

GB/NB/GHSC

Date 11 Mar 2022

ATTN: JESSICA JIN
NANYANG ASIA COLLEGE PTE. LTD.
135 JURONG GATEWAY ROAD
#03-335
SINGAPORE 600135

DEAR POLICYHOLDER

GROUP MEDICAL

POLICY NUMBER: 2100333508

PERIOD OF INSURANCE: 15 Jan 2022 to 14 Jan 2023 (Both Dates Inclusive)

Thank you for insuring with NTUC INCOME Insurance Co-operative Limited (INCOME). We are pleased to be able to serve your protection needs.

This Policy sets out the terms of a contract between INCOME and you (the Policyholder named in the Schedule). The Schedule, the Policy Conditions and any Endorsement issued by us, shall form part of the contract.

All sums payable under this Policy shall be in Singapore currency and the dollar shall mean the Singapore dollar.

Enclosed are the policy documents. Kindly review to ensure they are in accordance with your requirements.

If you have any queries, please contact your intermediary AEGIS INSURANCE AGENCIES PTE. LTD. at 68370306 or email at customerservice@aegisic.com.

Yours sincerely



Andrew Yeo
Chief Executive

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

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GROUP MEDICAL

THE SCHEDULE

POLICYHOLDER : NANYANG ASIA COLLEGE PTE. LTD.
PERIOD OF INSURANCE : 15 Jan 2022 to 14 Jan 2023 (Both Date Inclusive)
TRANSACTION TYPE : New Business
POLICY ADMINISTRATION : Headcount
MIN AGE (ADULT) : 7
MAX AGE (ADULT) : 69
MAX RENEWAL AGE(ADULT) : 75
TAKEOVER POLICY : Yes
LAST INSURER : AXA

BILLED PARTY

1-NANYANG ASIA COLLEGE PTE. LTD.

PRODUCT	GST IS PAYABLE ON CLAIMS
Group Hospital & Surgical	Yes

ADDITION CLAUSES

Clause 1

Headcount

Reduction in headcount be capped at maximum of 20% from the current year. The insurer reserves the right to review the premium if the number of student is reduce by more than 20% from the current year headcount.

Clause 2

Eligibility

Policy extends to cover students from 7 (age last birthday).

Clause 3

Overseas Treatment

This policy covers an insured member while he is outside his country of residence for a period not exceeding 185 consecutive days at a time subject to the following conditions:

(a) where emergency treatment is received, our liability is capped at the limits specified in the policy schedule and

(b) where non-emergency treatment is received or where an insured member travels expressly for treatment outside the country of Residence, no benefit shall be payable.

Clause 4

Pre-Hospitalisation Specialist Consultation

It is hereby declared and agreed that with effect from 15 Jan 2022, under section "I. Basic Hospital and Surgical Benefits, (7) Pre-Hospitalisation Specialist Consultation)", in the policy wordings is deemed to be deleted and replaced as below :

Pre-Hospitalisation/Surgery Specialist's Consultation

Charges for consultation (including Prescription Drugs) with (i) a General Practitioner, and (ii) a Specialist, within ninety (90) days prior to an Inpatient treatment or Day Surgery, where the need for such Hospitalisation or Surgery has arisen as a direct result of the medical examination and investigation findings drawn from the consultation.

Clause 5

Emergency Accidental Out-Patient Treatment

It is hereby declared and agreed that with effect from 15 Jan 2022, under section "I. Basic Hospital and Surgical Benefits, (10) Emergency Accidental Out-Patient Treatment, in the policy wordings is deemed to be deleted and replaced as below :



We shall pay for the charges incurred if, as a result of an accident, the insured member requires emergency outpatient treatment for injury by a Registered Medical Practitioner in a hospital/clinic or by a Chinese Physician. Such treatment must be sought within 48 hours following the accident.

We shall also pay for the charges incurred for follow-up treatment by a Registered Medical Practitioner or a Chinese Physician up to 31 days from the date of accident.

Any charges incurred for treatment by a Chinese Physician shall not exceed S\$500 per accident.

Clause 6

COVID extension

Policy extend to cover eligible medical expenses due to Covid-19 in community hospital.

GROUP HOSPITAL & SURGICAL

PLAN 1 - BASIS OF COVERAGE

ALL STUDENTS

PLAN 1 - INSURED RULES

INSURED TYPE	PRE-EXISTING CONDITIONS	UNDERWRITING
Employee	Exclude for First 12 months	No

PLAN 1 - BENEFITS

BENEFITS NAME	LIMIT
Daily Room & Board	4 Bedded (Restructured Hospital) Up to Group Limits 1 Up to Group Limits 2 Up to Group Limits 3 It is hereby declared and agreed that a 65% pro-ratio applies if the insured member is admitted to a ward or hospital type higher than he is entitled to under the policy.
Intensive Care Unit	Up to Group Limits 1 Up to Group Limits 2 Up to Group Limits 3
Other Hospital Services (including surgical implants up to the benefit limit or \$500, whichever is lower)	Up to Group Limits 2 Up to Group Limits 3
Surgical Expenses	Surgical Table will not apply Up to Group Limits 2 Up to Group Limits 3
Daily In-Hospital Physician's Consultation	Max 120 Days per Disability Up to Group Limits 2 Up to Group Limits 3
Pre-Hospitalisation Specialist Consultation (include GP)	Up to Group Limits 2 Up to Group Limits 3
Pre-Hospitalisation Diagnostic X-Ray and Laboratory Fees	Up to Group Limits 2 Up to Group Limits 3
Post-Hospitalisation Treatment	Up to Group Limits 2 Up to Group Limits 3
Emergency Accidental Out-patient Treatment	Up to Group Limits 2 Up to Group Limits 3
Ambulance Fees	Up to Group Limits 2 Up to Group Limits 3
Claim Medical Report Fees	Up to Group Limits 2 Up to Group Limits 3
Outpatient Dental Treatment (Accidental)	S\$500.00 Up to Group Limits 3

Death Benefit	S\$5,000.00
Inpatient Psychiatric Treatment (Referred by GP or SP)	S\$1,000.00

