Postpartum Haemorrhage requiring Hysterectomy (New)	✓	×
10) Miscarriage due to Accident (New)	✓	×
11) Antepartum Haemorrhage (New)	✓	×
12) Choriocarcinoma (New)	✓	×
13) Placenta Increta / Percreta (New)	✓	×
14) Uterine Rupture (New)	✓	×
15) HELLP Syndrome (New)	✓	×
16) Amniotic Fluid Embolism	✓	✓
17) Abruptio Placentae	✓	✓

Q7 Why are Ectopic Pregnancy and Hydaitiform Mole not covered under Maternity Cover Plus?

A7 Maternity Cover Plus is only available to customers who are at least 13 weeks pregnant. If the customer has any of these 2 conditions, they would have shown symptoms before 13 weeks of their pregnancy and would not be able to purchase this supplementary benefit. Hence, there is no need to provide coverage for these 2 conditions.



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Q8 How are the Congenital Illnesses benefits under Maternity Cover Plus and Maternity Risk Cover II different?

A8 6 new conditions have been added to provide more comprehensive coverage.

Congenital Illnesses	Maternity Cover Plus	Maternity Risk Cover II
1) Down's Syndrome	✓	✓
2) Spina Bifida	✓	✓
3) Tetralogy of Fallot	✓	✓
4) Transposition of the Great Vessels	✓	✓
5) Atrial Septal Defect	✓	✓
6) Absence of 2 limbs	✓	✓
7) Anal Atresia	✓	✓
8) Infantile Hydrocephalus	✓	✓
9) Cerebral Palsy	✓	✓
10) Ventricular Septal Defect	✓	✓
11) Club Foot	✓	✓
12) Congenital Dislocation of Hip	✓	✓
13) Congenital Blindness	✓	✓
14) Congenital Deafness	✓	✓
15) Tracheo-Esophageal Fistula or Esophageal Atresia (New)	✓	x
16) Patent Ductus Arteriosus (New)	✓	x
17) Cleft Palate & Cleft Lip and Palate	✓	✓
18) Congenital Hypertrophic Pyloric Stenosis (New)	✓	x
19) Congenital Diaphragmatic Hernia (New)	✓	x
20) Retinopathy of Prematurity (New)	✓	x
21) Truncus Arteriosis (New)	✓	x

Q9 What are the enhancements made to Hospital Care benefits under Maternity Cover Plus?

A9 These are the enhancements made to Hospital Care benefit under Maternity Cover Plus:

- ✓ Provides coverage for the mother, in addition to the child.
- ✓ Covers 3 more causes of hospitalisation
- ✓ Limit increased from 50% of sum assured to 100%



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Hospital Care Benefit	Maternity Cover Plus	Maternity Risk Cover II
1) Incubation of newborn child for more than 3 consecutive days immediately following birth	✓	✓
2) Premature birth requiring neonatal ICU	✓	✓
3) Hospitalisation of child due to Hand, Foot, Mouth Disease (New)	✓	×
4) Hospitalisation of life assured (mother) due to Pregnancy Complications (New)	✓	×
5) Hospitalisation of life assured (mother) due to Zika (New)	✓	×
6) Hospitalisation of child due to Zika (New)	✓	×

Q10 Can Maternity Cover Plus cover multiple pregnancies throughout the policy term?

A10 Each Maternity Cover Plus supplementary benefit will only cover 1 pregnancy. If the life assured has a subsequent pregnancy, another Maternity Cover Plus will have to be purchased in order to receive coverage.

Q11 Can my customer purchase Maternity Cover Plus if the baby is conceived through fertility treatments?

A11 Yes, conception through fertility treatments can be covered, but will be subject to premium loading.

Q12 Does Maternity Cover Plus provide coverage for twins?

A12 Yes, we provide coverage for twins conceived naturally. If the twins are conceived through any fertility treatments, the proposal will be declined.

Q13 Does Maternity Cover Plus provide coverage if my customer is carrying 3 or more babies in a single pregnancy?

A13 No, Maternity Cover Plus proposals for such pregnancies will be declined.

Q14 What happens if my customer is carrying twins? Does she need to purchase 2 Maternity Cover Plus supplementary benefits?

A14 No, your customer will not need to purchase 2 supplementary benefits. The Congenital Illness and Hospital Care benefits will apply to both twins. For example, if both twins have any of the congenital illnesses, we will pay the sum assured for each twin.



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Q15 Is Maternity Cover Plus a replacement for Maternity Risk Cover II?

A15 No. Maternity Risk Cover II will continue to be available, there is no enhancement made to this supplementary benefit.

POLICY LIMITS

Q16 Can my customer select the policy term?

A16 No, the policy term for Maternity Cover Plus is 3 years.

Q17 What is the maximum sum assured that my customer can purchase?

A17 The maximum sum assured (per life) that customers can purchase is \$20,000 per pregnancy.

