This Cover Page is an important document.

- **It highlights the key features and risks of this product and should be read together with the Policy Illustration, Product Summary and Bundled Product Disclosure Document, where applicable.**
- **It is important to read the Policy Illustration, Product Summary and Bundled Product Disclosure Document, where applicable, before deciding whether to purchase this product. If you do not have a copy of these documents, please contact us at 6389 6111 or your Financial Adviser Representative to ask for them.**
- **You should not purchase this product if you do not understand or are not comfortable with the risks of this product.**

i-Protect (Renewable)

Product Type	Non-participating Term Plan
Premium Term	10 years
Policy Term	10 years
Name of Insurer	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Currency	Singapore Dollars

WHAT ARE YOU PURCHASING?

This is a non-participating term plan which offers you insurance coverage. It comprises guaranteed benefits only.

HOW MUCH WILL YOU NEED TO PAY FOR ADVICE?

The total distribution cost of this product is the amount that you will pay for advice and for other distribution related expenses. It includes cash payments in the form of commissions and benefits paid to the distribution channel and its representative(s) who have provided you with financial advice. This is not an additional cost to you as it has been included in the premiums payable for this plan.

The Total Distribution Cost for this plan is $31,158 as shown in the Policy Illustration. This makes up 17.2% of the total premiums payable.

WHAT HAPPENS IF YOU SURRENDER YOUR POLICY EARLY?

As this product has no savings or investment feature, there is no cash value if the policy ends or if the policy is terminated prematurely.

OTHER IMPORTANT INFORMATION

After purchasing a life insurance policy, you have a 14-day free-look period starting from the day you receive your policy documents to review the documents carefully. During this time, if you choose to cancel your policy, the insurer will refund you the premiums you have paid, less any medical fees and other expenses, such as payments for medical check-ups and medical reports, incurred by the insurer.

compareFIRST is an online portal that enables you to easily compare the premiums and features of life insurance products available to the retail market in Singapore. compareFIRST empowers you to make informed decisions when purchasing life insurance products. You can access the portal at www.comparefirst.sgbefore making a life insurance purchase. You can also find out more about life insurance products at www.moneysense.gov.sg.

Proposer's Signature & Date

Adviser's Signature & Date

Prepared by: GEN FINANCIAL ADVISORY PTE LTD
TAY SIEW LING (HP: 65-98180945)

S21R1 (Release Date: 21/11/2024) E & O.E.

COVER PAGE FOR NON-PARTICIPATING TERM PLAN

i-Protect (Renewable)

Date Generated	: 24/06/2025	Backdated	: Not applicable
Life Insured / Proposer	**: Mr. LU TZE WEOI KENNETH**		
Age Next Birthday	: 31	Date of Birth	: 04/08/1994
Gender / Smoker Status	: Male / Non-smoker		
Occupation	: -		
Residency	: Singapore		
Currency	: Singapore Dollars		

Plan	Sum Assured ($)	Policy Term (yrs)	Premium Term (yrs)	Premium ($)			
				Yearly	Half-Yearly	Quarterly	Monthly
i-Protect (Renewable) (TLB01-N)	300,000.00	10	10	174.15	90.35	45.20	15.10
Life Insured							
DisabilityCare Rider (Renewable) (RDD01-N)	300,000.00	10	10	15.00	7.80	3.90	1.30
EarlyCare Rider (Renewable)** (REB01-N)	300,000.00	10	10	517.50	268.50	134.25	44.80
Total Premiums ($)				706.65	366.65	183.35	61.20

For renewable plan and rider(s), the premium at each renewal will be determined based on the life insured's age next birthday at the time of renewal.

** Please note that the premium rates for product(s) marked with ** are not guaranteed. These rates may be adjusted based on future experience.

Proposer's Signature & Date

Adviser's Signature & Date

Prepared by: GEN FINANCIAL ADVISORY PTE LTD
TAY SIEW LING (HP: 65-98180945)

Introduction

China Taiping Insurance (Singapore) Pte. Ltd. ("CTPIS") believes that it is important that you fully appreciate the benefits of your policy. You should also understand how the cost of your insurance cover and the expenses of administration and sales affect the benefits that you will receive.

The illustration that follows shows how the value of your policy progresses over time and the sum(s) that would be payable. The methods used to derive the values shown follow guidelines established by the Life Insurance Association, Singapore, to ensure that a fair and consistent approach is used in preparing this illustration.

As this product has no savings or investment feature, there is no cash value if the policy ends or if the policy is terminated prematurely.

If you need clarification please do not hesitate to ask your financial adviser.

Proposer's Signature & Date

Adviser's Signature & Date

Prepared by: GEN FINANCIAL ADVISORY PTE LTD
TAY SIEW LING (HP: 65-98180945)

Life Insured : Mr. LU TZE WEOI KENNETH

Age Next Birthday : 31
Gender / Smoker Status : Male / Non-smoker

Basic Plan : i-Protect (Renewable)

	Sum Assured ($)	Policy Term (yrs)	Premium Term (yrs)	Yearly Premium ($)
i-Protect (Renewable)	300,000.00	10	10	174.15

Policy Illustration

End of Policy Year / Age	Total Basic Premiums Paid To-date ($)	DEATH BENEFIT Guaranteed ($)	SURRENDER VALUE Guaranteed ($)
1/32	175	300,000	0
2/33	349	300,000	0
3/34	523	300,000	0
4/35	697	300,000	0
5/36	871	300,000	0
6/37	1,045	300,000	0
7/38	1,220	300,000	0
8/39	1,394	300,000	0
9/40	1,568	300,000	0
10/41	1,742	300,000	0
15/46	3,238	300,000	0
20/51	4,734	300,000	0
25/56	8,388	300,000	0
30/61	12,042	300,000	0
35/66	23,972	300,000	0
40/71	35,901	300,000	0
45/76	70,245	300,000	0
50/81	104,589	300,000	0
54/85	181,053	300,000	0
Age 65	21,586	300,000	0
Age 75	63,377	300,000	0
Age 85	181,053	300,000	0
		MATURITY VALUE	
Age 85	181,053	0	

For renewable plan and rider(s), the premium at each renewal will be determined based on the life insured's age next birthday at the time of renewal.

Proposer's Signature & Date

Adviser's Signature & Date

Prepared by: GEN FINANCIAL ADVISORY PTE LTD
TAY SIEW LING (HP: 65-98180945)

How much are you paying for distribution costs?

This table shows the total costs of distribution that CTPIS expects to incur in relation to your policy, including the cost of any financial advice provided to you.

TOTAL DISTRIBUTION COSTS		
End of Policy Year / Age	Total Basic Premiums Paid To-date ($)	Total Distribution Cost To-date ($)
1/32	175	157
2/33	349	233
3/34	523	253
4/35	697	260
5/36	871	266
6/37	1,045	271
7/38	1,220	271
8/39	1,394	271
9/40	1,568	271
10/41	1,742	271
15/46	3,238	728
20/51	4,734	737
25/56	8,388	1,854
30/61	12,042	1,875
35/66	23,972	5,521
40/71	35,901	5,592
45/76	70,245	16,089
50/81	104,589	16,291
54/85	181,053	31,158
Age 65	21,586	5,451
Age 75	63,377	15,886
Age 85	181,053	31,158

What does the last column represent?

1. The Total Distribution Cost To-date is the sum of each year's expected distribution-related costs, without interest. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel.

2. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.

3. You can obtain the Total Distribution Cost of each of the supplementary benefits (if applicable) from your Financial Adviser Representatives.

Proposer's Signature & Date

Adviser's Signature & Date

Prepared by: GEN FINANCIAL ADVISORY PTE LTD
TAY SIEW LING (HP: 65-98180945)

Riders Illustration
(This is only a supplementary illustration and must be read in conjunction with main illustration.)

RIDER

	Sum Assured ($)	Policy Term (yrs)	Prem Term (yrs)	Premium ($) Yearly	Half-Yearly	Quarterly	Monthly
DisabilityCare Rider (Renewable) RDD01-N	300,000.00	10	10	15.00	7.80	3.90	1.30
EarlyCare Rider (Renewable)** REB01-N	300,000.00	10	10	517.50	268.50	134.25	44.80
Total Premium ($)				532.50	276.30	138.15	46.10

**Please note that the premium rates for product(s) marked with ** are not guaranteed. These rates may be adjusted based on future experience.

For renewable plan and rider(s), the premium at each renewal will be determined based on the life insured's age next birthday at the time of renewal.

End of Policy Year / Age	Total Rider Premiums Paid To-date ($)	Total Distribution Cost To-date ($)
1/32	533	481
2/33	1,065	713
3/34	1,598	774
4/35	2,130	798
5/36	2,663	813
6/37	3,195	829
7/38	3,728	829
8/39	4,260	829
9/40	4,793	829
10/41	5,325	829
15/46	11,580	2,741
20/51	17,835	2,778
25/56	34,499	7,871
30/61	51,162	7,969
35/66	93,584	20,935
40/71	136,005	21,185
45/76	250,143	56,070
50/81	364,281	56,744
54/85	518,941	86,813
Age 65	85,100	20,684
Age 75	227,316	55,397
Age 85	518,941	86,813

Proposer's Signature & Date

Adviser's Signature & Date

Prepared by: GEN FINANCIAL ADVISORY PTE LTD
TAY SIEW LING (HP: 65-98180945)

Supplementary Illustration

(This is only a supplementary illustration and must be read in conjunction with the main and rider illustrations.)

End of Policy Year / Age	Annual Basic Premium ($)	Annual Rider Premium ($)[#]
1/32	175	533
2/33	175	533
3/34	175	533
4/35	175	533
5/36	175	533
6/37	175	533
7/38	175	533
8/39	175	533
9/40	175	533
10/41	175	533
15/46	300	1,251
20/51	300	1,251
25/56	731	3,333
30/61	731	3,333
35/66	2,386	8,485
40/71	2,386	8,485
45/76	6,869	22,828
50/81	6,869	22,828
54/85	19,116	38,665

[#] Rider premiums include the premiums of all attaching riders.

Proposer's Signature & Date

Adviser's Signature & Date

Prepared by: GEN FINANCIAL ADVISORY PTE LTD
TAY SIEW LING (HP: 65-98180945)

DECLARATION

Name of Life Insured : Mr. LU TZE WEOI KENNETH

Name of Proposer : Mr. LU TZE WEOI KENNETH

Important Notes

The illustrated figures in the Cover Page, Policy Illustration and Bundled Product Disclosure, where applicable, are rounded to the nearest dollars. The actual benefits and surrender values payable are subject to rounding differences.

The Cover Page, Policy Illustration and Bundled Product Disclosure, where applicable, are for illustrative purposes only and are not contracts of assurance. The precise terms and conditions of this plan is specified in the Policy Contract. The Cover Page, Policy Illustration and Bundled Product Disclosure, where applicable, are valid for 1 month from the date generated. Notwithstanding the validity period, CTPIS reserves the right to amend or reject the Policy Illustration.

Proposer's Acknowledgement:

1. I/We acknowledge receipt of all pages of the Cover Page, Policy Illustration and Bundled Product Disclosure, where applicable. The Financial Adviser Representative has explained the content (values/key benefits/information in the Cover Page, Policy Illustration and Bundled Product Disclosure, where applicable), to my/our satisfaction and that I/We have read and understood its contents.

2. I/We understand that any non-guaranteed benefits (if any), including any bonuses or dividends or illustrated investment rate of returns, assumed in the Cover Page, Policy Illustration and Bundled Product Disclosure, where applicable, are subject to change and are not guaranteed.