PLAN 1 - GROUP LIMITS

GROUP	BENEFITS NAME	LIMIT
Group Limits 1	Daily Room & Board Intensive Care Unit	Max 120 Days per Disability
Group Limits 2	Daily Room & Board Intensive Care Unit Other Hospital Services (including surgical implants up to the benefit limit or \$500, whichever is lower) Surgical Expenses Daily In-Hospital Physician's Consultation Pre-Hospitalisation Specialist Consultation (include GP) Pre-Hospitalisation Diagnostic X-Ray and Laboratory Fees Post-Hospitalisation Treatment Emergency Accidental Out-patient Treatment Ambulance Fees Claim Medical Report Fees	As Charged up to overall maximum limit per policy year
Group Limits 3	Daily Room & Board Intensive Care Unit Other Hospital Services (including surgical implants up to the benefit limit or \$500, whichever is lower) Surgical Expenses Daily In-Hospital Physician's Consultation Pre-Hospitalisation Specialist Consultation (include GP) Pre-Hospitalisation Diagnostic X-Ray and Laboratory Fees Post-Hospitalisation Treatment Emergency Accidental Out-patient Treatment Ambulance Fees Claim Medical Report Fees Outpatient Dental Treatment (Accidental)	Up to S\$20,000.00 per Policy Year

PLAN 1 - RATING

PREMIUM METHOD	ANNUAL PREMIUM (EXCLUDE GST)
Per Insured - Member	S\$103.00

Conditions for Group Hospital & Surgical policy

Your policy

This is **your** Group Hospital & Surgical policy. It contains:

- (i) These conditions for Group Hospital & Surgical policy;
- (ii) The **schedule**;
- (iii) The **table of insured benefits**;
- (iv) The **schedule of lives** (if any); and
- (v) The **endorsements** (if any).

In addition to item (i) to (v) above, the full agreement between **us** and **you** is made up of these documents:

- (a) The information declared in the Group Insurance Fact Finding Form;
- (b) All statements made by the **insured members**; and
- (c) Declarations and questionnaires relating to the **insured members'** occupational or medical conditions which **you** or the **insured members** provided to **us** for **our** underwriting purposes (if any).

We refer to item (i) to (v) and (a) to (c) above collectively as '**your policy**' or '**this policy**'. Please examine them to make sure the **insured members** have the protection needed. It is important that **you** read them together to avoid any misunderstanding.

Words **we** have defined in these conditions have the meanings given to them in the definitions section and the same definitions apply if the defined words are used in any of the documents in **your policy** or any correspondence between **you** and **us**.

Group Hospital & Surgical policy is a group medical insurance plan which covers the **insured members** for costs associated with treatment of **illness** or **injury** whilst staying in a **hospital** and/or undergoing a **surgery**. **You** will find details of what **we** cover in **your policy**.

This policy may be void if any information **you** provided to **us** is incomplete, untrue or inaccurate or if **you** do not comply with the conditions of **this policy**.

Who is eligible?

This policy shall cover the following **insured members**:

- (a) **Your** employees whose **age** is 69 years old and below. Cover is renewable up to 75 years old;
- (b) Their eligible **dependants**; and
- (c) Person(s) as agreed and endorsed in **your policy**

All full-time employees of the **policyholder** who are not **actively at work** on the dates they would otherwise become eligible for insurance coverage under **your policy** shall not be eligible until they return to active service at work. To avoid doubt, if a full time-employee is not **actively at work**, his/her **dependants** are also not eligible for insurance coverage under **your policy**.

You shall provide **us** with the particulars of the persons to be insured and particulars of persons who ceased to be insured under **your policy** within 30 days in writing from the date they are eligible or ceased to be insured.

Definitions

Accident/Accidental

Accident or Accidental means a sudden, unexpected physical event, which happens during the **period of insurance** and which must be the only cause of **injury**.

Actively at work

Actively at work means reporting for work at the place assigned by **you** and can perform expected regular duties of his/her employment with **you**. This includes periods when he/she is on annual leave but not on medical grounds. If he/she is not **actively at work** on the **effective date**, he/she will only be covered when he/she returns to active service at work.

Cover for **dependant(s)** shall start on his/her **effective date** provided he/she is in good health and is not confined in **hospital**, or in the process of admission to **hospital** or on medical leave prior to or on the **effective date** of cover.

Age

Age means the age on the last birthday of the person at the time the cover under **this policy** commences or upon renewal.

Annual limit

Annual Limit means the maximum amount set out in the **table of insured benefits** which **we** will pay under **your policy** for the relevant policy year.

Any one disability

Any One Disability means:

- (a) All disabilities arising from the same cause including any and all complications, as well as
- (b) Concurrent disabilities from different causes during the same **hospital** confinement.

Subsequent disability from the same cause shall be considered as a new disability if it is separated by 14 days following the latest discharge from the **hospital** or **surgery**.

Benefit(s)

Benefits means the benefits set out in the **table of insured benefits** and **your policy**.

Chinese Physician

Chinese Physician means a registered practitioner who is licensed to practice traditional Chinese medicine in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the **insured member** or the **insured member's family member**, or his/her business associates including any business partner, employers or employees.

Critical Illness

Critical illness means any of the 37 illnesses listed below. The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2019). You may refer to www.lia.org.sg for the standard Definitions (Version 2019).