Q18 Can my customer buy more than one Maternity Cover Plus within the same PruLady policy?

A18 Yes, subject to the limit as mentioned in Q17.

PREMIUM RATES

Q19 What are the determinants for premium rates of Maternity Cover Plus?

A19 The premium rate is determined by the entry age and smoking status of the life assured.

Q20 Are the premiums for Maternity Cover Plus subject to GST?

A20 Yes. Premium is subject to GST and is inclusive of the prevailing GST.

NEW BUSINESS

Q21 Who is eligible to apply for Maternity Cover Plus?

A21 Maternity Cover Plus is available to Singaporeans, Permanent Residents of Singapore and Foreigners with valid passes.

Q22 Does my customer need to go through medical underwriting?

A22 Yes, Maternity Cover Plus is fully underwritten.

Q23 Will my customer be required to submit her gynaecological report when applying for Maternity Cover Plus?

A23 A gynaecological report is required for the following groups of customers:

- Customers who purchase Plans C or D
- The pregnancy is conceived through assisted fertility treatment eg. IVF.
- Twins pregnancy conceived naturally.
- Certain medical conditions (when necessary)



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Q24 Will New Business apply for the gynaecological report?

A24 No, New Business will not assist with the application of the gynaecological report. The gynaecological report must be obtained by your customers for submission to New Business.

You can submit the original receipt together with the report to New Business for reimbursement of medical fees.

Q25 What happens if the birth of the child takes place prior to the issuance of Maternity Cover Plus?

A25 Maternity Cover Plus will not be valid and the full premium paid will be refunded, without interest. To apply for the refund, your customer must write to us and forward the letter together with her child's birth certificate.

Q26 What if my customer exceeds the aggregation limit for Maternity Cover Plus based on the plan type chosen?

A26 PACS can offer a lower plan, if any, and provided the customer does not exceed the per life limit for Maternity Cover Plus.

Q27 Which proposal form should my customer complete when applying for PruLady and Maternity Cover Plus through manual submission?

A27 Your customer should complete the new version 05/17 proposal form, "Proposal for PruLady/PruMan" which can be used for both PruLady and PruMan.

The new form can be downloaded from: PruInfo|Forms|Proposal Forms (English).

Q28 Is Advance Premium Deposit allowed?

A28 No. Advance Premium Deposit is not allowed.

POLICY SERVICES

Q29 Can customers do a Mid-Term Add (MTA) for Maternity Cover Plus?

A29 Yes. MTA is allowed and is subject to underwriting and health declaration by the life assured. Maternity Cover Plus plan type does not need to match PruLady plan type.

However, Maternity Cover Plus can only be added to PruLady. It cannot be added to PruSmart Lady II.

Q30 What will happen if my customer requests to lapse the Maternity Cover Plus benefit or it lapses due to the lapse of the PruLady policy it is attached to?

A30 Maternity Cover Plus is a single premium supplementary benefit. There will be no refund of premium even if your customer requests to lapse it.



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Q31 Can my customer change the Maternity Cover Plus plan type after it is inception?

A31 No, plan type of Maternity Cover Plus cannot be changed after inception.

CLAIMS

Q32 Is there a survival period from the date of diagnosis for Maternity Cover Plus?

A32 No. The survival period is not applicable for Pregnancy Complications, Congenital Illnesses and Hospital Care benefit.

Q33 Does Maternity Cover Plus provide double payout for Hospital Care benefit if both mother and child is hospitalised due to Zika?

A33 Yes, we pay 1% of the sum assured for each day of hospitalization for the mother and the child. The total payout is 100% of the sum assured.

MARKETING SUPPORT

Q34 Will there be brochures for Maternity Cover Plus?

A34 No. Maternity Cover Plus will be featured in the PruLady brochure as a supplementary benefit.

Q35 When will the new version of SQS be available?

A35 The new version of SQS will be available from 18 May 2017.

Q36 What other marketing support will there be?

A36 Product information will be made available on the corporate website from 1 January 2023.

Product information pack (including FAQs) will be uploaded to SFA Raise.

GENERAL

Q37 Is it compulsory to attend the product training for Maternity Cover Plus benefit?

A37 No, although it is highly encouraged.

HI, M5, M9 and M9A certification is required to sell the product, while CKA is not applicable.



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PRU*lady & Maternity Cover Plus*

SALES & MARKETING PROPOSITIONS

PruLady is a standalone plan designed to provide ladies with the protection against female related illnesses and surgeries; it also comes with Biennial Medical Screening to proactively look after oneself.

It is targeted at the new age, modern and independent woman who wants to be in control of her life and want to live well and stay healthy for the long-term knowing that women enjoy higher life expectancy than men. The modern woman discerningly know what she wants out of life and she needs to be empowered in order to make the most out of her life.

Here are some **Marketing Propositions** that you may find useful for promoting **PruLady**.