3. I/We understand that the Policy Illustration does not form part of any contract of insurance. It is intended only to be an illustrative document. The contents of the Cover Page, Policy Illustration and Bundled Product Disclosure, where applicable, may vary from the terms of cover eventually issued.

4. I/We understand that I/We need to refer to the policy contract for all terms and conditions, including exclusions whereby the benefits under the policy may not be paid out.

5. I/We understand that it is the precise terms and conditions as appear in the policy contract which will bind the parties.

6. For the purpose of this insurance application, the Cover Page, Policy Illustration and Bundled Product Disclosure, where applicable, supersede all previous Cover Page, Policy Illustration and Bundled Product Disclosure, where applicable, submitted to CTPIS (if any), which have been signed by me/us, and any Financial Adviser Representative.

Proposer's Signature & Date

Adviser's Signature & Date

Prepared by: GEN FINANCIAL ADVISORY PTE LTD
TAY SIEW LING (HP: 65-98180945)

PRODUCT SUMMARY COVER PAGE

Name of Life Insured : Mr. LU TZE WEOI KENNETH

Name of Proposer : Mr. LU TZE WEOI KENNETH

Plan	No. of Pages of Product Summary
i-Protect (Renewable) (TLB01-N)	3
DisabilityCare Rider (Renewable) (RDD01-N)	3
EarlyCare Rider (Renewable) (REB01-N)	6
Early, Intermediate and Advanced Stage Critical Illness Definitions (31 pages)	

Proposer's Acknowledgement:

1. I/We acknowledge receipt of all pages of the Product Summary for the basic plan and rider(s) (if any) listed above and its contents have been explained to my/our satisfaction.

2. I/We have also read through all the pages of the Product Summary for the basic plan and rider(s) (if any) listed above and understood its benefits and key product features.

Proposer's Signature & Date

Adviser's Signature & Date

Prepared by: GEN FINANCIAL ADVISORY PTE LTD
TAY SIEW LING (HP: 65-98180945)

PRODUCT SUMMARY
i-Protect (Renewable)

In this Product Summary, "**we**", "**us**", "**our**" refer to China Taiping Insurance (Singapore) Pte. Ltd.

PLAN DESCRIPTION

i-Protect (Renewable) is a regular premium renewable term plan that offers financial protection against death and terminal illness at affordable premium. This basic plan will automatically renew every **5 or 10 years** at your choice, until the life insured's age next birthday of 85.

This plan is a non-participating plan denominated in Singapore Dollar and has no surrender value.

PLAN BENEFITS

1. Death Benefit

If the life insured dies, we will pay the sum assured of this basic plan ("basic sum assured") as the death benefit.

Any indebtedness will be deducted from the benefit before we pay out the balance.

2. Terminal Illness ("TI") Benefit

If the life insured is diagnosed with TI, we will pay the death benefit up to the TI Limit as the TI benefit. TI benefit is is payable once.

The maximum TI benefit payable, inclusive of all other policies issued by us and other insurance companies on the same life insured, is SGD3,000,000 ("TI Limit"). For country of residence other than Singapore, a different limit may apply.

TI benefit is an accelerated payment of the death benefit and hence will reduce the basic sum assured. If the death benefit is not fully accelerated due to TI Limit, the policy will remain in-force with the balance basic sum assured payable upon death.

Any indebtedness will be deducted from the benefit before we pay out the balance.

Definition of TI
TI is defined as the conclusive diagnosis of an illness that is expected to result in death within 12 months. This diagnosis must be certified by a specialist and confirmed by our appointed medical practitioner. Terminal illness in the presence of HIV infection is excluded.

3. Guaranteed Renewability Benefit

At the end of the chosen coverage term, this basic plan will automatically renew for the same coverage term** and for the same basic sum assured, without further medical evidence of insurability of the life insured, as long as the conditions below are met:

(i) The basic plan is in-force at the end of each coverage term and each renewed term;
(ii) The life insured's age next birthday at the point of renewal is 84 or below; and
(iii) No claims have been admitted under the basic plan.

*** The coverage term of the last renewal will be adjusted to a shorter term such that it expires at life insured's age next birthday of 85. Thereafter, the policy will terminate.*

The premium at each renewal will be determined based on the life insured's age next birthday at the time of renewal and will stay level and guaranteed throughout each renewed term. The same terms and conditions which previously applied to this basic plan will continue to apply.

You may cancel the renewal by submitting a written request to us within 30 days prior to the renewal date.

4. Convertibility Option

This option allows you to convert this basic plan, in full or in part, to a new endowment, whole life or investment-linked policy denominated in Singapore Dollar available at the time of conversion, without further medical evidence of insurability of the life insured. This conversion to the new policy is subject to the following conditions and any other conditions that we may impose at the time of the conversion:

(i) The basic plan is in-force when this option is exercised;
(ii) When this option is exercised, there is no overdue premium for the policy;
(iii) The life insured's age next birthday is 65 or below when this option is exercised;
(iv) The remaining coverage term of this basic plan is at least 5 years when this option is exercised;
(v) The life insured for the new policy must be the same as that for this basic plan;
(vi) The guaranteed death benefit under the new policy must not exceed the converted amount of the basic sum assured;
(vii) The remaining basic sum assured, if any, shall not fall below the minimum sum assured requirement. Otherwise, full conversion option shall be exercised; and
(viii) No claim has been admitted under this policy or any other policies issued by us for any benefits that cover the life of the life insured.

If the new policy insures events other than death or TI, the life insured will be subject to medical underwriting. If this basic plan was issued on non-standard terms, the new policy will also be issued on non-standard terms.

This Convertibility Option does not apply to any attaching rider(s), unless otherwise stated in the product summary of the respective rider(s).

This option can only be exercised once, be it a full or partial conversion. The action to convert this basic plan cannot be reverted once the conversion is effective. The policy will terminate upon full conversion.

PAYMENT OF PREMIUMS

Premium rates are guaranteed for as long as the basic plan is in-force.

The premium at each renewal will be determined based on the life insured's age next birthday at the time of renewal and will stay level and guaranteed throughout each renewed term

EXCLUSIONS

If the life insured, whether sane or otherwise, dies by suicide within 1 year from:
(a) the policy issue date we will refund the total premiums paid from the policy issue date without interest; or
(b) the last policy reinstatement date, we will refund the total premiums paid from the last policy reinstatement date without interest,
less any medical and other expenses incurred in assessing the risk under the policy and all benefits previously paid under the policy. The policy terminates thereafter.

TERMINATION

The policy will terminate on the earliest of any of the following:
(a) death of the life insured;
(b) full payment of the death benefit;
(c) the expiry of this basic plan as described under Guaranteed Renewability Benefit;
(d) full conversion of this basic plan;
(e) lapse of the policy;
(f) reduction of the basic sum assured to zero because of any accelerated payments;
(g) our acceptance of your written request to terminate the policy; or
(h) any other cause of termination as required under any laws or regulatory requirements or pursuant to any order of Court.

FREE LOOK PERIOD

You may cancel the policy by submitting a written request to us within 14 days after you have received the policy document. We will deduct all expenses incurred in assessing the risk under the policy from the premium paid and refund the balance to you without interest.

If the policy document is sent to you by post, it is deemed to have been delivered and received by you 7 days after the date of posting.

POLICY OWNERS' PROTECTION SCHEME

The 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 us or visit the LIA or SDIC web-sites (www.lia.org.sg or www.sdic.org.sg).

IMPORTANT NOTES

This Product Summary does not form a part of any contract of insurance. It is only meant to be a simplified description of the product features applicable to this plan and is not exhaustive. The contents of this Product Summary may vary from the terms of cover eventually issued. Please refer to the Policy Contract for all terms and conditions, including exclusions whereby the benefits under your policy may not be paid out. You are advised to read the Policy Contract. For the avoidance of doubt, only the terms and conditions as set out in the Policy Contract will bind the parties.

PRODUCT SUMMARY
DisabilityCare Rider (Renewable)
for i-Protect (Renewable)

PLAN DESCRIPTION

DisabilityCare Rider (Renewable) is a regular premium renewable rider that offers financial protection against total and permanent disability at affordable premium. This rider will automatically renew every **5 or 10 years** together with the basic plan, until the life insured's age next birthday of 85.

This rider is a non-participating rider denominated in Singapore Dollar and has no surrender value.

PLAN BENEFITS

1. Total and Permanent Disability ("TPD") Benefit

If the life insured becomes totally and permanently disabled, we will pay the sum assured of this rider ("rider sum assured") up to the TPD Limit as the TPD benefit.

The maximum disability benefit payable, inclusive of all other policies issued by us and other insurance companies on the same life insured, is SGD5,000,000 ("TPD Limit"). For country of residence other than Singapore, a different limit may apply.

TPD benefit is an accelerated payment of the death benefit under the basic plan and hence will reduce the basic sum assured.

Any indebtedness will be deducted from the benefit before we pay out the balance.

Definition of TPD

At any age before the policy anniversary on which the life insured's age next birthday is 18

The life insured, due to accident or sickness, is disabled to such an extent which:

(a) requires confinement to a home, hospital or other institution; and
(b) requires constant care and medical attention;

and such disability must:

(a) have persisted for a continuous period of at least 6 months from the date of disability as diagnosed by a medical practitioner appointed by us; and
(b) in the view of a medical practitioner appointed by us, be deemed permanent.

On or after the policy anniversary on which the life insured's age next birthday is 18 and before the policy anniversary on which the life insured's age next birthday is 65

The life insured, due to accident or sickness, becomes:

(a) disabled to such an extent as to be rendered totally unable to engage in any occupation, business or activity for income, remuneration or profit; or
(b) totally and permanently unable to perform at least 3 of the 6 "Activities of Daily Living" even with any assistive device and requires the physical assistance of another person throughout the entire activity;

and such disability must:

(a) have persisted for a continuous period of at least 6 months from the date of disability as diagnosed by a medical practitioner appointed by us; and
(b) in the view of a medical practitioner appointed by us, be deemed permanent.

On or after the policy anniversary on which the life insured's age next birthday is 65 and before the policy anniversary on which the life insured's age next birthday is 70

The life insured, due to accident or sickness, becomes totally and permanently unable to perform at least 2 of the 6 "Activities of Daily Living" even with any assistive device and requires the physical assistance of another person throughout the entire activity and such disability must:

(a) have persisted for a continuous period of at least 6 months from the date of disability as diagnosed by a medical practitioner appointed by us; and
(b) in the view of a medical practitioner appointed by us, be deemed permanent.

At any age

The life insured, due to accident or sickness, suffers loss by complete severance or total and irreversible loss of use of:

(a) sight in both eyes;
(b) any 2 limbs at or above the wrist or ankle; or
(c) sight in 1 eye and any 1 limb at or above the wrist or ankle.

Definition of Activities of Daily Living

"Activities of Daily Living" are

(i) Transferring : the ability to move from a bed to an upright chair or wheelchair and vice versa
(ii) Mobility : the ability to move indoors from room to room on level surfaces
(iii) Toileting : the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene
(iv) Dressing : the ability to put on, take off, secure and unfasten all garments and as appropriate, any braces, artificial limbs or other surgical appliances
(v) Washing : the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by any other means
(vi) Feeding : the ability to feed oneself once food has been prepared and made available

2. Guaranteed Renewability Benefit

At the end of the chosen coverage term, this rider will automatically renew together with the basic plan for the same coverage term** and for the same rider sum assured, without further medical evidence of insurability of the life insured, as long as the conditions below are met:

(i) This rider is in-force at the end of each coverage term and each renewed term;
(ii) The life insured's age next birthday at the point of renewal is 84 or below; and
(iii) No claims have been admitted under this rider.