- | | |
|--|---|
| 1 Major Cancer | 20 Fulminant Hepatitis |
| 2 Heart Attack of Specified Severity | 21 Motor Neurone Disease |
| 3 Stroke with Permanent Neurological Deficit | 22 Primary Pulmonary Hypertension |
| 4 Coronary Artery By-pass Surgery | 23 HIV Due to Blood Transfusion and Occupationally Acquired HIV |
| 5 End Stage Kidney Failure | 24 Benign Brain Tumour |
| 6 Irreversible Aplastic Anaemia | 25 Severe Encephalitis |
| 7 End Stage Lung Disease | 26 Severe Bacterial Meningitis |
| 8 End Stage Liver Failure | 27 Angioplasty & Other Invasive Treatment for Coronary Artery |
| 9 Coma | 28 Blindness (Irreversible Loss of Sight) |
| 10 Deafness (Irreversible Loss of Hearing) | 29 Major Head Trauma |
| 11 Open Chest Heart Valve Surgery | 30 Paralysis (Irreversible Loss of Use of Limbs) |
| 12 Irreversible Loss of Speech | 31 Terminal Illness |

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- | | |
|--|--|
| 13 Major Burns | 32 Progressive Scleroderma |
| 14 Major Organ / Bone Marrow Transplantation | 33 Persistent Vegetative State (Apallic Syndrome) |
| 15 Multiple Sclerosis | 34 Systemic Lupus Erythematosus with Lupus Nephritis |
| 16 Muscular Dystrophy | 35 Other Serious Coronary Artery Disease |
| 17 Idiopathic Parkinson's Disease | 36 Poliomyelitis |
| 18 Open Chest Surgery to Aorta | 37 Loss of Independent Existence |
| 19 Alzheimer's Disease / Severe Dementia | |

Commencement date

Commencement date means the date from which the cover under **your policy** begins.

Co-insurance

Co-insurance (if applicable) means the percentage of covered **reasonable expenses** under the **table of insured benefits** which has to be paid by the **insured member**.

Day surgery

Surgery which is carried out by a **surgeon** but not on an inpatient basis.

Deductible

Deductible (if applicable) means the amount stated in the **table of insured benefits** that the **insured member** is required to pay before **we** will pay any **benefit** to such **insured member**.

Dentist

Dentist means a registered practitioner who is licensed to practice general dentistry in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the **insured member** or the **insured member's family member**, or his/her business associates including any business partner, employers or employees.

Dependant(s)

Dependant(s) means any of the following persons:

- (a) Legal spouse who is not divorced or legally separated from the **insured member**, and whose **age** is 69 years old and below.
Cover is renewable up to 75 years old.
- (b) An unmarried and unemployed child(ren) of the **insured member** including legally adopted child and stepchild from the **age** of 15 days old (inclusive) to 24 years old (inclusive) and not enlisted in full time National Service.

Effective date

Effective date means the date from which the insurance coverage of the **insured member** has become effective.

Endorsement

Endorsement means any written statement or notice issued by **us** to confirm and record changes to the terms and conditions of the policy.

Family member

Family member means the **insured member's** husband or wife, children, parents, siblings, parents-in-law, brothers-in-law, sisters-in-law, grandparents, grandparents-in-law, daughters-in-law, sons-in-law or grandchildren.

Hospital

Hospital means an establishment which is registered under the relevant national laws and regulations to care for and treat sick and injured people as bed-paying patients and which:

- (a) Has organised facilities for diagnosis, treatment and major **surgery**;
- (b) Provides nursing services by registered nurses 24 hours a day;
- (c) Is under the supervision of one or more **Registered Medical Practitioners**; and
- (d) Is not mainly a clinic, a secure place to care for alcoholics or drug addicts, a nursing or rest or community hospital, a palliative care centre, or a home for the elderly or similar establishment.

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Illness

Illness means a physical condition certified by a **Registered Medical Practitioner** as a pathological deviation from the normal healthy state.

Injury

Injury means damage or harm caused to the body by an external force suffered during the **period of insurance** and which is caused only by an **accident**. This does not include all medical conditions, diseases, sickness, bacterial infections or viral infections, even if these conditions resulted from, or are connected with, the **accident**.

Insured member/member

Insured member/member means the individual (or individuals) named in the **schedule of lives** as the person (or people) insured under **this policy**.

Medically necessary

Medically necessary means that a medical service or supply is necessary and appropriate for the diagnosis or treatment of an **injury** or **illness** of the **insured member** based on generally accepted western medical practice in Singapore. A medical service or supply will not be considered medically necessary if:

- (a) It is provided only as a convenience to the **insured member** or medical provider;
- (b) It is not appropriate treatment for the **insured member's** diagnosis or symptoms;
- (c) It exceeds (in scope, duration or intensity) the level of care that is necessary to provide safe, adequate and appropriate diagnosis or treatment;
- (d) It is experimental;
- (e) It is for social or domestic reasons or for reasons which are not directly connected with treatment;
- (f) It is a matter of personal choice; or
- (g) It is an elective treatment.

Period of insurance

Period of insurance means the period of cover as shown in the **schedule**.

If the period of insurance stipulated in the latest **schedule** or **endorsement** is not equivalent to one (1) year period, **benefits** with **annual limit** stated under **your policy** shall be pro-rated accordingly.

Policyholder

Policyholder means the owner of **this policy** named in the **schedule**.

Pre-existing condition

Pre-existing condition means any **injury** or **illness** which the **insured member** has had symptoms; has been diagnosed; known or unknown; regardless of whether treatment or medical advice was actually received, prior to the commencement of his/her insurance cover under **this policy**.

Private hospital

Private hospital means any licensed private **hospital** in Singapore that is not a **restructured hospital**.

Prohibited person

Prohibited person means a person or entity who is subject to laws, regulations or sanctions administered by any governmental or regulatory authorities or law enforcement in any country, which will prohibit **us** from providing insurance cover or paying any benefit.

Pro-ration factor

Pro-ration factor means a percentage stated in **your policy** which applies to the hospital bills incurred if **insured member** is admitted into a ward or **hospital**, including clinic for **day surgery**, that are higher than what he/she is entitled to. The pro-rated amount is subject to the maximum benefits limit as specified in the **table of insured benefits**.

Reasonable expenses

Reasonable expenses means expenses paid for medical services or treatment which are appropriate and consistent with the diagnosis and according to accepted medical standards, and which could not have reasonably been avoided without negatively affecting the **insured member's** medical condition. These expenses must not be more than the general level of charges made by other medical service suppliers of similar standing in Singapore for the services and supplies.

Registered Medical Practitioner/Physician

Registered Medical Practitioner/ Physician means a doctor qualified in western medicine who is licensed and authorised in the

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geographical area they are practicing in to provide medical or surgical services. They cannot be the **insured member** or the **insured member's family member** or his/her business associates including any business partner, employers or employees.