Simplified underwriting	The medical underwriting is simplified for ease of application, and speeding up of the policy issuance.
Pre-packaged plans	PruLady comes in pre-packaged plans with fixed sum assured for the different benefits. Customers will find it easy to select the plan based on the basic sum assured they want to be covered for.
Benefits tailored for females which can complement critical illness plans	<p><u>Female Illnesses Benefit</u></p> <p>Conditions like Carcinoma in Situ of the breast or cervix uteri, Rheumatoid Arthritis and Osteoporosis are not covered under the usual standardised definitions of critical illness plans.</p> <p>This is where PruLady comes in to fill the gap to pay a percentage of the sum assured in a lump sum to the customer upon diagnosis of the covered female illnesses. This payout can be handy to provide income replacement, pay for hospitalisation bills or to cater to lifestyle adjustments.</p>



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Benefits tailored for females which can complement existing PruShield & PruShield Extra or any Integrated Shield Plans	<p><u>Medical Procedures & Reconstructive Surgery or Skin Grafting Benefits</u></p> <p>We know medical plans like PruShield and PruShield Extra can reimburse hospitalisation expenses of the list of female surgical procedures covered under PruLady.</p> <p>Yet having to undergo procedures such as Hysterectomy, Mastectomy and breast reconstruction is extremely traumatic and therefore, the lump sum payout is an additional amount, which may be useful during the distressing period.</p>
Support after diagnosis of medical condition	<p><u>Support Benefit & waiver of premium</u></p> <p>PruLady not only provides support upon diagnosis of medical conditions and when one undergoes the necessary medical treatments, it also provides support for psychiatric treatment during a stressful period or should one need guidance on how her genetic make-up will affect her course of treatment.</p> <p>We also understand that when one is diagnosed with a medical condition, finances will inevitably be one of the top worries. To help alleviate this stress, PruLady's premium will be waived for 36 months upon a claim made for selected female illnesses.</p>
Proactive approach to living well with Biennial Medical Screening	<p>As the saying goes: "Prevention is better than cure", with tests that are specially tailored for ladies, the Biennial Medical Screening could help to detect signs and symptoms of health issues early on so customers can make lifestyle changes to help prevent more serious medical conditions from developing.</p> <p>Early detection, followed by the right treatment can also result in better outcomes.</p>
Exclusive Loyalty benefit for purchase of selected policies at life events	<p>We know our female customers hold multiple roles throughout her lifetime. Be it marriage, starting a family or even going through the demise of her spouse, we understand that one's needs may change.</p> <p>This is why we give our PruLady customers a Loyalty benefit when she needs to add on more coverage for herself or her loved ones at life events.</p>



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Here are some **Marketing Propositions** that you may find useful for promoting **Maternity Cover Plus**.

Coverage when you need it	Pregnancies may be hard to plan for. With the 10 months waiting period removed and this supplementary benefit available only when one is pregnant, we ensure that customers pay for what they really need.
Pre-packaged plans	Maternity Cover Plus come in pre-packaged plans with fixed sum assured for the different benefits. Customers will find it easy to select the plan based on the basic sum assured they want to be covered for.
Coverage for pregnancies through fertility treatments	Pregnancies conceived through fertility treatments have a higher tendency for pregnancy complications, making it more pertinent for such mothers to be covered by Maternity Cover Plus so they can have peace of mind.
Peace of Mind for Mothers and Mothers-To-Be with comprehensive Maternity Cover Plus	With our comprehensive coverage for Pregnancy Complications, Congenital Illnesses and Hospital Care Benefits, our customers who purchase the Maternity Cover Plus can have a peace of mind knowing that both mother and child are well-protected of uncertainties.
Double the coverage without paying more premium	Expecting twins need not lead to more expenses. Maternity Cover Plus provides twice the coverage for twins at the same premium.



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Here are some **Customer Segments** that may be suitable for **PruLady** and **Maternity Cover Plus**:

Young & Single Woman	<p>It's important to start having sufficient protection early while one is still healthy and to also enjoy lower premium rates.</p> <p>Costing less than a cup of coffee a day, PruLady is definitely a plan for anyone aged below 30 to consider! The plan suits the young as it caters to protect her unique needs and also educates one on the importance of healthy lifestyle and having routine medical check-up to help detect conditions earlier for treatment.</p>
Married Woman starting a family	<p>For someone who is expecting, the Maternity Cover Plus is the ideal coverage to safeguard against risks of common pregnancy complications and congenital conditions.</p> <p>The Loyalty benefit in PruLady rewards customer for the purchase of new policies* at life events with a 15% First Year Premium Discount upon the birth of her child.</p>
Mature and Independent Woman	<p>Especially important to someone who values independence, PruLady is the plan that can cater to provide coverage against breast cancer and osteoporosis, which are common ailments that follows menopause or even early menopause.</p>

* Selected policies only