*** The coverage term of the last renewal will be adjusted to a shorter term such that it expires at life insured's age next birthday of 85. Thereafter, this rider will terminate.*

The premium at each renewal will be determined based on the life insured's age next birthday at the time of renewal and will stay level and guaranteed throughout each renewed term. The same terms and conditions which previously applied to this rider will continue to apply.

You may cancel the renewal by submitting a written request to us within 30 days prior to the renewal date.

3. Convertibility Option

This option allows you to convert this rider, in full or in part, to a new TPD rider/benefit available at the time of conversion, without further medical evidence of insurability of the life insured. This conversion to the new TPD rider/benefit is subject to the following conditions and any other conditions that we may impose at the time of the conversion:

(i) This rider is in-force when this option is exercised;
(ii) The conversion option must also be exercised on the basic plan;
(iii) The life insured's age next birthday is 65 or below when this option is exercised;
(iv) The remaining coverage term of this rider is at least 5 years when this option is exercised;
(v) The life insured for the new TPD rider/benefit must be the same as that for this rider;
(vi) The payout under the new TPD rider/benefit must also be an accelerated payment of death benefit under the new policy;
(vii) The guaranteed TPD benefit under the new TPD rider/benefit must not exceed the converted amount of this rider sum assured;
(viii) The remaining rider sum assured, if any, shall not fall below the minimum sum assured requirement. Otherwise, full conversion option shall be exercised; and
(ix) No claim has been admitted under this policy or any other policies issued by us for any benefits that cover the life of the life insured.

If the new TPD rider/benefit insures events other than TPD, the life insured will be subject to medical underwriting. If this rider was issued on non-standard terms, the new TPD rider/benefit will also be issued on non-standard terms.

This option can only be exercised once, be it a full or partial conversion. The action to convert this rider cannot be reverted once the conversion is effective. This rider will terminate upon full conversion.

PAYMENT OF PREMIUMS

Premium rates are guaranteed for as long as this rider is in-force.

The premium at each renewal will be determined based on the life insured's age next birthday at the time of renewal and will stay level and guaranteed throughout each renewed term

EXCLUSIONS

We will not pay any benefits under this rider if the TPD sustained by the life insured is caused directly or indirectly, wholly or partly by any of the following:

(a) any pre-existing condition, unless such pre-existing condition was communicated to us before the rider issue date or the date this rider is last reinstated, whichever is later, and we accept or agree to insure such pre-existing condition in writing;
(b) any attempted suicide or self-inflicted injury, whether or not the life insured is sane or otherwise;
(c) under the influence of any narcotic, alcohol, gas or fumes, voluntarily taken, administered, absorbed or inhaled or drugs not prescribed by a medical practitioner;
(d) war or any incident to war (whether war is declared or undeclared), terrorism or any sort of internal or foreign hostilities;
(e) any riot, invasion, act of foreign enemies, hostilities, rebellion, revolution, insurrection, military or usurped power or civil commotion; or
(f) any travel on any aerial device or conveyance, except if the life insured is:
    (i) a fare-paying passenger or a crew member including a pilot on an aircraft licensed for passenger service and operated by a regular airline on a scheduled route; or
    (ii) a member of the armed forces travelling as a passenger in a military transport aircraft at that time.

TERMINATION

This rider will terminate on the earliest of any of the following:

(a) termination or lapse of the policy;
(b) 100% of the rider sum assured is paid out as the TPD benefit;
(c) the expiry of this rider as described under Guaranteed Renewability Benefit;
(d) full conversion of this rider;
(e) our acceptance of your written request to terminate this rider; or
(f) any other cause of termination as required under any laws or regulatory requirements or pursuant to any order of Court.

POLICY OWNERS' PROTECTION SCHEME

The 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 us or visit the LIA or SDIC web-sites (www.lia.org.sg or www.sdic.org.sg).

IMPORTANT NOTES

This Product Summary does not form a part of any contract of insurance. It is only meant to be a simplified description of the product features applicable to this plan and is not exhaustive. The contents of this Product Summary may vary from the terms of cover eventually issued. Please refer to the Policy Contract for all terms and conditions, including exclusions whereby the benefits under your policy may not be paid out. You are advised to read the Policy Contract. For the avoidance of doubt, only the terms and conditions as set out in the Policy Contract will bind the parties.

This is not a Medisave-approved policy and you may not use Medisave to pay the premiums for this rider.

PRODUCT SUMMARY
EarlyCare Rider (Renewable)
for i-Protect (Renewable)

PLAN DESCRIPTION

EarlyCare Rider (Renewable) is a regular premium renewable rider that offers financial protection against critical illnesses arising from different stages of severity. This rider will automatically renew every **5 or 10 years** together with the basic plan, until the life insured's age next birthday of 85.

This rider is a non-participating rider denominated in Singapore Dollar and has no surrender value.

PLAN BENEFITS

1. Critical Illness ("CI") Benefit

If the life insured is diagnosed with any stage of any covered critical illness (except Angioplasty and Other Invasive Treatment for Coronary Artery), we will pay the sum assured of this rider ("rider sum assured") up to the CI Limit as the CI benefit.

If the life insured undergoes Angioplasty and Other Invasive Treatment for Coronary Artery, we will pay 10% of the rider sum assured up to $25,000 per policy, as CI benefit. The rider will remain in-force at a reduced rider sum assured, which will be payable upon subsequent claim for other CIs.

The maximum benefit payable for each claim, inclusive of all other policies issued by us on the same life insured for:
(a) intermediate stage CI is SGD350,000; and
(b) early stage CI is SGD350,000; and
the maximum CI benefit payable in total for all stages, inclusive of all other policies issued by us and other insurance companies on the same life insured, is SGD3,000,000 (collectively known as "CI Limit"). For country of residence other than Singapore, a different limit may apply.

If the rider sum assured is not fully paid out due to limits mentioned above, the rider will remain in-force at a reduced rider sum assured, which will be payable upon subsequent claim for other CIs at any stage, subject to the following conditions:
(i) We will only pay once for each CI (except Major Cancer) aggregating early stage and intermediate stage. If the life insured is diagnosed with early stage or intermediate stage of the same CI under which a claim has been previously admitted, we will not pay the CI benefit for the new diagnosis.
(ii) For Major Cancer, we will pay for a second claim under early stage or intermediate stage if:
- the second cancer is in respect of a different organ from the first cancer claim; and
- the second cancer is a primary cancer and completely unrelated (different pathological and histological type) to the first cancer claim.

(iii) If the CI under early stage or intermediate stage progresses to advanced stage subsequently, we will pay the remaining rider sum assured, if any.
(iv) If the life insured is diagnosed with any advanced stage CI after any prior CI claim(s) of any stage has been previously admitted, we will also pay the remaining rider sum assured, if any.

CI benefit is an accelerated payment of the death benefit under the basic plan and hence will reduce the basic sum assured.

Any indebtedness will be deducted from the benefit before we pay out the balance.

List of Covered Critical Illnesses

The list of covered critical illnesses is set out in Appendix A.

2. Special Benefit

If the life insured is diagnosed with or undergoes any of the Special Conditions, we will pay 20% of the rider sum assured, subject to the following conditions:
(i) Each Special Condition can only be claimed once under this rider and we will pay this Special Benefit for a maximum of 5 times under this rider for different Special Conditions.
(ii) The maximum Special Benefit payable for each Special Condition, inclusive of all other policies issued by us on the same life insured, is SGD25,000.

(iii) Special Benefit for Breast Reconstructive Surgery is only payable following a successful claim for CI Benefit under this rider arising from a Mastectomy.
(iv) We will only pay the Special Benefit if the life insured survives for more than 7 days from the date of diagnosis of the Special Condition.

Special Benefit is not an accelerated payment and hence will not reduce the basic sum assured nor the rider sum assured.

Any indebtedness will be deducted from the benefit before we pay out the balance.

List of Covered Special Conditions
The list of covered Special Conditions is set out in Appendix B.

3. Guaranteed Renewability Benefit

At the end of the chosen coverage term, this rider will automatically renew together with the basic plan for the same coverage term** and for the same rider sum assured, without further medical evidence of insurability of the life insured, as long as the conditions below are met:

(i) This rider is in-force at the end of each coverage term and each renewed term;
(ii) The life insured's age next birthday at the point of renewal is 84 or below; and
(iii) No claims have been admitted under this rider.

*** The coverage term of the last renewal will be adjusted to a shorter term such that it expires at life insured's age next birthday of 85. Thereafter, this rider will terminate.*

The premium at each renewal will be determined based on the life insured's age next birthday at the time of renewal. The same terms and conditions which previously applied to this rider will continue to apply.

You may cancel the renewal by submitting a written request to us within 30 days prior to the renewal date.

4. Convertibility Option

This option allows you to convert this rider, in full or in part, to a new CI rider available at the time of conversion, without further medical evidence of insurability of the life insured. This conversion to the new CI rider is subject to the following conditions and any other conditions that we may impose at the time of the conversion:

(i) This rider is in-force when this option is exercised;
(ii) The conversion option must also be exercised on the basic plan;
(iii) The life insured's age next birthday is 60 or below when this option is exercised;
(iv) The remaining coverage term of this rider is at least 5 years when this option is exercised;
(v) The life insured for the new CI rider must be the same as that for this rider;
(vi) The payout under the new CI rider must also be an accelerated payment of death benefit under the new policy;
(vii) The maximum converted amount allowed is the lower of the rider sum assured or $250,000;
(viii) The guaranteed CI benefit under the new CI rider must not exceed the converted amount of this rider sum assured;
(ix) The remaining rider sum assured, if any, shall not fall below the minimum sum assured requirement. Otherwise, full conversion option shall be exercised; and
(x) No claim has been admitted under this policy or any other policies issued by us for any benefits that cover the life of the life insured.

If the new CI rider insures events other than early, intermediate and advanced stage critical illness or special conditions, the life insured will be subject to medical underwriting. If this rider was issued on non-standard terms, the new CI rider will also be issued on non-standard terms.

This option can only be exercised once, be it a full or partial conversion. The action to convert this rider cannot be reverted once the conversion is effective. This rider will terminate upon full conversion.

PAYMENT OF PREMIUMS

Premium rates are not guaranteed and we may adjust it based on future claims experience. If we wish to adjust the premium rates, we will give you 30 days' written notice.

The premium at each renewal will be determined based on the life insured's age next birthday at the time of renewal.

EXCLUSIONS

We will not pay any benefits under this rider if the life insured is diagnosed with any CI that is caused directly or indirectly, wholly or partly by any of the following:

(a) any pre-existing condition, unless such pre-existing condition was communicated to us before the rider issue date or the date this rider is last reinstated, whichever is later, and we accept or agree to insure such pre-existing condition in writing;
(b) any attempted suicide or self-inflicted injury, whether or not the life insured is sane or otherwise;
(c) under the influence of any narcotic, alcohol, gas or fumes, voluntarily taken, administered, absorbed or inhaled or drugs not prescribed by a medical practitioner;
(d) Acquired Immunodeficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV) except for HIV due to Blood Transfusion and Occupationally Acquired HIV, HIV due to Organ Transplant and HIV due to Assault as covered under this rider; or
(e) donation of any of the life insured's organs.

WAITING PERIOD

We will not pay the CI Benefit on any of the following under any stages, if:

(a) the life insured is diagnosed with Major Cancer or Heart Attack of Specified Severity or Other Serious Coronary Artery Disease; or
(b) Angioplasty and Other Invasive Treatment for Coronary Artery or Coronary Artery By-Pass Surgery is recommended / performed on the life insured,

within 90 days from the rider issue date or the date this rider is last reinstated, whichever is later.