Relevant person

Relevant person includes **policyholder**, **insured**, trustee, assignee, authorised person, beneficiary, beneficial owner and connected party.

Renewal date

Renewal date means the date on which **your policy** is to be renewed for a further **period of insurance**.

Restructured hospital

Restructured hospital means a **hospital** in Singapore that:

- (a) Is run as a private company owned by the Singapore Government;
- (b) Is governed by broad policy guidance from the Singapore Government through Ministry of Health, Singapore; and
- (c) Receives a yearly government subsidy to provide subsidised medical services to its patients.

Schedule

Schedule means the document which proves that **you** have the insurance cover, listing among other things, the **policyholder**, **commencement date**, and policy **endorsement**.

Schedule of lives

Schedule of lives means a listing attached to **this policy** stating the names, particulars and coverage of the **insured members** under **this policy**.

Specialist

Specialist means a **Registered Medical Practitioner** who has the extra qualifications and expertise needed to practice as a recognised specialist of diagnostic techniques, treatment and prevention, in a particular field of medicine including but not limited to neurology, pediatrics or orthopedic. They cannot be the **insured member** or the **insured member's family member** or his/her business associates including any business partner, employers or employees.

Standard room

Standard room means the ward with the lowest Daily Room and Board charges for the type of ward which an **insured member** is entitled under the **table of insured benefits** in the **hospital** the **insured member** is admitted to.

Surgeon

Surgeon means a **specialist** who is qualified to perform **surgery** in accordance with the laws of the country in which the practice is granted.

Surgery

Surgery means any invasive surgical intervention in accordance with Ministry of Health's (MOH) surgical code.

Table of insured benefits

Table of insured benefits means the **benefits** attached to these conditions (or any revised table of insured benefits which **we** may issue in an **endorsement to your policy**, or when renewing **your policy**).

We/us/our/The Company

We/us/ our/The Company means NTUC Income Insurance Co-operative Limited.

You/Your

You and your means the **policyholder** referred to in the **schedule**.

What your policy covers

This policy covers eligible expenses incurred by the **insured member** provided the coverage is still in-force. **We** will pay for **reasonable expenses** incurred for **medically necessary** treatment covered under **this policy**.

If the **treatment** continues or extend beyond the period where the **insured member** is being covered under **your policy**, **we** will only pay for the charges incurred for the period while he/she is being covered under **your policy**. No payment will be made for any charges incurred after this period.

All **benefits** will be applied on **any one disability** basis, unless otherwise stated and the **benefits** shall subject to the maximum benefits limits of each item as specified in the **table of insured benefits**, any **co-insurance** or **deductible**, if applicable.

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In the event that the **insured member** is admitted into a higher ward and/or **hospital**, **pro-ration factor** will apply to **day surgery**, inpatient admission and post hospitalisation treatment, if applicable.

For hospitalisation, an **insured member** must be admitted in a **hospital** with Room & Board (as shown in the **table of insured benefits**) charges before any **benefit** is payable. No room & board charge is required if the admission is in connection with **day surgery**.

In any event, **we** shall only pay the **benefits** specified in **your table of insured benefits**.

I. Basic Hospital and Surgical Benefits

1) Daily Room and Board

We shall pay for the Daily Room & Board charges (that is ward charges) when the **insured member** is admitted as a patient in a **hospital**.

The ward charges are not to exceed the maximum daily benefit or maximum number of days as specified in the **table of insured benefits**.

In the event that an **insured member** is being treated and/or confined in a non-**standard room** (whether voluntary or otherwise), **we** shall pay only the charges incurred in respect of a **standard room** in that **hospital**.

2) High Dependency Ward (HDW)

We shall pay for the daily charges incurred when the **insured member** is confined to the HDW, provided the daily HDW charges incurred do not exceed the maximum benefit limit or maximum number of days as specified in the **table of insured benefits**.

3) Intensive Care Unit (ICU)

We shall pay for the daily charges incurred when the **insured member** is confined to the ICU, provided the daily ICU charges incurred do not exceed the maximum benefit limit or maximum number of days as specified in the **table of insured benefits**. This benefit shall include Intermediate Care Area (ICA) and Coronary Care Unit (CCU) for heart patient.

4) Other Hospital Services

We shall pay for the charges incurred when the following services are rendered:

- Use of operating room
- Drugs and medicines consumed in the **hospital** only
- Dressings, ordinary splints and plaster casts
- Physical Therapy
- Anaesthesia and oxygen and their administration
- Intravenous infusions
- Inpatient diagnostic procedures

We shall also pay for charges incurred for any lens, prostheses, pacemakers, stent, similar orthopedic appliances or implants, provided they are surgically implanted, and certified to be **medically necessary** by a **Registered Medical Practitioner** and not implanted for cosmetic reasons, up to the limit for this **benefit** or S\$1,500, whichever is lower.

5) Surgical Expenses

We shall pay for the charges incurred for surgical operations performed by a **Registered Medical Practitioner** in a **hospital** or clinic.

The amount payable for all surgical operations performed for **any one disability** shall not exceed the maximum benefit limit obtained by multiplying the respective percentages for the operations listed in the surgical table maintained by the Ministry of Health (MOH) Singapore and the surgical expenses limit as specified in the **table of insured benefits**.

Surgical Table

<u>MOH Table</u>	<u>% of Surgical Benefit payable</u>
Table 1	10%
Table 2	30%
Table 3	50%
Table 4	75%
Table 5	85%
Table 6	95%
Table 7	100%

We will determine the % of surgical benefit payable for any surgical procedure which does not fall within the surgical table above. Such limits will be objectively determined based on the severity of the procedure as compared to the most comparable listed procedure.

If two or more surgical procedures are performed during a single operation through the same incision, **benefits** will be allowed only for the surgical procedure having the largest limit.

The surgical table will not apply to **surgery** that is below S\$1,500, or for **surgery** that is done in a **restructured hospital**.

6) Daily In-Hospital Physician's Consultation

We shall pay for the consultation fees charged by a **Registered Medical Practitioner** for consultation during **hospital** confinement, subject to the maximum daily benefit and maximum number of days, as specified in the **table of insured benefits**.

