

iFAST DIGITAL TERM: A RHI x iFAST AFFINITY PROGRAM PRODUCT GUIDE TO CANCER 360 RIDER

Dear Assured Member

Thank you for choosing RHI.

We hope you will find this Product Guide helpful as we journey together to secure financial risk protection for you. Should you have any other queries that we can assist with, please feel free to contact us using the details provided in Part III below.

Part I – Your Coverage Summary

This Cancer 360 Rider provides one lump sum pay-out upon the diagnosis of Major Cancer or Early Stage Cancer. The pay-out of this Cancer 360 Policy is additional and does not reduce the Sum Assured under the Digital Term. Your coverage under this Cancer 360 Rider will end once the Benefit has been paid.

The definitions of Major Cancer and Early Stage Cancer are set out in Page 2. No pay-out will be made for any Major Cancer or Early Stage Cancer diagnosis within ninety (90) days of Your enrolment in the Affinity Program. Following a diagnosis, a survival period of (14) days needs to be satisfied before any claim can be made.

In addition to the exclusions applicable to Your Digital Term coverage (please see Product Guide to Digital Term), the following are excluded from coverage:

1. Pre-existing conditions which have existed at any time prior to the commencement or reinstatement of insurance coverage whether known or unknown in so far as the cause or pathology of the conditions have already existed;
2. Sexually transmitted diseases or viruses, Acquired Immune Deficiency Syndrome (AIDS), AIDS related complexes and all illnesses or diseases associated with the Human Immune Deficiency Virus (HIV), except AIDS due to blood transfusion.
3. Drug addiction or alcoholism. Treatment for injuries or disablement directly or indirectly related to drug addiction, or alcoholism or being under the influence of drugs or alcohol.

Part II – How to Manage Your Policy

A) Set Up a RHI MediAccess Account

As part of the Affinity Program, we have prepared for you a RHI MediAccess account. Through the RHI MediAccess account, you will be able to manage your policy (including changing your address and contact details) and submit claims.

To register for your RHI MediAccess account, simply click [here](#). The following information is required for registration:

Field	Guide
Username	Your NRIC or FIN. This will be your Username.
Password	Your Date of Birth in DDMMYYYY format.

After completing registration, you will be able to seamlessly access your RHI MediAccess Account either directly or via a link from your iFAST account.

B) How to Made a Claim

You will need to provide a written notice of claim to Us within 120 days via MediAccess, and submit the following documents:

- a) Proof of Claim comprising medical reports, receipts, certificates; and
- b) Any other relevant information and/or documentation required by Us.

Kindly retain original copies of the above documents. Where relevant, we may also request that you attend a physical examination with Our Physicians.

Part III – Contact Us

Our contact details are as follow:

- a) General Enquiries: Email us at enquiries@raffleshealthinsurance.com or call us at 65 6286 2866 during office hours;
- b) Enquiries on MediAccess: Email us at medisupport@rafflesmedical.com

We look forward to the start of a journey with You.

Appendix - Definitions

The Definitions which apply are set out below:

1. Major Cancer refers 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.

The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma.

Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
 - i. Pre-malignant;
 - ii. Non-invasive;
 - iii. Carcinoma-in-situ (Tis) or Ta;
 - iv. Having borderline malignancy;
 - v. Having any degree of malignant potential;
 - vi. Having suspicious malignancy;
 - vii. Neoplasm of uncertain or unknown behaviour; or
 - viii. All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;
- Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans, 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 Neuroendocrine tumours 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 Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- All tumours in the presence of Human Immunodeficiency Virus (HIV) infection.

2. Early Stage Cancer refers to the diagnosis of one of the following:

Carcinoma in situ

Carcinoma in situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report.

Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.

The following conditions are specifically excluded from coverage:

- Cervical Dysplasia, CIN-1, CIN-2 and CIN- 3 and low grade & high grade squamous epithelial lesions;
- Prostatic Intraepithelial Neoplasia (PIN).
- Vulvar Intraepithelial Neoplasia(VIN).
- Any lesion or tumour which is histologically described as benign, dysplasia, premalignant, borderline malignant, or suspicious malignant potential.
- All tumours in the presence of Human Immunodeficiency Virus (HIV) infection.

Early Bladder Cancer

Papillary microcarcinoma of Bladder.

Early Prostate Cancer

Prostate Cancer that is histologically described using the TNM Classification as T1a or T1b or Prostate cancers described using another equivalent classification.

Early Thyroid Cancer

Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0 as well as Papillary microcarcinoma of thyroid that is less than 1cm in diameter.

Early Chronic Lymphocytic Leukemia

Chronic Lymphocytic Leukemia (CLL) RAI Stage 1 or 2. CLL RAI stage 0 or lower is excluded.

Early Melanoma

Invasive melanomas or less than 1.5mm Breslow thickness, or less than Clark Level 3. Non-invasive melanoma histologically described as "in-situ" is excluded.