TERMINATION

This rider will terminate on the earliest of any of the following:

(a) termination or lapse of the policy;
(b) 100% of the rider sum assured is paid out as the CI benefit;
(c) the expiry of this rider as described under Guaranteed Renewability Benefit;
(d) full conversion of this rider;
(e) our acceptance of your written request to terminate this rider; or
(f) any other cause of termination as required under any laws or regulatory requirements or pursuant to any order of Court.

POLICY OWNERS' PROTECTION SCHEME

The 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 us or visit the LIA or SDIC web-sites (www.lia.org.sg or www.sdic.org.sg).

IMPORTANT NOTES

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This is not a Medisave-approved policy and you may not use Medisave to pay the premiums for this rider.

Appendix A

List of Covered Critical Illnesses

No.	Critical Illness	Early Stage	Intermediate Stage	Advanced Stage
1.	Alzheimer's Disease / Severe Dementia*	✓	✓	✓*
2.	Angioplasty and Other Invasive Treatment for Coronary Artery*	-	-	✓*
3.	Benign Brain Tumour*	✓	✓	✓*
4.	Blindness (Irreversible Loss of Sight)*	✓	✓	✓*
5.	Coma*	✓	✓	✓*
6.	Coronary Artery By-Pass Surgery*	✓	✓	✓*
7.	Deafness (Irreversible Loss of Hearing)*	✓	✓	✓*
8.	End Stage Kidney Failure*	✓	✓	✓*
9.	End Stage Liver Failure*	✓	✓	✓*
10.	End Stage Lung Disease*	✓	✓	✓*
11.	Fulminant Hepatitis*	✓	✓	✓*
12.	Heart Attack of Specified Severity*	✓	✓	✓*
13.	HIV due to Blood Transfusion and Occupationally Acquired HIV*	✓	✓	✓*
14.	Idiopathic Parkinson’s Disease*	✓	✓	✓*
15.	Irreversible Aplastic Anaemia*	✓	✓	✓*
16.	Irreversible Loss of Speech*	✓	✓	✓*
17.	Loss of Independent Existence*	✓	✓	✓*
18.	Major Burns*	✓	✓	✓*
19.	Major Cancer*	✓	✓	✓*
20.	Major Head Trauma*	✓	✓	✓*
21.	Major Organ / Bone Marrow Transplantation*	✓	✓	✓*
22.	Motor Neurone Disease*	✓	✓	✓*
23.	Multiple Sclerosis*	✓	✓	✓*
24.	Muscular Dystrophy*	✓	✓	✓*
25.	Open Chest Heart Valve Surgery*	✓	✓	✓*
26.	Open Chest Surgery to Aorta*	✓	✓	✓*
27.	Other Serious Coronary Artery Disease*	✓	✓	✓*
28.	Paralysis (Irreversible Loss of Use of limbs)*	✓	✓	✓*
29.	Persistent Vegetative State Apallic Syndrome*	✓	✓	✓*
30.	Poliomyelitis*	✓	✓	✓*
31.	Primary Pulmonary Hypertension*	✓	✓	✓*
32.	Progressive Scleroderma*	✓	✓	*✓
33.	Severe Bacterial Meningitis*	✓	✓	✓*

No.	Critical Illness	Early Stage	Intermediate Stage	Advanced Stage
34.	Severe Encephalitis*	✓	✓	✓*
35.	Stroke with Permanent Neurological Deficit*	✓	✓	✓*
36.	Systemic Lupus Erythematosus with Lupus Nephritis*	✓	✓	✓*
37.	Acute Necrohemorrhagic Pancreatitis	-	-	✓
38.	Adrenalectomy for Adrenal Adenoma	-	-	✓
39.	Chronic Auto-Immune Hepatitis	✓	-	✓
40.	Creutzfeldt-Jakob Disease	✓	✓	✓
41.	Ebola	-	-	✓
42.	Eisenmenger's Syndrome	✓	✓	✓
43.	Elephantiasis	-	-	✓
44.	Full Blown AIDS	-	-	✓
45.	Infective Endocarditis	-	-	✓
46.	Medullary Cystic Disease	✓	✓	✓
47.	Meningeal Tuberculosis	-	-	✓
48.	Multiple Root Avulsions of Brachial Plexus	-	-	✓
49.	Myasthenia Gravis	✓	✓	✓
50.	Necrotising Fasciitis	-	-	✓
51.	Progressive Supranuclear Palsy	✓	✓	✓
52.	Resection of the Whole Small Intestine (duodenum, jejunum and ileum)	-	-	✓
53.	Severe Cardiomyopathy	✓	-	✓
54.	Severe Pulmonary Fibrosis	-	-	✓
55.	Surgery for Idiopathic Scoliosis	-	-	✓

* The Life Insurance Association Singapore (LIA) has Standard Definitions for 37 Severe Stage Critical Illnesses: Version 2019. The Advanced Stage of these Critical Illnesses fall under Version 2019.

Appendix B

List of Covered Special Conditions

No.	Critical Illness
1.	Breast Reconstructive Surgery following a Mastectomy
2.	Chronic Adrenal Insufficiency
3.	Chronic Relapsing Pancreatitis
4.	Dengue Haemorrhagic Fever
5.	Diabetic Complications
6.	Hysterectomy due to Cancer
7.	Osteoporosis
8.	Pheochromocytoma
9.	Severe Crohn’s Disease
10.	Severe Rheumatoid Arthritis
11.	Severe Ulcerative Colitis
12.	Wilson’s Disease

EARLY, INTERMEDIATE AND ADVANCED STAGE CRITICAL ILLNESS DEFINITIONS
(Supplement to Product Summary)

The following terms can be found in some of the critical illness definitions below, and their meanings are as follows:

Activities of Daily Living (ADLs)
The six "Activities of Daily Living" are: (i) Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; (ii) Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; (iii) Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa; (iv) Mobility- the ability to move indoors from room to room on level surfaces; (v) Toileting- the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; (vi) Feeding- the ability to feed oneself once food has been prepared and made available.
Permanent Neurological Deficit
Permanent means expected to last throughout the lifetime of the Insured. Permanent Neurological Deficit means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Insured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.
Insured
Insured refers to the person who is insured under the respective Basic Benefit and/or attaching Riders (if any).

Early, Intermediate and Advanced Stage Critical Illness Definitions

1. Alzheimer's Disease / Severe Dementia	
Early Stage	**Diagnosis of Dementia including Alzheimer's Disease** Diagnosis of dementia by neurological assessment by an appropriate specialist confirming cognitive impairment characterized by a Mini Mental State Examination score of 24 or less out of 30 (20 to 24 out of 30) as assessed by 2 neuropsychometric tests performed six (6) months apart which clearly define the severity of the impairment. The applicant must have been placed on disease modifying treatment prescribed by a specialist and must be under the continuous care of a specialist. The following are excluded: ▪ Non-organic diseases such as neurosis and psychiatric illnesses; and ▪ Alcohol related brain damage. Coverage on Early Stage Alzheimer expires on the Policy Anniversary on which the Insured is age 85 next birthday.
Intermediate Stage	**Moderately to Severe Alzheimer's Disease** Alzheimer's disease or dementia due to irreversible organic brain disorders by a consultant neurologist. The Mini Mental State Examination score must be less than 20 out of 30 as assessed by two (2) neuropsychometric tests performed six (6) months apart which clearly define the severity of the impairment. There must also be permanent clinical loss of the ability to do all the following: ▪ Remember; ▪ Reason; and ▪ Perceive, understand, express and give effect to ideas. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by Our appointed doctor. The following are excluded: ▪ Non-organic diseases such as neurosis and psychiatric illnesses; and ▪ Alcohol related brain damage.

Advanced Stage	**Alzheimer's Disease / Severe Dementia** Deterioration or loss of cognitive function as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Insured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by Our appointed doctor. The following are excluded: ▪ Non-organic diseases such as neurosis and psychiatric illnesses; and ▪ Alcohol related brain damage.
2. Benign Brain Tumour	
Early Stage	**Surgical Removal of Pituitary Tumour (by Transsphenoidal/Transnasal Hypophysectomy)** The actual undergoing of surgical removal of a pituitary tumour by transsphenoidal / transnasal hypophysectomy necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour or where surgical removal is considered necessary upon the advice of an appropriate specialist or neurosurgeon. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. Partial removal of pituitary microadenoma is specifically excluded. The following are excluded: ▪ Cysts; ▪ Abscess; ▪ Angioma; ▪ Granulomas; ▪ Vascular Malformations; ▪ Haematomas; and ▪ Tumours of the pituitary gland, spinal cord and skull base.
Intermediate Stage	**Surgical Removal of Pituitary Tumour (by Open Craniotomy)** The actual undergoing of total surgical removal of a pituitary tumour by open craniotomy necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour or where surgical removal is considered necessary upon the advice of an appropriate specialist or neurosurgeon. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. Surgical removal of the pituitary by transsphenoidal hypophysectomy is excluded. The following are excluded: ▪ Cysts; ▪ Abscess; ▪ Angioma; ▪ Granulomas; ▪ Vascular Malformations; ▪ Haematomas; and ▪ Tumours of the pituitary gland, spinal cord and skull base.
Advanced Stage	**Benign Brain Tumour** Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met: ▪ It has undergone surgical removal or, if inoperable, has caused a Permanent Neurological Deficit; and ▪ Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The following are excluded: ▪ Cysts; ▪ Abscess; ▪ Angioma; ▪ Granulomas; ▪ Vascular Malformations; ▪ Haematomas; and ▪ Tumours of the pituitary gland, spinal cord and skull base.

3. Blindness (Irreversible Loss of Sight)	
Early Stage	**Corneal Transplant** The receipt of a transplant of a whole cornea due to irreversible scarring with resulting reduced visual acuity which cannot be corrected with other methods.
Intermediate Stage	**Loss of Sight in One Eye** Permanent and irreversible loss of sight in one (1) eye as a result of illness or accident, to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in one (1) eye using a Snellen eye chart or equivalent test or the vision field of 20 degrees or less in one (1) eye. The blindness must be confirmed by an ophthalmologist. Blindness resulting from alcohol or drug misuse will be excluded. The blindness must not be correctable by surgical procedures, implants or any other means.
Advanced Stage	**Blindness (Irreversible Loss of Sight)** Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist. The blindness must not be correctable by surgical procedures, implants or any other means.
4. Coma	
Early Stage	**Coma for 48 hours** Coma that persists for at least forty-eight (48) continuous hours. This diagnosis must be supported by evidence of all of the following: ▪ No response to external stimuli for at least forty-eight (48) hours; ▪ The use of life support measures to sustain life; and ▪ Brain damage resulting in Permanent Neurological Deficit which must be assessed at least thirty (30) days after the onset of the coma. For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.
Intermediate Stage	**Severe Epilepsy** Severe epilepsy confirmed by all of the following: ▪ Diagnosis made by a specialist in the relevant field by the use of electroencephalography (EEG), magnetic resonance imaging (MRI), positron emission tomography (PET) or any other appropriate diagnostic test that is available; ▪ There must be documentation of recurrent unprovoked tonic-clonic or grand mal seizures of more than 5 attacks per week, and be known to be resistant to optimal therapy as confirmed by drug serum-level testing; and ▪ The Insured must have been taking at least two (2) prescribed antiepileptic (anticonvulsant) medications for at least six (6) months on the recommendation of a specialist in the relevant field. Febrile or absence (petit mal) seizures alone will not satisfy the requirement of this definition. **Coma for 72 hours** Coma that persists for at least seventy-two (72) continuous hours. This diagnosis must be supported by evidence of all of the following: ▪ No response to external stimuli for at least seventy-two (72) hours; ▪ The use of life support measures to sustain life; and ▪ Brain damage resulting in Permanent Neurological Deficit which must be assessed at least thirty (30) days after the onset of the coma. For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.
Advanced Stage	**Coma** A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the