7) Pre-Hospitalisation Specialist Consultation

We shall pay for the charges incurred for **specialist** consultation (including medication) recommended by a **Registered Medical Practitioner**, if such charges are incurred within 90 days prior to the date of hospitalisation or **day surgery** for the same condition.

We shall not pay if hospitalisation or **surgery** is not required.

8) Pre-Hospitalisation Diagnostic X-ray and Laboratory Fees

We shall pay for the charges incurred for diagnostic X-ray and laboratory fees made in a **hospital**, clinic or laboratory on the recommendation of a **Registered Medical Practitioner**, if such charges are incurred within 90 days prior to the date of hospitalisation or **day surgery** for the same condition.

We shall not pay if hospitalisation or **surgery** is not required.

9) Post Hospitalisation Treatment

We shall pay for the charges incurred for follow-up treatment directly resulted from the condition(s) which the hospitalisation/**surgery** provided its recommended by the same **Registered Medical Practitioner** treating him/her during his/her **hospital** confinement, if such charges are incurred within 90 days following discharge from the **hospital** or clinic (in the case of **day surgery**).

We shall also pay for follow-up consultation by a **Chinese Physician** recommended by the same **Registered Medical Practitioner** within 90 days following discharge from the **hospital** or clinic (in the case of **day surgery**).

We shall not pay for medicines or drugs prescribed for use beyond 120 days after such discharge.

10) Emergency Accidental Out-Patient Treatment

We shall pay for the charges incurred if, as a result of an **accident**, the **insured member** requires emergency outpatient treatment for **injury** by a **Registered Medical Practitioner** in a **hospital/clinic** or by a **Chinese Physician**. Such treatment must be sought within 24 hours following the **accident**.

We shall also pay for the charges incurred for follow-up treatment by a **Registered Medical Practitioner** or a **Chinese Physician** up to 31 days from the date of **accident**.

Any charges incurred for treatment by a Chinese Physician shall not exceed S\$500 per accident.

11) Outpatient Dental Treatment (Accidental)

We shall pay for the charges incurred if, as a result of an **accident**, the **insured member** requires dental treatment by a **dentist** to his/her sound natural teeth. Such treatment must be sought within 24 hours following the **accident**.

We shall also pay for the charges incurred for follow-up treatment by a **dentist** up to 31 days from the date of **accident**.

This excludes dental implants, crowning, bridges or dentures.

12) Miscarriage Benefit

We shall only pay for the charges incurred for **accidental** or non-**accidental** miscarriage, non-elective and **medically necessary** abortions or ectopic pregnancy.

We will also pay for the charges for follow-up treatment by a **Registered Medical Practitioner** up to 90 days from the first treatment date under this **benefit**.

13) Surgical Implants

We shall pay for charges incurred for any lens, prostheses, pacemakers, stent, similar orthopedic appliances or implants, provided they are surgically implanted, and certified to be **medically necessary** by a **Registered Medical Practitioner** and not implanted for cosmetic reasons.

14) Death Benefit

We shall pay the Death benefit if the **insured member** dies from:

- An **Injury**;
- An **Illness** during or after treatment for such **Illness**, where such treatment was carried out at a Hospital or in **Day Surgery**,
- **Critical Illness**

while his/her cover under **this policy** is in force.

15) Overall Limit As Charged at Restructured Hospital

We shall pay for the charges incurred for confinement at a **restructured hospital**, up to the maximum lump sum limit for **any one disability** as specified in the **table of insured benefits**, for the following **benefits**:

- Other Hospital Services
- Surgical Expenses
- Daily In-Hospital Physician's Consultation
- Pre-Hospitalisation Specialist Consultation
- Pre-Hospitalisation Diagnostic X-ray and Laboratory Fee
- Post Hospitalisation Treatment

16) Ambulance Fees

We shall pay for the charges incurred for ambulance services to and/or from **hospital**, provided the **insured member** is admitted as a patient in a **hospital**.

17) Claim Medical Report Fees

We shall pay for the charges incurred for any medical reports requested by **us**.

18) Overseas Hospitalisation Due to Accidental Causes

We shall pay for the charges incurred for confinement in a **hospital** including **day surgery** outside Singapore as a result of an **accident** within their **benefit** entitlement set out in the **table of insured benefits**.

The **accident** must occur while the **insured member** is travelling outside of Singapore, for a period not exceeding 180 days of the date of departure from Singapore.

The limit for this **benefit** is equivalent to 1.5 times of the maximum benefit limits as specified in the **table of insured benefits** within their **benefit** entitlement for the following **benefits**:

- Daily Room and Board
- Intensive Care Unit (ICU)
- High Dependency Ward (HDW)
- Other Hospital Services
- Surgical Benefit
- Daily In-Hospital Consultation
- Pre-Hospitalisation Specialist Consultation
- Pre-Hospitalisation Diagnostic X-ray and Laboratory Fee
- Post Hospitalisation Treatment
- Emergency Accidental Out-Patient Treatment
- Outpatient Dental Treatment (Accidental)

This **benefit** is applicable to **insured members** and their **dependant(s)** who reside and work in Singapore.

19) Rehabilitation Benefits

We shall pay for the rehabilitation charges incurred when the **insured member** is admitted and recuperates in a registered community **hospital** in Singapore on the recommendation of the attending **Registered Medical Practitioner**, if such charges are incurred within 31 days following **surgery** or discharge from the **hospital**, and not exceeding the maximum benefit limit, as specified in the **table of insured benefits**. We will only pay this **benefit** if prior **surgery** or hospitalisation is claimable under **this policy**.

20) Home Nursing Care

We shall pay for charges incurred for nursing services of a registered nurse attending to the **insured member** for up to a maximum of 30 days provided that such home attendance:

- (a) Is prescribed by a **Registered Medical Practitioner** for medical reasons;
- (b) Is necessary as without it, the **insured member** would be required to stay in a **hospital** as an inpatient;
- (c) Is carried out in the home of **insured member**;
- (d) Immediately follows the date of discharge of the **insured member** from **hospital**; and
- (e) Is necessary following a **surgery** or hospitalisation claimable under **this policy**.

