

Early Cancer Care FAQ

If you need more information, you can call 6722 2293 (Mon-Fri, 9am-5pm), email our Financial Protection Specialists at financial2@ocbc.com or visit any of our OCBC branches.

Q1. What is this Early Cancer Care offer?

A1: Early Cancer Care is a specially designed Cancer Protection plan offered to selected OCBC customers that covers Early Cancer (including Carcinoma-in-situ) and Major Cancers. This plan is guaranteed renewable on a yearly basis up to the policy anniversary where the customer would be age 85 on his/her next birthday. Customers enjoy level premiums throughout the life of the plan (subject to any adjustments to premium rates based on future claim experience).

Q2. What is a level premium?

A2: The premium chargeable each year is the rate based on the customer's age at the time of sign-up and there are no yearly increases in premium. The premium rates for this policy are not guaranteed and may be adjusted based on future claim experience. Adjusted rates, if any will be advised prior to policy renewals.

Q3. What is the Guaranteed Issue Offer (GIO) about?

A3: Early Cancer Care is an exclusive Guaranteed Issue Offer available to selected OCBC customers for a limited time period. Application is fuss-free with no medical underwriting or medical examination. Customers will however need to answer a single health question.

Q4. How long will the customer be able to enjoy the cancer coverage for?

A4: Early Cancer covers the customer as long as the policy remains inforce, until the policy anniversary on which the customer would be age 85 next birthday.

Q5. What is the difference between Early Cancer and Major Cancers?

A5: Early Cancer broadly refers to early-stage cancers such as carcinoma-in-situ found in nasopharynx, lungs, breasts, uterus, ovary, fallopian tubes, vulva, vagina, cervix, liver, stomach, colon, bladder, rectum, penis and testis.

Major Cancers broadly refers to malignant tumours inclusive of leukaemia, lymphoma, and sarcoma. Exclusions apply; please refer to the standard definitions (version 2014) for severe stage critical illnesses provided by the Life Insurance Association Singapore (LIA) at www.lia.org.sg.

Refer to Appendix A for Early Cancer and Major Cancers for more details.

Q6. What is the difference between Plans A, B and C?

A6: The features and benefits of Plans A, B and C vary in terms of coverage amount. Customers may choose from 3 different amounts of Benefit Amount of S\$50,000 (Plan A), S\$100,000 (Plan B) and S\$150,000 (Plan C), to bridge protection gaps or enhance the customer's existing Critical Illness coverage, as Early Cancer Care will make payment on top of the customer's existing Critical Illness policies.

Upon the admission of a claim for Early Cancer or Major Cancers, whichever is the earlier, Cancer Recovery Benefit of S\$1,000 (Plan A), S\$2,000 (Plan B) and S\$3,000 (Plan C) monthly will also be paid in cash for a period of 6 months.

Plans A, B and C all have a Premium Waiver Benefit.

Q7. What is the claimable amount if diagnosed with Early Cancer or Major Cancers?

A7: Upon diagnosis of Early Cancer for the first time, 40% of the Benefit Amount will be payable to the customer. Early Cancer Benefit is only claimable once.

If the customer is diagnosed with Major Cancers for the first time, the full amount of the Benefit Amount less any amounts previously paid out for Early Cancer (if any), will be paid, and the policy will terminate.

In addition, the plan will pay out the Cancer Recovery Benefit upon the diagnosis of the Early Cancer or Major Cancers, whichever is the earlier. The Cancer Recovery Benefit may only be claimed once.

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Stage	Benefit Level (% of Benefit Amount)		
	Plan A (BA = \$50,000)	Plan B (BA = \$100,000)	Plan C (BA = \$150,000)
Claim @ Early Cancer	40%	40%	40%
Claim @ Major Cancers	100%	100%	100%

Q8. What would happen to the remaining 60% of the benefit amount if the customer had been diagnosed with Early Cancer but recovers from it?

A8: Great Eastern will pay the remaining 60% of the benefit amount upon a diagnosis of Major Cancers.

Q9. What is Cancer Recovery Benefit?

A9: Cancer Recovery Benefit is a monthly cash payout over 6 months upon diagnosis of Early Cancer or Major Cancers, whichever is earlier. The Cancer Recovery Benefit may only be claimed once. In the event of the customer's death during the Cancer Recovery Benefit payout period, a lump sum payout of the remaining Cancer Recovery Benefit will be made.

	Plan A	Plan B	Plan C
Cancer Recovery Benefit (monthly payout for 6 months)	\$1,000	\$2,000	\$3,000

Q10. Would the customer's future premiums be waived upon a cancer claim being made?

A10: Yes, upon diagnosis of Early Cancer, the Premium Waiver Benefit will waive the customer's future premiums until the policy terminates. In the event of a claim for Major Cancers, the customer does not need to pay premiums while receiving the Cancer Recovery Benefit (if applicable).

Q11. What are the available avenues for customers to apply?

A11: This is an exclusive offer to selected OCBC customers only. To apply, the customer can simply logon his/her OCBC internet banking via the designated URL or complete an Early Cancer Care application form available at all OCBC branches.

Q12. Customer is unsure if he/she will be covered for certain pre-existing or existing conditions.

A12: To be eligible for the offer, the customer has to answer a health question to declare he/she has never been diagnosed with a Cancer/ Carcinoma-in-situ/ Leukaemia/ Lymphoma, and has not been investigated nor awaiting any medical consultation or follow-up for any of the medical conditions stated in the question. Refer to Appendix B for the Help Text. The plan does not cover pre-existing cancer.

Q13. Can the customer sign up for his/her spouse or children?