	following: ▪ No response to external stimuli for at least 96 hours; ▪ Life support measures are necessary to sustain life; and ▪ Brain damage resulting in Permanent Neurological Deficit which must be assessed at least 30 days after the onset of the coma. For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.
5. Coronary Artery By-Pass Surgery	
Early Stage	**Transmyocardial Laser Therapy** The undergoing of trans myocardial laser therapy for the treatment of refractory angina. This benefit is not payable in addition to any other form of cardiac revascularization treatment including CABG and coronary angioplasty.
Intermediate Stage	**Port Access or Key hole Cardiac Surgery** Coronary Artery Bypass Grafting or Coronary artherectomy performed by thoracoscopic port access or key hole surgical procedures to correct blockages in the coronary arteries. In order for this benefit to be payable, an interventional coronary angiographic report showing minimum of 70% narrowing or blockage of the lumen of the coronary artery must be presented and the medical necessity of the above revascularization surgeries must be certified by a cardiologist. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. All other revascularization surgery including percutaneous intravascular procedures and MIDCAB surgery are not covered under this benefit. When Mild Coronary Artery Disease (Early Stage Critical Illness) or Moderate Coronary Artery Disease (Intermediate Stage Critical Illness) has been claimed under this Policy, the benefit Port Access or Key hole Cardiac Surgery will no longer be payable.
Advanced Stage	**Coronary Artery By-Pass Surgery** The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist. Angioplasty and all other intra-arterial, catheter-based techniques, ‘keyhole’ or laser procedures are excluded.
6. Deafness (Irreversible Loss of Hearing)	
Early Stage	**Partial Loss of Hearing** Permanent binaural hearing loss with the loss of at least 60 decibel in all frequencies of hearing as a result of illness or accident. The hearing loss must be established by a specialist in the relevant field and supported by an objective diagnostic test to indicate the quantum loss of hearing. **Cavernous sinus thrombosis surgery** The actual undergoing of a surgical drainage for cavernous sinus thrombosis. The presence of Cavernous Sinus Thrombosis as well as the requirement for surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field.
Intermediate Stage	**Cochlear Implant Surgery** The actual undergoing of a surgical cochlear implant as a result of permanent damage to the cochlea or auditory nerve. The surgical procedure as well as the insertion of the implant must be certified to be absolutely necessary by a specialist in the relevant field.
Advanced Stage	**Deafness (Irreversible Loss of Hearing)** Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist. Total means “the loss of at least 80 decibels in all frequencies of hearing”. Irreversible means “cannot be reasonably restored to at least 40 decibels by medical treatment,

	hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention."
7. End Stage Kidney Failure	
Early Stage	**Surgical Removal of One Kidney** The complete surgical removal of one (1) kidney necessitated by any illness or accident. The need for the surgical removal of the kidney must be certified to be absolutely necessary by a specialist in the relevant field. Kidney donation is excluded. **Chronic Kidney Impairment** A nephrologist must make a diagnosis of chronic kidney impairment with advanced stage of chronic renal insufficiency. There must be laboratory evidence that shows that renal function is severely decreased with an eGFR less than 30ml/min/1.73m2 body surface area, persisting for a period of 90 days or more.
Intermediate Stage	**Chronic Kidney Disease** A nephrologist must make a diagnosis of chronic kidney disease with permanently impaired renal function. There must be laboratory evidence that shows that renal function is severely decreased with an eGFR less than 15ml/min/1.73m2 body surface area, persisting for a period of 6 months or more.
Advanced Stage	**End Stage Kidney Failure** Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.
8. End Stage Liver Failure	
Early Stage	**Liver Surgery** Partial hepatectomy of at least one (1) entire lobe of the liver that has been found necessary as a result of illness or accident of the Insured. Liver disease secondary to alcohol or drug abuse is excluded.
Intermediate Stage	**Liver Cirrhosis** Cirrhosis of the liver with a HAI-Knodell Scores of 6 and above as evident by liver biopsy. The diagnosis must be unequivocally confirmed by a specialist in the relevant field and based on the histological findings of the liver biopsy. Liver disease secondary to alcohol or drug abuse is excluded.
Advanced Stage	**End Stage Liver Failure** End stage liver failure as evidenced by all of the following: ▪ Permanent jaundice; ▪ Ascites; and ▪ Hepatic encephalopathy. Liver disease secondary to alcohol or drug abuse is excluded.
9. End Stage Lung Disease	
Early Stage	**Severe Asthma** Evidence of an acute attack of Severe asthma with persistent status asthmaticus that requires hospitalization and endotracheal intubation and mechanical ventilation for a continuous period of at least four (4) hours on the advice of a specialist in the relevant field. **Insertion of a Vena Cava Filter** The surgical insertion of a vena cava filter after there has been documented proof of recurrent pulmonary emboli. The need for the insertion of a vena cava filter must be certified to be absolutely necessary by a specialist in the relevant field.
Intermediate Stage	**Surgical Removal of One Lung** Complete surgical removal of a lung as a result of an illness or an accident of the Insured. Partial removal of a lung is not included in this benefit.

Advanced Stage	**End Stage Lung Disease** End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following: ▪ FEV_1 test results which are consistently less than 1 litre; ▪ Permanent supplementary oxygen therapy for hypoxemia; ▪ Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($PaO_2 \leq$ 55mmHg); and ▪ Dyspnea at rest. The diagnosis must be confirmed by a respiratory physician.
10. Fulminant Hepatitis	
Early Stage	**Viral Hepatitis with cirrhosis** A submassive necrosis of the liver by the Hepatitis virus leading to cirrhosis. There must be a definite diagnosis of liver cirrhosis by a gastroenterologist that must be supported by liver biopsy showing histological stage F4 by Metavir grading or a Knodell fibrosis score of four (4). Liver diseases secondary to alcohol and drug abuse are excluded. **Biliary Tract Reconstruction Surgery** Biliary tract reconstruction surgery involving choledochoenterostomy (choledochojejunostomy or choledochoduodenostomy) for the treatment of biliary tract disease, including biliary atresia, that is not amenable to other surgical or endoscopic measures. The procedure must be considered the most appropriate treatment by a specialist in hepatobiliary disease. This benefit is not payable for the consequences of gall stone disease or cholangitis.
Intermediate Stage	**Chronic Primary Sclerosing Cholangitis** This benefit is payable for chronic primary sclerosing cholangitis confirmed on cholangiogram imaging confirming progressive obliteration of the bile ducts. The diagnosis must be made by a gastroenterologist and the condition must have progressed to the point where there is permanent jaundice. The benefit is payable only where there is a need for immunosuppressive treatment, drug therapy for intractable pruritis or if biliary tract obliteration has required balloon dilation or stenting of the bile ducts. Biliary tract sclerosis or obstruction as a consequence of biliary surgery, gall stone disease, infection, inflammatory bowel disease or other secondary precipitants is excluded.
Advanced Stage	**Fulminant Hepatitis** A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following: ▪ Rapid decreasing of liver size as confirmed by abdominal ultrasound; ▪ Necrosis involving entire lobules, leaving only a collapsed reticular framework; ▪ Rapid deterioration of liver function tests; ▪ Deepening jaundice; and ▪ Hepatic encephalopathy.
11. Heart Attack of Specified Severity	
Early Stage	**Cardiac Pacemaker Insertion** Insertion of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified to be absolutely necessary by a specialist in the relevant field. **Pericardectomy** The undergoing of a total or partial pericardectomy as a result of pericardial disease. The surgical procedure must be certified to be absolutely necessary by a specialist in the relevant field. Pericardectomy in the presence of HIV infection is excluded.
Intermediate Stage	**Cardiac Defibrillator Insertion** Insertion of a permanent cardiac defibrillator as a result of cardiac arrhythmia which cannot be treated via any other method. The surgical procedure must be certified to be absolutely necessary by a specialist in the relevant field.

	Cardiac defibrillator insertion in the presence of HIV infection is excluded.
Advanced Stage	**Heart Attack of Specified Severity** Death of heart muscle due to ischaemia, that is evident by at least three of the following criteria proving the occurrence of a new heart attack: ▪ History of typical chest pain; ▪ New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block; ▪ Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above; ▪ Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by Us. For the above definition, the following are excluded: ▪ Angina; ▪ Heart attack of indeterminate age; and ▪ A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty. Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml
12. HIV due to Blood Transfusion and Occupationally Acquired HIV	
Early Stage	**HIV Due to Assault** Infection with the Human Immunodeficiency Virus (HIV) which resulted from a physical or sexual assault occurring after the Issue Date, date(s) of any Endorsement(s) or date of reinstatement of this Policy, whichever is the later, provided that all the following conditions are met: ▪ The incident must be reported to the appropriate authority and that a criminal case must be opened; ▪ Proof of the assault giving rise to the infection must be reported to Us within thirty (30) days of the assault taking place; ▪ Proof that the assault involved a definite source of the HIV infected fluids; and ▪ Proof of sero-conversion from HIV negative to HIV positive occurring during the one hundred and eighty (180) days after the documented assault. This proof must include a negative HIV antibody test conducted within five (5) days of the assault. HIV infection resulting from any other means including consensual sexual activity or the use of intravenous drug is excluded. This benefit will not apply where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.
Intermediate Stage	**HIV Due to Organ Transplant** Infection with the Human Immunodeficiency Virus (HIV) through an organ transplant, provided that all of the following conditions are met: ▪ The organ transplant was medically necessary or given as part of a medical treatment; ▪ The organ transplant was received in Singapore after the Issue Date, date(s) of any Endorsement(s) or date of reinstatement of this Policy, whichever is the later; and ▪ The source of the infection is established to be from the Institution that provided the transplant and the Institution is able to trace the origin of the HIV to the infected transplanted organ. This benefit will not apply where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.
Advanced Stage	**HIV due to Blood Transfusion and Occupationally Acquired HIV** (A) Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met: ▪ The blood transfusion was medically necessary or given as part of a medical treatment; ▪ The blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later; and ▪ The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood.