21) Parental Accommodation

We shall pay for accommodation charges incurred for each night at a **hospital**, up to a maximum of 30 days incurred by one (1) parent of an **insured member's** child provided that:

- (a) The child is below 12 years old at the commencement of the confinement in the **hospital** as an inpatient;
- (b) The child is covered in **this policy** as an **insured member**; and
- (c) A confirmation from the **insured member's** attending **Registered Medical Practitioner** that a parent should remain with the **insured member**.

II. Additional Products/Riders, where applicable

1) Outpatient Kidney Dialysis & Cancer Treatment Benefit

We shall pay for the charges incurred for the following treatment received by the **insured member** in a **hospital** or a licensed medical centre or clinic:

- Stereotactic radiotherapy, radiotherapy, chemotherapy and immunotherapy for cancer.
- Outpatient renal dialysis.
- Approved immunosuppressant drugs including erythropoietin for chronic renal failure, cyclosporin and tacrolimus for organ transplant and other drugs approved by the Ministry of Health (MOH) Singapore.
- Consultation fees, medicines, and examinations and tests carried out by the attending **Registered Medical Practitioner** as part of stereotactic radiotherapy, radiotherapy, chemotherapy, immunotherapy or outpatient renal dialysis medical treatment only.

2) Group Major Medical

We shall pay for the **reasonable expenses** incurred for inpatient provided such inpatient expenses incurred are covered under the Group Hospitalisation and Surgical policy.

We shall pay the **insured member** eighty per cent (80%) of the medical expenses which are in excess of the payable amounts under the Group Hospitalisation and Surgical policy.

The following benefits are payable under this rider:

- Daily Room and Board (payable after the Daily Room and Board benefit under Group Hospitalisation and Surgical plan has been exhausted)
- Intensive Care Unit (payable after the Intensive Care Unit benefit under Group Hospitalisation and Surgical plan has been exhausted)
- High Dependency Ward (payable after the High Dependency Ward benefits under Group Hospitalisation and Surgical plan has been exhausted)
- Other Hospital Services
- Surgical Expenses
- Daily in-hospital physician's consultation
- Surgical Implants (where applicable)
- Parental Accommodation (max 120 days)
- Home Nursing Care (up to maximum 30 days)
- Human Immune Deficiency Virus (HIV) Benefit due to blood transfusion and occupationally acquired only

3) Dental Benefit

We will pay for the charges incurred for the treatments received by the **insured member**, at any registered dental clinics, by a **dentist** as specified in the **table of insured benefits**.

Additional Exclusions

We will not pay for any charges incurred for the following, including any medical conditions arising/relating to:

- (a) Any treatment for corrective purposes including but not limited to crowning, bridges, capping; tooth implantation and prosthetic appliances.
- (b) Procedures with respect to congenital malformations, orthodontic treatment, **surgery** for cosmetic/reconstructive reasons except as a result of an **accident**.

4) Maternity Benefit

We shall pay for charges incurred in connection with any one period of hospital confinement, including all pre-natal and post-natal check-up expenses, where an insured member undergoes a normal delivery/ caesarean delivery/abortion or suffers a miscarriage provided **insured member** has been continuously covered under this **benefit** for 280 days or more.

For abortion/miscarriage, **we** shall pay for the expenses incurred provided the **insured member** has been continuously covered under this benefit for at least 90 days.

Additional Exclusions

We will not pay for any charges incurred for the following.

- (a) conception of the child is conceived by artificial means or any form of assisted conception.
- (b) treatment arising from anyone acting as a surrogate for the **insured member**.
- (c) any treatment prior to 280 days from the **effective date** of cover.
- (d) neonatal expenses.

What you need to be aware of

A. Liability

We will not pay any **benefits** under **this policy** if **you** or any **insured member**:

- (a) Fail to fully and truthfully disclose to **us**, all material information known (or which could reasonably be expected to be known) by **you** or any **insured member**, before inception of **this policy** and upon each renewal;
- (b) Fail to properly observe and fulfill the terms and conditions of **this policy**;
- (c) Make any untrue statement;
- (d) Omit, suppress or incorrectly state any material information affecting the risk; or
- (e) Make any claim that is fraudulent or exaggerated, or make any false declaration or statement in support of a claim.

We shall have the discretion to terminate **your policy**, to refuse the renewal of **your policy**, to impose terms and conditions as **we** may require and/or to take any action as **we** think necessary. **You** will have to repay to **us** all amounts **we** have paid out under the policy and **we** will refund all premiums to **you**.

B. Misstatement

If the date of birth or other relevant facts relating to any **insured member** are found to have been misstated and if such misstatement affects the **benefits** entitlement or any provisions of **your policy**, the true **age** and facts shall be used to determine whether cover would have been in force under the provisions of **your policy** and whether the **benefits** are payable. Any excess premium paid for current policy period shall be refunded to the **policyholder** and any shortfall in the premium for current policy period shall be paid by the **policyholder**.

C. Policy renewal

Your policy may be renewed on the anniversary of the policy **commencement date** or such other dates as may be agreed in writing between **you** and **us**, subject to **our** consent and the payment of the renewal premium.

Terms, conditions and premium rates are not guaranteed and will be reviewed by **us** at each renewal.

D. Expenses covered by other sources

In the event an **insured member** is covered under:

- a) Any occupational insurance including but not limited to any insurance effected pursuant to the Work Injury Compensation Act (cap.354) and any revisions thereof;
- b) Any insurance coverage under the government legislation; or
- c) Other group or individual insurance excluding Integrated Shield Plan.

The **benefits** payable under **this policy** shall be limited to the balance of the medical expenses incurred which are not covered or payable by the above listed (a) to (c), subject to the benefit limits computed in accordance to the **table of insured benefits** and terms and conditions of **this policy**.