A13: No, this is an exclusive offer to selected OCBC customers only. Selected customers will receive a SMS, Electronic Direct Mailer and/or Direct Mailer of this exclusive offer.

Q14. Can the customer upgrade/downgrade his/her Early Cancer Plan in the future?

A14: Upgrading of plan is not allowed after purchase. However, the customer may request for a downgrade in writing, subject to Great Eastern's discretion. Any downgrade will only be effective at the next premium due date following approval.

Q15. How does Early Cancer Care complement the customer's existing hospital plan and/or critical illness plan?

A15: Early Cancer Care covers the customer from Early Cancer (including Carcinoma-in-situ) and Major Cancers. Upon diagnosis of Early Cancer or Major Cancers, the customer will receive a lump sum cash benefit plus 6 months of Cancer Recovery Benefit. This gives the customer higher coverage to deal with the burden of

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treatment or recovery costs. Future premiums will be waived throughout the policy term in the event of an Early Cancer claim.

Q16. How do customers make a claim?

A16: To make a claim, please visit Great Eastern's customer service lobby. Customer Service Operating Hours: Mondays to Fridays, 9.00am to 5.30pm. Closed on Saturdays, Sundays and Public Holidays. Or call 1800 248 2888.

Q17. Do customers get immediate cover?

A17: There is a 90-day waiting period from the date of issue of the policy. The customer will not be entitled to the benefits for a diagnosis of cancer within 90 (ninety) days from the date of issue of the policy.

Q18. What are the exclusions to this plan?

A18: Pre-existing cancer is not covered. Any cancer caused directly or indirectly by Acquired Immunodeficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV); or caused directly or indirectly by alcohol or drug abuse is also not covered. The customer will not be entitled to the benefits for a diagnosis of cancer within 90 (ninety) days from the date of issue of the policy and where the policy was reinstated, 90 (ninety) days from the date of reinstatement of the policy.

Q19. Can customer purchase more than 1 plan?

A19: No, each customer may only purchase 1 plan.

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APPENDIX A – Definition of Early Cancer and Major Cancers:

Early Cancer	<p>Refer to any one of the following minor cancer conditions:</p> <ol style="list-style-type: none"> 1. Carcinoma-in-situ of the following sites: Breast, uterus, ovary, fallopian tube, vulva, vagina, cervix uteri, colon, rectum, penis, testis, lung, liver, bladder, stomach or nasopharynx. The diagnosis of Carcinoma-in-situ must be positively established by microscopic examination of fixed tissues. Clinical diagnosis or the Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II, CIN III (severe dysplasia without carcinoma-in-situ) does not meet with the required definition and are specifically excluded. Carcinoma-in-situ of the skin or biliary system are also specifically excluded. 2. Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification. 3. Thyroid Cancer that is histologically described utilising TNM Classification as T1N0M0 as well as Papillary micro-carcinoma of Thyroid that is less than 1cm in diameter. 4. Urinary Bladder Cancer that is histologically described utilising the TNM Classification as T1N0M0 (including Papillary micro-carcinoma of Bladder).
Major Cancers	<p>Refer to a malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.</p> <p>The term malignant tumour includes leukemia, lymphoma and sarcoma.</p> <p>For the above definition, the following are excluded:</p> <ul style="list-style-type: none"> • All tumours which are histologically classified as any of the following: <ul style="list-style-type: none"> • Pre-malignant; • Non-invasive; • Carcinoma-in-situ; • Having borderline malignancy; • Having any degree of malignant potential; • Having suspicious malignancy; • Neoplasm of uncertain or unknown behavior; or • Cervical Dysplasia CIN-1, CIN-2 and CIN-3; • Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; • Malignant melanoma that has not caused invasion beyond the epidermis; • All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification; • All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; • All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below; • All Gastro-Intestinal Stromal tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs; • Chronic Lymphocytic Leukaemia less than RAI Stage 3; and • All tumours in the presence of HIV infection.

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APPENDIX B – Health Declaration/Question Help Text

Stated Conditions	Help Text
Colorectal polyp	You will not be required to declare colon polyp which was removed, confirmed to be benign and do not require regular monitoring or follow up on the doctor's advice.
Liver disease	This includes any type of hepatitis (except Hepatitis A), liver enlargement, liver cirrhosis, end-stage liver disease or fatty liver requiring regular monitoring or follow up
Persistent coughing of blood	This includes coughing of blood or bloody sputum lasting more than a day
Diarrhoea lasting more than one week	You will not be required to declare diarrhea which was caused by stomach infection or food poisoning.
Unexplained weight loss of more than 5 kg	You will not be required to declare intentional or planned weight loss due to diet-management or exercise.
Abnormal breast lump	You will not be required to declare any fully investigated breast cyst or lump which was removed, confirmed to be benign and do not require regular monitoring or follow-up on the doctor's advice.
Tumour or lump	This includes any cyst, nodules, polyp or tumour. You will not be required to declare any fully investigated tumour or lump which was removed, confirmed to be benign and do not require regular monitoring or follow-up on the doctor's advice.
Ovarian / Uterine growth	You will not be required to declare uterine fibroid and endometriosis that were benign and do not require regular monitoring or follow-up on the doctor's advice
Abnormal tumour markers	Tumor markers include but not limited to CA 19-9, CA 15-3, CA 125, CEA, AFP, PSA etc. You will not be required to declare incidental elevation of tumor markers which were fully investigated, confirmed to be non-precancerous or non-cancerous and do not require any follow-up on the doctor's advice
Unusual bleeding or discharge	You will not be required to declare menstrual disorder or discharge from nipples which were fully investigated, confirmed to be non-precancerous or non-cancerous and do not require regular monitoring or follow-up on the doctor's advice