	(B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, date of endorsement or date of reinstatement of this Supplementary Contract, whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to Our satisfaction: ▪ Proof that the accident involved a definite source of the HIV infected fluids; ▪ Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and ▪ HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded. This benefit is only payable when the occupation of the Insured is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic (in Singapore). This benefit will not apply under either section A or B where a cure has become available prior to the infection. “Cure” means any treatment that renders the HIV inactive or non-infectious.
13. Idiopathic Parkinson’s Disease	
Early Stage	**Early Parkinson’s Disease** The unequivocal diagnosis of idiopathic Parkinson’s disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions: ▪ The disease cannot be controlled with medication; and ▪ There are signs of progressive neurological impairment.
Intermediate Stage	**Moderately Severe Parkinson’s Disease** The unequivocal diagnosis of idiopathic Parkinson’s Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions: ▪ The disease cannot be controlled with medication; and ▪ Inability of the Insured to perform (whether aided or unaided) at least two (2) of the six (6) “Activities of Daily Living” for a continuous period of at least six (6) months. For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.
Advanced Stage	**Idiopathic Parkinson’s Disease** The unequivocal diagnosis of idiopathic Parkinson’s Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions: ▪ The disease cannot be controlled with medication; and ▪ Inability of the Insured to perform (whether aided or unaided) at least three (3) of the six (6) “Activities of Daily Living” for a continuous period of at least six (6) months. For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.
14. Irreversible Aplastic Anaemia	
Early Stage	**Reversible Aplastic Anaemia** Acute reversible bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with any one (1) of the following: ▪ Blood product transfusion; ▪ Bone marrow stimulating agents; ▪ Immunosuppressive agents; or ▪ Bone marrow or hsemoatopoietic stem cell transplantation. The diagnosis must be confirmed by a haematologist. Aplastic anaemia in the presence of HIV infection is excluded.
Intermediate Stage	**Myelodysplastic Syndrome or Myelofibrosis** Myelodysplastic syndrome or myelofibrosis requiring regular and permanent transfusion of blood products for severe recurrent anaemia. Diagnosis of Myelodysplastic Syndrome (MDS) or

	Myelofibrosis must be confirmed by haematologist as a result of marrow biopsy. The condition must be deemed incurable and blood transfusion support must be an indefinite requirement.
Advanced Stage	**Irreversible Aplastic Anaemia** Chronic persistent and irreversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following: ▪ Blood product transfusion; ▪ Bone marrow stimulating agents; ▪ Immunosuppressive agents; or ▪ Bone marrow or haematopoietic stem cell transplantation. The diagnosis must be confirmed by a haematologist.
15. Irreversible Loss of Speech	
Early Stage	**Permanent (or Temporary) Tracheostomy** The performance of tracheostomy for the treatment of lung disease or airway disease or as a ventilatory support measure following major trauma or burns. The benefit is only payable if the tracheostomy is required to remain in place and functional for a period of three (3) months. This benefit would not be payable in addition to any Major Head Trauma, Major Burns, End Stage Lung Disease or Major Cancer benefit.
Intermediate Stage	**Loss of Speech due to Vocal Cord Paralysis** This benefit is payable on diagnosis of complete and irrecoverable paralysis of the vocal cords as a consequence of neurological disease or injury. The benefit is only payable where surgical intervention is required on the advice of an Ear, Nose, and Throat (ENT) surgeon to restore the loss of speech. The inability to speak must be established for a continuous period of twelve (12) months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist. All psychiatric related causes are excluded.
Advanced Stage	**Irreversible Loss of Speech** Total and irreversible loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist. All psychiatric related causes are excluded.
16. Loss of Independent Existence	
Early Stage	**Loss of Independent Existence (Early Stage)** Total and irreversible physical loss of all fingers including thumb of the same hand due to accident. This condition must be confirmed by a registered medical practitioner. Loss of fingers due to self-inflicted injuries is excluded.
Intermediate Stage	**Loss of Independent Existence (Intermediate Stage)** A condition as a result of a disease, illness or injury whereby the Insured is unable to perform (whether aided or unaided) at least two (2) of the six (6) "Activities of Daily Living", for a continuous period of six (6) months. This condition must be confirmed by Our appointed doctor. Non-organic diseases such as neurosis and psychiatric illnesses are excluded. For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.
Advanced Stage	**Loss of Independent Existence (Severe Stage)** A condition as a result of a disease, illness or injury whereby the Insured is unable to perform (whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living", for a continuous period of 6 months. This condition must be confirmed by Our approved doctor.

	Non-organic diseases such as neurosis and psychiatric illnesses are excluded. For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.
17. Major Burns	
Early Stage	**Mild Severe Burns** Second degree (partial thickness of the skin) burns covering at least 20% of the surface of Insured’s body. The burns must be treated by an appropriately qualified specialist.
Intermediate Stage	**Moderately Severe Burns** Third degree (full thickness of the skin) burns covering at least 50% of the face of the Insured. The burns must be treated by an appropriately qualified specialist.
Advanced Stage	**Major Burns** Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Insured’s body.
18. Major Cancer	
Early Stage	**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 histo-pathological 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. **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 Bladder Cancer** Bladder cancer that is histologically described using the TNM Classification as Tis or T1N0M0. Non-invasive papillary urothelial carcinoma of the bladder (stage Ta) is excluded. **Early Chronic Lymphocytic Leukemia** Chronic Lymphocytic Leukemia (CLL) RAI Stage 1 or 2. CLL RAI stage 0 or lower is excluded. **Neuroendocrine tumours** All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification). **Gastro-intestinal Stromal Cancer** All Gastro-intestinal Stromal Tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual which are treated with surgery or chemotherapy as recommended by an oncologist. **Bone Marrow Malignancies** 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. The diagnosis of the above minor cancers must be established by histological evidence and be confirmed by a specialist in the relevant field. The following conditions are specifically excluded from coverage:

	• Clinical Diagnosis • Any diagnosis 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. • Any lesion or tumour which is histologically described as benign, dysplasia, premalignant, borderline malignant, or suspicious malignant potential. • Cervical Dysplasia, CIN-1, CIN-2 and CIN-3 and low grade & high grade squamous epithelial lesions. unless specifically reported as CIS (carcinoma in situ) • Prostatic Intraepithelial Neoplasia (PIN) • Vulvar Intraepithelial Neoplasia (VIN) • Melanoma in situ and any non-melanoma skin carcinoma (in-situ or invasive), skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans • Non-invasive papillary urothelial carcinoma of the bladder (stage Ta) • All tumours in the presence of Human Immunodeficiency Virus (HIV) infection. • Any Cancer resulting directly from alcohol or drug abuse is excluded.
Intermediate Stage	**Carcinoma in situ of Specified Organs treated with Radical Surgery** The actual undergoing of a Radical Surgery to arrest the spread of malignancy in that specific organ, which must be considered as appropriate and necessary treatment. “Radical Surgery” is defined in this policy as the total and complete removal of one (1) of the following organs: breast (mastectomy), prostate (prostatectomy), corpus uteri (hysterectomy), ovary (oopherectomy), fallopian tube (salpingectomy), colon (partial colectomy with end to end anastomosis) or stomach (partial gastrectomy with end to end anastomosis). The diagnosis of the Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of fixed tissues additionally supported by a biopsy of the removed organ. Early prostate cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification is also covered if it has been treated with a radical prostatectomy. The actual undergoing of the surgeries listed above and the surgery must be certified to be absolutely necessary by an oncologist. Partial surgical removal such as lumpectomy and partial mastectomy and partial prostatectomy are specifically excluded. 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. The following conditions are specifically excluded from coverage: • Clinical Diagnosis • Any diagnosis on the basis of finding tumour cells and/or tumor-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 • Any lesion or tumour which is histologically described as benign, dysplasia, premalignant, borderline malignant, or suspicious malignant potential. • Cervical Dysplasia, CIN-1, CIN-2 and CIN-3 and low grade & high grade squamous epithelial lesions. unless specifically reported as CIS (carcinoma in situ) • Prostatic Intraepithelial Neoplasia (PIN) • Vulvar Intraepithelial Neoplasia (VIN) • All tumours in the presence of Human Immunodeficiency Virus (HIV) infection. • Any Cancer resulting directly from alcohol or drug abuse is excluded.
Advanced Stage	**Major Cancer** A malignant tumour positively diagnosed with histological confirmation and characterised 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 HIV infection.
19. Major Head Trauma	
Early Stage	**Head Trauma Requiring Re-constructive Surgery** (1) The actual undergoing of re-constructive surgery above the neck (restoration or re-construction of the shape of and appearance of facial structures which are defective, missing or damaged or misshapened) performed by a specialist in the relevant field to correct disfigurement as a direct result of an accident. The need for surgery must be certified to be absolutely necessary by a specialist in the relevant field. Treatment relating to teeth and/or any other dental restoration alone is excluded; or (2) Accidental cervical spinal cord injury resulting in loss of use of at least one (1) entire limb, to be assessed no sooner than six weeks from the date of the accident. The diagnosis must be confirmed by a specialist in the relevant field and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. “Accident” means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the injury. **Surgery for subdural haematoma** The actual undergoing of Burr Hole surgery to the head to drain subdural haematoma as a result of an accident. The need for the Burr Hole surgery must be certified to be medically necessary by a specialist in the relevant field. “Accident” means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the injury. Self-inflicted injuries, alcohol or drug abuse are excluded.
Intermediate Stage	**Head Trauma Requiring Open Craniotomy** Undergoing of open craniotomy as a consequence of major head trauma by accident for the treatment of depressed skull fractures or major intracranial injury. Burr hole surgery is excluded from this benefit. “Accident” means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the injury.

	Self-inflicted injuries, alcohol or drug abuse are excluded.
Advanced Stage	**Major Head Trauma** Accidental head injury resulting in Permanent Neurological Deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head injury. The following are excluded: ▪ Spinal cord injury; and ▪ Head injury due to any other causes.
20. Major Organ / Bone Marrow Transplantation	
Early Stage	**Small Bowel Transplant** The receipt of a transplant of at least one (1) meter of small bowel with its own blood supply via a laparatomy resulting from intestinal failure.
Intermediate Stage	**Major Organ / Bone Marrow Transplant (on waitlist)** This benefit covers those who are on an official organ transplant waiting list for the receipt of a transplant of: ▪ Human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or ▪ One (1) of the following human organs: heart, lung, liver, kidney or pancreas that resulted from irreversible end stage failure of the relevant organ. Other stem cell transplants are excluded. This benefit is limited to those on the official waitlist for organ transplant on Ministry of Health Singapore list of hospitals only.
Advanced Stage	**Major Organ / Bone Marrow Transplantation** The receipt of a transplant of: ▪ Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or ▪ One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ. Other stem cell transplants are excluded.
21. Motor Neurone Disease	
Early Stage	**Peripheral Neuropathy** This refers to severe peripheral motor neuropathy arising from anterior horn cells resulting in significant motor weakness, fasciculation and muscle wasting. The diagnosis must be confirmed by a consultant neurologist as a result of nerve conduction studies and result in a permanent need for the use walking aids or a wheelchair. Diabetic neuropathy and neuropathy due to alcohol is excluded.
Intermediate Stage	**Early Motor Neurone Disease** Refers to the diagnosis of motor neurone disease, a progressive degeneration of the corticospinal tracts and anterior horn cells or bulbar efferent neurons. These include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. A neurologist must make the definite diagnosis of a motor neurone disease and this diagnosis must be supported by appropriate investigations.
Advanced Stage	**Motor Neurone Disease** Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in Permanent Neurological Deficit.