E. Subrogation

We shall be entitled to undertake in the name of and on behalf of an **insured member** the absolute conduct, control, defense and/or settlement of any proceedings and at any time to take proceedings at **our** expense and own behalf, but in the name of the **insured member** to recover compensation or secure indemnity from any third party in respect of anything covered under **this policy**. The **insured member** shall cooperate fully with **us** in this respect and shall not do anything to prejudice **our** rights.

F. Right of recovery

We may recover any amount **we** paid for charges that are not covered under **this policy** or exceeded the maximum benefits limit as specified in the **table of insured benefits**. The **policyholder** and/or the **insured member** shall fully indemnify and reimburse **us** for such amount within 30 days from the date of notice given by **us** requesting for reimbursement.

G. Change of terms and conditions

We may vary the premiums, **benefits** and/or cover or amend the terms and conditions of **your policy** by giving **you** 30 days' prior written notice at **your** last known address.

H. Ownership of policy

We shall treat the **policyholder** as the absolute owner of **this policy** and shall not be bound to recognise any equitable or other claim or interest in **this policy**.

I. Prohibited persons

If **you** are or any **relevant person** is found to be a **prohibited person**, **we** may:

- a) declare the **policy** or the cover of any **insured member** as invalid;
- b) cancel **your policy** and any or all cover under **your policy**; and
- c) refuse to pay any benefit to any **prohibited person**.

You must inform **us** of any changes to the identities, status/constitution/establishment, particulars and identification documents of the **relevant person(s)** as soon as reasonably practicable but no later than 30 days of any change.

J. Governing law

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

K. Exclusion of third party rights

Any person who is not a party to **this policy** shall have no right under the Contracts (Rights of Third Parties) Act (Cap. 53B) to enforce any of its terms.

L. Difference in opinions

In the event of any differences in opinions between **our Registered Medical Practitioner** and **your Registered Medical Practitioner**, **our Registered Medical Practitioner's** opinion shall prevail.

M. Legal proceedings

No action in law or in equity shall be brought to recover **this policy** prior to the expiration of 60 days after proof of claim has been filed in accordance with the requirements of **this Policy**, nor shall such action be brought at all unless brought within two (2) years from the expiration of time within which such proof of claim is required by **this policy**.

N. Geographical limit

This policy provides the **insured member** with 24-hour worldwide coverage whether such **insured member** is in Singapore or outside Singapore.

What is not covered

The following services, expenses, treatment items, procedures, conditions, activities and their related complications are not covered under **your policy**, except as specifically covered under **this policy**.

- (a) **Pre-existing condition**, unless the **insured member** has been insured continuously for 12 months under **this policy** or any group hospital and surgical insurance issued in Singapore provided that the period between the last resignation date and the commencement of his/her insurance coverage under **this policy** is not more than 31 days from the last resignation date.
- (b) All health screening related examinations including multiphasic health screening, laboratory tests and X-rays, screening mammograms; services (irrespective of whether there is hospital confinement) for the primary purpose of diagnosis, medical check-up, genetic screening; pap smear; cytology test; any treatment of a preventive nature including but not limited to immunisation/vaccinations.
- (c) Rest cures, hospice care, home or outpatient nursing or palliative care, community hospital, nursing homes, sanatoria or similar establishments; stay in any healthcare establishment for social or non-medical reasons.
- (d) Outpatient rehabilitation services including but not limited to physiotherapy, occupational therapy, speech therapy (unless recommended by the same **Registered Medical Practitioner** treating him/her during his/her hospital confinement and all charges are payable under and subject to Post Hospitalisation Treatment **benefit**); heat therapy; counselling or education; Traditional Chinese Medicine (TCM); hydrotherapy; osteopathic; podiatric; chiropractic; dietician; naturopath; homeopath; foot reflexology; alternative or complementary treatments.
- (e) Expenses, administrative or other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and/or services.
- (f) Developmental delay and/or learning disabilities.
- (g) Eye examination, surgical procedure for correction of eye refraction, procurement or use of contact lenses or eye glasses; surgical procedure for correction of squint or other eye misalignment.
- (h) Any dental treatment including but not limited to crowning, dentures, bridges tooth implantation or re-implantation, oral surgery, orthognathic surgery, temporo-mandibular joint disorder; oral and maxillofacial surgery except where such surgery is for the repair or damage caused solely by an **accident** covered under **this policy**.
- (i) Implants that are not surgically implanted and prostheses of any kind; dental implants; purchase or rental for home or outpatient use of braces, appliances, equipment, machines and other devices including but not limited to wheel-chair, walking or home aids of any kind, dialysis machine, oxygen machine and any other hospital-type equipment; stem cell support; homograft; heterograft and artificial organ.
- (j) Pregnancy or complication arising from pregnancy; childbirth, conditions and its complication arising during or after childbirth; prenatal or postnatal care, post-delivery confinement; abortion or termination of pregnancy or any form of related stay in **hospital** or treatment.
- (k) Infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment; ligation; medical services or supplies provided or surgical procedures required or recommended subsequent to consultations at fertility clinics, In-Vitro Fertilisation clinics, reproductive assistance clinics or centres, clinics or centres for reproductive medicine.
- (l) Circumcision unless **medically necessary**.
- (m) Birth defects; congenital **illness** or abnormalities.
- (n) Admission for sleep test for diagnostic purposes unless it is followed by **surgery**; any **surgery** or treatment for obesity, weight reduction or weight improvement including but not limited to bariatric surgery, gastric balloon, gastric banding, gastrectomy, gastric bypass regardless of whether it is caused (directly or indirectly) by a medical condition or whether treatment is **medically necessary**.
- (o) Venereal Diseases, Acquired Immunodeficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV).
- (p) Conditions relating to skin including but not limited to mole, acne, pigmentation, scars, xanthelasma or vitiligo; conditions relating to hair; enhancement of bodily function or appearance including but not limited to plastic surgery, cosmetic treatment and treatment for beautification purposes, except for plastic **surgery** which are **medically necessary** arising from an **illness** or **injury** while the **insured member** is insured under **this policy**.