22. Multiple Sclerosis	
Early Stage	**Early Multiple Sclerosis** There must be a definite diagnosis of Multiple Sclerosis confirmed by a neurologist. The diagnosis must be supported by all of the following: ▪ Investigations that unequivocally confirm the diagnosis to be Multiple Sclerosis; and ▪ Well documented history of exacerbations and remissions of neurological signs. Other causes of neurological damage such as SLE and HIV are excluded.
Intermediate Stage	**Mild Multiple Sclerosis** There must be a definite diagnosis of Multiple Sclerosis confirmed by a neurologist. The diagnosis must be supported by all of the following: ▪ Investigations that unequivocally confirm the diagnosis to be Multiple Sclerosis; ▪ Any permanent residual neurological deficit confirmed by a neurologist at three (3) months; and ▪ Well documented history of exacerbations and remissions of neurological signs. Other causes of neurological damage such as SLE and HIV are excluded.
Advanced Stage	**Multiple Sclerosis** The definite diagnosis of Multiple Sclerosis, and must be supported by all of the following: ▪ Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; and ▪ Multiple neurological deficits which occurred over a continuous period of at least 6 months. Other causes of neurological damage such as SLE and HIV are excluded.
23. Muscular Dystrophy	
Early Stage	**Spinal Cord Disease or Injury resulting in Bowel and Bladder Dysfunction** Spinal cord disease or chorda equina injury resulting in permanent bowel dysfunction and bladder dysfunction requiring permanent regular self catheterisation or a permanent urinary conduit. The diagnosis must be supported by a consultant neurologist and the permanency assessed at six (6) months.
Intermediate Stage	**Moderate Muscular Dystrophy** A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist. The condition must result in the inability of the Insured to perform (whether aided or unaided) at least two (2) of the six (6) “Activities of Daily Living” for a continuous period of at least 6 months. For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.
Advanced Stage	**Muscular Dystrophy** The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Insured to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least six (6) months. For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.
24. Open Chest Heart Valve Surgery	
Early Stage	**Percutaneous Valvuloplasty or Valvotomy** The actual undergoing of simple percutaneous transvascular balloon valvuloplasty or valvotomy without any deployment of device or prosthesis necessitated by damage of the heart valve as confirmed by a specialist in the relevant field and established by a cardiac echocardiogram. All other surgical corrective methods will be excluded.
Intermediate Stage	**Valve Replacement or Valve Repair with Device** The actual undergoing a heart valve replacement where clips and rings are deployed by the arterial route to or repair by percutaneous transvascular or other minimally invasive intra-thoracic cardiac surgery as deemed medically necessary by a specialist in the relevant field and confirmed by a

	cardiac echocardiogram. Minimally invasive cardiac surgery refers to any procedure performed without a full sternotomy / laparotomy or by a percutaneous intravascular route. Minimally invasive cardiac surgery therefore includes any procedure performed through Partial Sternotomy, Mini-thoracotomy, Thoracoscopy (Port access or robotic), “Key hole” route or any minimally invasive cardiac surgeries consistent with the current standard of the medical services available in Singapore.
Advanced Stage	**Open Chest Heart Valve Surgery** The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.
25. Open Chest Surgery to Aorta	
Early Stage	**Large Asymptomatic Aortic Aneurysm** Large asymptomatic abdominal or thoracic aortic aneurysm or aortic dissection as evidenced by appropriate imaging technique. The aorta must be enlarged greater than 55mm in diameter and the diagnosis must be confirmed by a consultant cardiologist.
Intermediate Stage	**Percutaneous or Minimally Invasive Surgery to Aorta** The actual undergoing of percutaneous intravascular angioplasty, stenting techniques or minimally invasive surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as evidenced by an echocardiogram or any other appropriate diagnostic imaging test that is available and confirmed by a consultant cardiologist or vascular surgeon. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. Minimally invasive cardiac surgery refers to any procedure performed without a full sternotomy / laparotomy or by a percutaneous intravascular route. Minimally invasive cardiac surgery therefore includes any procedure performed through Partial Sternotomy, Mini-thoracotomy, Thoracoscopy (Port access or robotic), “Key hole” route or any minimally invasive cardiac surgeries consistent with the current standard of the medical services available in Singapore.
Advanced Stage	**Open Chest Surgery to Aorta** The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra-arterial techniques are excluded.
26. Other Serious Coronary Artery Disease	
Early Stage	**Mild Coronary Artery Disease** The narrowing of the lumen of two coronary arteries by a minimum of 60%, as proven by invasive coronary arteriography or any other appropriate diagnostic test that is available, regardless of whether any form of coronary artery surgery has been recommended or performed. Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition. Coronary arteries herein refer to right coronary artery, left main stem, left anterior descending and left circumflex. The branches of the above coronary arteries are excluded. If a claim is admitted under this benefit, no further claim on Intermediate Stage of Coronary Artery By-pass Surgery will be payable.
Intermediate Stage	**Moderate Coronary Artery Disease** The narrowing of the lumen of three coronary arteries by a minimum of 60%, as proven by invasive coronary arteriography or any other appropriate diagnostic test that is available, regardless of whether any form of coronary artery surgery has been recommended or performed. Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition.

	Coronary arteries herein refer to right coronary artery, left main stem, left anterior descending and left circumflex. The branches of the above coronary arteries are excluded. If a claim is admitted under this benefit, no further claim on Intermediate Stage of Coronary Artery By-pass Surgery will be payable.
Advanced Stage	**Other Serious Coronary Artery Disease** The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by invasive coronary angiography, regardless of whether or not any form of coronary artery surgery has been performed. Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.
27. Paralysis (Irreversible Loss of Use of Limbs)	
Early Stage	**Loss of Use of One Limb** Total and irreversible loss of use of one (1) entire limb due to injury or disease persisting for a period of at least six (6) weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist. Self-inflicted injuries are excluded.
Intermediate Stage	**Loss of Use of One Limb requiring Prosthesis** Total and irreversible loss of use of one (1) entire limb (above elbow or above knee) which has required the fitting and use of prosthesis due to illness or accident. This condition must be confirmed by specialists in the relevant fields. Self-inflicted injuries are excluded.
Advanced Stage	**Paralysis (Irreversible Loss of Use of Limbs)** Total and irreversible loss of use of at least two (2) entire limbs due to injury or disease persisting for a period of at least six (6) weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist. Self-inflicted injuries are excluded.
28. Persistent Vegetative State (Apallic Syndrome)	
Early Stage	**Akinetic Mutism** Organic brain damage which results in the Insured being unable to talk or move despite the fact that he or she appears alert at times. This diagnosis must be supported by evidence showing organic brain damage and definitely confirmed by a consultant neurologist holding such an appointment at Our approved hospital. This condition has to be medically documented for a continuous period of at least one (1) month. Akinetic mutism because of psychological reasons is excluded.
Intermediate Stage	**Locked in syndrome** Condition in which the Insured is aware but cannot move or communicate verbally due to complete paralysis of all voluntary muscles in the body except for vertical eye movements and blinking. There should be evidence of quadriplegia and inability to speak. This diagnosis must be supported by evidence of infarction of the ventral pons and EEG indicating that the person is not unconscious. The diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at Our approved hospital. This condition has to be medically documented for a continuous period at least one (1) month.
Advanced Stage	**Persistent Vegetative State (Apallic Syndrome)** Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at Our approved hospital. This condition has to be medically documented for at least one (1) month.

29. Poliomyelitis	
Early Stage	**Peripheral Neuropathy** This refers to severe peripheral motor neuropathy resulting in significant motor weakness, fasciculation and muscle wasting. The diagnosis must be confirmed by a consultant neurologist as a result of nerve conduction studies and result in a permanent need for the use walking aids or a wheelchair. Diabetic neuropathy and neuropathy due to alcohol is excluded.
Intermediate Stage	**Poliomyelitis (Intermediate Stage)** The occurrence of Poliomyelitis where the following conditions are met: ▪ Poliovirus is identified as the cause, ▪ Paralysis of the respiratory muscles supported by ventilator for a continuous period of minimum 96 hours.
Advanced Stage	**Poliomyelitis** The occurrence of Poliomyelitis where the following conditions are met: ▪ Poliovirus is identified as the cause, ▪ Paralysis of the limb muscles or respiratory muscles must be present and persist for at least three (3) months. The diagnosis must be confirmed by a consultant neurologist or specialist in the relevant medical field.
30. Primary Pulmonary Hypertension	
Early Stage	**Early Pulmonary Hypertension** Primary or Secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of permanent physical impairment of at least Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The NYHA Classification of Cardiac Impairment: Class I : No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain. Class II : Slight limitation of physical activity. Ordinary physical activity results in symptoms. Class III : Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. Class IV : Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
Intermediate Stage	**Secondary Pulmonary Hypertension** Secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The NYHA Classification of Cardiac Impairment: Class I : No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain. Class II : Slight limitation of physical activity. Ordinary physical activity results in symptoms. Class III : Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. Class IV : Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
Advanced Stage	**Primary Pulmonary Hypertension** Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The NYHA Classification of Cardiac Impairment: Class I : No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain. Class II : Slight limitation of physical activity. Ordinary physical activity results in symptoms. Class III : Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

	Class IV : Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
31. Progressive Scleroderma	
Early Stage	**Early Progressive Scleroderma** A rheumatologist must make the definite diagnosis of progressive systemic scleroderma, based on clinically accepted criteria. This diagnosis must be unequivocally supported by biopsy and serological evidence. The following are excluded: ▪ Localised scleroderma (linear scleroderma or morphea); ▪ Eosinophilic fasciitis; and ▪ CREST syndrome.
Intermediate Stage	**Progressive Scleroderma with CREST syndrome** A rheumatologist must make the definite diagnosis of systemic sclerosis with CREST syndrome, based on clinically accepted criteria. This diagnosis must be unequivocally supported by biopsy and serological evidence. The disease must involve the skin with deposits of calcium (calcinosis), skin thickening of the fingers or toes (sclerodactyly) and also involve the esophagus. There must also be telangectasia (dilated capillaries) and Raynaud's Phenomenon causing artery spasms in the extremities. The following are excluded: ▪ Localised scleroderma (linear scleroderma or morphea); and ▪ Eosinophilic fasciitis.
Advanced Stage	**Progressive Scleroderma** A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally confirmed by a consultant rheumatologist and supported by biopsy or equivalent confirmatory test, and serological evidence, and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys. The following are excluded: ▪ Localised scleroderma (linear scleroderma or morphea); ▪ Eosinophilic fascitis; and ▪ CREST syndrome.
32. Severe Bacterial Meningitis	
Early Stage	**Bacterial Meningitis with full recovery** Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord which requires hospitalisation. This diagnosis must be confirmed by: ▪ The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and ▪ A consultant neurologist. Bacterial Meningitis in the presence of HIV infection is excluded.
Intermediate Stage	**Bacterial Meningitis with Reversible Neurological Deficit** Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in transient neurological deficit, that resolves fully within 6 weeks of the confirmed meningitis infection. This diagnosis must be confirmed by: ▪ The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and ▪ A consultant neurologist. Bacterial Meningitis in the presence of HIV infection is excluded.

Advanced Stage	**Severe Bacterial Meningitis** Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and Permanent Neurological Deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by: ▪ The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and ▪ A consultant neurologist. Bacterial Meningitis in the presence of HIV infection is excluded.
33. Severe Encephalitis	
Early Stage	**Encephalitis with Full Recovery** Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection requiring hospitalisation. The diagnosis must be confirmed by a consultant neurologist and supported by any confirmatory diagnostic tests. Encephalitis caused by HIV infection is excluded.
Intermediate Stage	**Mild Encephalitis** Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection resulting in significant but reversible neurological deficit and there must be evidence of hospitalisation for at least two (2) weeks. The neurological deficit must persist for at least six (6) weeks. The diagnosis must be confirmed by a consultant neurologist and supported by any confirmatory diagnostic tests. Encephalitis caused by HIV infection is excluded.
Advanced Stage	**Severe Encephalitis** Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) resulting in Permanent Neurological Deficit which must be documented for at least six (6) weeks. This diagnosis must be certified by a consultant neurologist and supported by any confirmatory diagnostic tests. Encephalitis caused by HIV infection is excluded.
34. Stroke with Permanent Neurological Deficit	
Early Stage	**Brain Aneurysm Surgery** The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arterio-venous malformation via craniotomy or endovascular procedures. The surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field. **Cerebral Shunt Insertion** The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a specialist in the relevant field.
Intermediate Stage	**Carotid Artery Surgery** The actual undergoing of Endarterectomy of the carotid artery which has been necessitated as a result of at least 80% narrowing of the carotid artery as diagnosed by an arteriography or any other appropriate diagnostic test that is available. Endarterectomy of blood vessels other than the carotid artery are specifically excluded. Percutaneous carotid angioplasty excluded.
Advanced Stage	**Stroke with Permanent Neurological Deficit** A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in Permanent Neurological Deficit. This diagnosis must be supported by all of the following conditions: ▪ Evidence of permanent clinical neurological deficit confirmed by a neurologist at least six (6) weeks after the event; and ▪ Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke. The following are excluded: ▪ Transient Ischaemic Attacks;