- (q) Intentional, self-inflicted injuries or attempted suicide whether the **insured member** is sane or insane; psychological disorders, personality disorders, behavioural disorders, emotional or mental conditions and any **illness or injury** resulting from such disorders or mental conditions; drug addiction or alcoholism and any **illness or injury** resulting from or under the influence of alcohol or drugs.
- (r) Use of medical drugs or any treatment not licensed by an official governmental control agency of the country in which drug is given, or drugs used in any circumstances other than in accordance with their licensed indications.
- (s) Hormone Replacement Therapy, health supplements or vitamins, toiletries including but not limited to moisturiser, cream, gel, lotion whether prescribed or non-prescribed.
- (t) Injuries arising directly or indirectly from war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, strike, riot, civil commotion, military or usurped power; Full-time service in any of the armed forces including National Service under Section 10 of the Enlistment Act, Cap. 93 of the Republic of Singapore except National Service reservist duty or training under Section 14 of the Enlistment Act, Cap. 93 of the Republic of Singapore.
- (u) The **benefits** payable under **this policy** will not include the reimbursement of any Goods and Services Tax and other duties or taxes charged or chargeable.

Our responsibilities to you

A. Claims Conditions

Before any **benefits** are payable under **your policy**, the **insured member** has to ensure that the following requirements are being met.

- (a) The **insured member** has to notify to **us**, within 30 days from the **hospital** latest discharge date, informing **us** of any possible claim.
For death claim, notice must be given within 3 months from the death of the **insured member**.
- (b) It shall be a condition precedent to **our** liability under **this policy** that all claims shall be made within 60 days from the date of invoice of a medical claim. All claims shall be made on **our** prescribed forms and submitted to **us** together with the original copies of receipts and itemised bills.
- (c) Any information required by **us** for assessing the claim shall be furnished by the **policyholder** at the **policyholder's** expense.
- (d) Any **benefits** payable under **this policy** shall be paid to **you** or the **insured member**. The **insured member** or **your** receipt of any **benefit** payable under **your policy** shall in all cases be deemed final and complete discharge of all **our** liability.

Failure to furnish notice within the time provided in **this policy** shall invalidate the claim unless claimant shows that it was not reasonably possible to give such notice within such required time and that notice was subsequently given as soon as reasonably possible.

Your responsibilities

A. Premium

The premium is not guaranteed and may be reviewed and varied by **us** upon next renewal. Once the premium is varied, the new premium shall apply in respect of all **insured members** under **your policy**.

Short period extensions of the policy (less than 12 months) computed from the expiry date, if agreed by **us**, shall be based on the renewal premium and terms.

B. Cancellation of Policy

The **policyholder** and/or **us** may cancel **this policy** by giving the other party 30 days' written notice. Once the notice period has expired, all cover under **this policy** shall terminate. **We** may also cancel the cover on any **insured member** for failing to comply with the terms and conditions of the policy.

If **your policy** is cancelled by **us**, there shall be a pro-rated refund of premiums to **you** for the unexpired part of the **period of insurance** under **your policy**.

If the policy is cancelled by **you**, the following short period rates are applicable:

<u>Period of cover not exceeding</u>	<u>Short period rates</u>
1 week	1 month
1 month	3 months
2 months	4 months
3 months	6 months
4 months	7 months
6 months	9 months
8 months	10 months
> 8 months	12 months

C. Grace Period

The **policyholder** is allowed a grace period of 30 days from the date of invoice to pay the premium.

If the premium due is not payable by the end of the grace period, **this policy** shall be terminated as from the date of expiry of the grace period and **we** shall be discharged from all liability under **this policy** from that date.

However, **our** liability under **this policy** before such date will not be affected and **we** will be entitled to charge premium for the period insurance cover was provided based on the short period rates stated in Clause B, whether or not a claim has been made during this period.

D. Termination of Cover of Insured Member

The cover for an **insured member** under **this policy** shall terminate and all **benefits** shall cease for that **insured member** if any of the following occurs:

- (a) The date on which the policy is terminated;
- (b) At the end of the policy year during which the **insured member** reaches the maximum **age** of coverage as stated in the **policy schedule**;
- (c) When the **insured member** ceases to be eligible as an **insured member**;
- (d) At the expiry of the period for which the last premium payment is made on account of the **insured member's** cover;
- (e) The date the **insured member** enters full-time military, naval, air or police service except any period of National Service reservist duty or training;
- (f) On the death of the **insured member**;
- (g) When the **insured member** is on temporary leave of absence, sabbatical leave or absent from work due to sickness or **injury** for more than 12 months;
- (h) Non-payment of the premium after the grace period; or
- (i) Any condition under Clause A of What you need to be aware– arises.

Where applicable, the cover for the **dependant(s)** of the **insured member** shall automatically terminate when:

- (a) The cover for the **insured member** ceases; or
- (b) The spouse and/or child(ren) ceases to fall within the definition of a **dependants** in **this policy**.

E. Policy Owners' Protection Scheme

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

F. Binder Billing

This policy will be subjected to binder bill unless:

- (a) The **policyholder** dictates a basic core plan for the **insured members**; and
- (b) **Insured members** have the option to upgrade or downgrade from the core plan.

If the employee data is not received by **us** within 30 days from the policy inception or **renewal date**, **we** will issue binder bill based on the latest declaration of **insured member** or headcount by the **policyholder**.

G. Dealing with disputes

Any dispute arising out of or in connection with **this policy** shall be referred to and finally resolved by arbitration administered by the Singapore International Arbitration Centre ("SIAC") in accordance with the Arbitration Rules of the Singapore International Arbitration Centre ("SIAC Rules") for the time being in force, which rules are deemed to be incorporated by reference in this clause. **You** must refer any dispute under **this policy** to arbitration within two (2) years from the date an event giving rise to the claim in dispute arises.

The seat of the arbitration shall be Singapore. The language of the arbitration shall be English. The Tribunal shall consist of one (1) arbitrator. Either party may propose to the other the name or names of one or more persons to be an arbitrator, and if no agreement is reached within thirty (30) days after receipt by one party of such a proposal from the other, the arbitrator shall be appointed by the Chairman of the Singapore International Arbitration Centre. **We** will not be legally responsible under **this policy** unless **you** have first received an award under arbitration.