	▪ Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease; ▪ Vascular disease affecting the eye or optic nerve; ▪ Ischaemic disorders of the vestibular system; and ▪ Secondary haemorrhage within a pre-existing cerebral lesion.
35. Systemic Lupus Erythematosus with Lupus Nephritis	
Early Stage	**Mild Systemic Lupus Erythematosus** A multisystem, multifactorial, autoimmune disorder which mostly affects females in their childbearing years and is characterised by the development of auto-antibodies directed against various self-antigens. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus that require systemic immunosuppressive therapy for multiple organ involvement for at least six (6) months under the direction of a specialist. Evidence must be provided from the treating specialist that proves to Our satisfaction that there has been involvement of at least three specified internal organs. For the purposes of this benefit the listed specified organs are restricted to the kidneys, brain, heart (or pericardium), lungs (or pleura) and joints. Joint involvement is defined as the presence of polyarticular inflammatory arthritis. Skin involvement is not considered one (1) of the specified organs for the purposes of this benefit. Other forms, discoid lupus and those forms with haematological involvement will be specifically excluded. The final diagnosis may have to be supported by a certified doctor specialising in Rheumatology and Immunology.
Intermediate Stage	**Moderately Severe Systemic Lupus Erythematosus (S.L.E) with Lupus Nephritis** means an autoimmune illness in which tissues and cells are damaged by deposition of pathogenic autoantibodies and immune complexes and damage of the kidney function. The diagnosis of S.L.E. with Lupus Nephritis will be based on the following conditions: (a) Clinically there must be at least 4 out of the following presentations suggested by The American College of Rheumatology. (i) Malar rash (ii) Discoid rash (iii) Photosensitivity (iv) Oral ulcers (v) Arthritis (vi) Serositis (vii) Renal Disorder (viii) Leukopenia (<4,000/mL), or Lymphopenia (<1,500/mL), or Haemolytic anaemia, or Thrombocytopenia (<100,000/mL) (ix) Neurological disorder AND (b) 2 or more of the following tests being positive (i) 2.1. Anti-nuclear Antibodies (ii) 2.2. L.E. cells (iii) 2.3 Anti-DNA (iv) 2.4 Anti-Sm (Smith IgG Autoantibodies) AND (c) There is lupus nephritis causing impaired renal function with a creatinine clearance rate of 50 ml per minute or less. We reserve the right to change this definition from time to time to reflect the changes in qualitative or quantitative medical categorization of this illness so as to give effect to the original intent of this definition.
Advanced Stage	**Systemic Lupus Erythematosus with Lupus Nephritis** The unequivocal diagnosis of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class VI Lupus Nephritis, established by renal biopsy, and in accordance with the RPS/ISN classification system). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology. The RPS/ISN classification of lupus nephritis: Class I : Minimal mesangial lupus nephritis Class II : Mesangial proliferative lupus nephritis

	Class III : Focal lupus nephritis (active and chronic; proliferative and sclerosing) Class IV : Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global) Class V : Membranous lupus nephritis Class VI : Advanced sclerosis lupus nephritis
36. Acute Necrohemorrhagic Pancreatitis	
Early Stage	Not applicable.
Intermediate Stage	Not applicable.
Advanced Stage	**Acute Necrohemorrhagic Pancreatitis** Acute inflammation and necrosis of pancreas parenchyma, focal enzymatic necrosis of pancreatic fat and haemorrhage due to blood vessel necrosis, where all of the following criteria are met: ▪ The necessary treatment is surgical clearance of necrotic tissue or pancreatectomy; and ▪ The diagnosis is based on histopathological features and confirmed by a physician who is a gastroenterologist. Pancreatitis due to alcohol or drug abuse is excluded.
37. Adrenalectomy for Adrenal Adenoma	
Early Stage	Not applicable.
Intermediate Stage	Not applicable.
Advanced Stage	**Adrenalectomy for Adrenal Adenoma** Adrenalectomy for treatment of malignant systemic hypertension that was secondary to an aldosterone secreting adrenal adenoma. Malignant hypertension was uncontrolled by medical therapy. The adrenalectomy must be certified to be medically necessary for the management of poorly controlled hypertension by a Specialist in the relevant field.
38. Chronic Auto-Immune Hepatitis	
Early Stage	**Early Chronic Auto-Immune Hepatitis** A chronic necrotic inflammatory liver disorder of unknown cause associated with circulating auto-antibodies and a high serum globulin level. The diagnosis must be supported by both of the following: (a) The presence of at least one of the following auto-antibodies: (i) Anti-nuclear antibodies; (ii) Anti-smooth muscle antibodies; (iii) Anti-actin antibodies; (iv) Anti-LKM-1 antibodies; (v) Anti- LC1 antibodies; (vi) Anti-SLA/LP antibodies; AND (b) Liver biopsy confirmation of the diagnosis of auto-immune hepatitis The diagnosis must be confirmed by a specialist in gastroenterology or hepatology.
Intermediate Stage	Not applicable.
Advanced Stage	**Chronic Auto-Immune Hepatitis** A chronic necro-inflammatory liver disorder of unknown cause associated with circulating auto-antibodies and a high serum globulin level. The diagnosis must be based on all of the following criteria: (a) hypergammaglobulinaemia (b) the presence of at least one of the following auto-antibodies : (i) Anti-Nuclear Antibody; (ii) Anti-smooth muscle antibodies; (iii) Anti-actin antibodies; (iv) Anti-LKM-1 antibodies; (v) Anti- LC1 antibodies; or

	(vi) Anti-SLA/LP antibodies (c) Liver Biopsy confirmation of the diagnosis of auto-immune hepatitis This only covered if the Insured has been put on continuous Immunosuppressive therapy for a period of at least 6 months and the diagnosis must be confirmed by a specialist in gastroenterology or hepatology.
39. Creutzfeldt-Jakob Disease	
Early Stage	**Early Creutzfeldt-Jakob Disease** A neurological disease, fatal spongiform encephalopathy, accompanied by signs and symptoms of: ▪ uncontrolled muscular spasm, tremor; ▪ severe progressive dementia; and ▪ cerebellar dysfunction; The diagnosis must be made by a specialist in neurology acceptable to Us, and must be based on conclusive electroencephalography (EEG) and cerebrospinal fluid (CSF) findings as well as computed tomography (CT) scan and magnetic resonance imaging (MRI).
Intermediate Stage	**Moderate Creutzfeldt-Jakob Disease** The occurrence of Creutzfeldt-Jakob Disease or Variant Creutzfeldt-Jakob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform at least two (2) of the six (6) “Activities of Daily Living”. Disease caused by human growth hormone treatment is excluded.
Advanced Stage	**Severe Creutzfeldt-Jakob Disease** The occurrence of Creutzfeldt-Jakob Disease or Variant Creutzfeldt-Jakob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform at least three (3) of the six (6) “Activities of Daily Living”. Disease caused by human growth hormone treatment is excluded.
40. Ebola	
Early Stage	Not applicable.
Intermediate Stage	Not applicable.
Advanced Stage	**Ebola** Unequivocal Diagnosis of a viral haemorrhagic fever caused by the Ebola virus with symptoms of uncontrollable haemorrhagic manifestations and vascular collapse, provided that at the time of Unequivocal Diagnosis there exists no effective cure. This Unequivocal Diagnosis must be confirmed by isolation of the virus from blood or antibody testing.
41. Eisenmenger's Syndrome	
Early Stage	**Early Eisenmenger's Syndrome** shall mean the occurrence of a reversed or bidirectional shunt as a result of pulmonary hypertension, caused by a heart disorder. The diagnosis of Eisenmenger Syndrome and the level of physical impairment must be confirmed by a registered cardiologist supported with appropriate imaging studies.
Intermediate Stage	**Intermediate stage Eisenmenger's Syndrome** shall mean the occurrence of a reversed or bidirectional shunt as a result of pulmonary hypertension, caused by a heart disorder. All of the following criteria must be met: ▪ Presence of permanent physical impairment classified as NYHA class III[#]; and ▪ The diagnosis of Eisenmenger Syndrome and the level of physical impairment must be confirmed by a registered medical practitioner who is a cardiologist. [#]NYHA Class III means the Insured has marked limitation of physical activity and less than ordinary activity such as walking across a room causes cardiac symptoms.

Advanced Stage	**Severe Eisenmenger's Syndrome** shall mean the occurrence of a reversed or bidirectional shunt as a result of pulmonary hypertension, caused by a heart disorder. All of the following criteria must be met: ▪ Presence of permanent physical impairment classified as NYHA class IV*; and ▪ The diagnosis of Eisenmenger Syndrome and the level of physical impairment must be confirmed by a registered medical practitioner who is a cardiologist. *NYHA Class IV means that the patient is symptomatic during ordinary daily activities despite the use of medication and dietary adjustment.
42. Elephantiasis	
Early Stage	Not applicable.
Intermediate Stage	Not applicable.
Advanced Stage	**Elephantiasis** The end-stage lesion of filariasis, characterised by massive swelling in the tissues of the body as a result of obstructed circulation in the blood or lymphatic vessels. Unequivocal Diagnosis of elephantiasis must be: ▪ clinically confirmed by a physician in the appropriate medical specialty; and ▪ supported by laboratory confirmation of microfilariae Lymphedema caused by infection with any other disease(s), trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.
43. Full Blown AIDS	
Early Stage	Not applicable.
Intermediate Stage	Not applicable.
Advanced Stage	**Full Blown AIDS** The clinical manifestation of AIDS (Acquired Immuno-deficiency Syndrome) must be supported by the results of a positive HIV (Human Immuno-deficiency Virus) antibody test and a confirmatory Western Blot test. In addition, the Insured must have a CD4 cell count of less than two hundred (200) and one or more of the following criteria are met: ▪ Weight loss of more than 10% of body weight over a period of six (6) months or less (wasting syndrome); ▪ Kaposi Sarcoma; ▪ Pneumocystis carinii Pneumonia; ▪ Progressive multifocal leukoencephalopathy; ▪ Active Tuberculosis; ▪ Less than one-thousand (1000) Lymphocytes; ▪ Malignant Lymphoma.
44. Infective Endocarditis	
Early Stage	Not applicable.
Intermediate Stage	Not applicable.
Advanced Stage	**Infective Endocarditis** Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met: ▪ Positive result of the blood culture proving presence of the infectious organism(s); ▪ Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and ▪ The diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed

	by a registered medical practitioner who is a cardiologist.
45. Medullary Cystic Disease	
Early Stage	**Early Stage Medullary Cystic Disease** where the following criteria are met: ▪ The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis; ▪ Clinical manifestations of anaemia, polyuria, and decreased kidney function; and ▪ The diagnosis of Medullary Cystic Disease is confirmed by a specialist in the relevant field. Isolated or benign kidney cysts are specifically excluded from this benefit.
Intermediate Stage	**Intermediate Stage Medullary Cystic Disease** where the following criteria are met: ▪ The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis; and ▪ Decreased kidney function evidenced by kidney function with eGFR of <15 mL/min/1.73 m^2; The diagnosis of Medullary Cystic Disease must confirmed by a registered specialist. Isolated or benign kidney cysts are specifically excluded from this benefit.
Advanced Stage	**Medullary Cystic Disease** Medullary Cystic Disease where the following criteria are met: ▪ The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis; ▪ Clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and ▪ The Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy. Isolated or benign kidney cysts are specifically excluded from this benefit.
46. Meningeal Tuberculosis	
Early Stage	Not applicable.
Intermediate Stage	Not applicable.
Advanced Stage	**Meningeal Tuberculosis** Meningitis caused by tubercle bacilli, resulting in permanent neurological deficit. Such a diagnosis must be confirmed by a specialist in neurology and confirmed by characteristic findings of M. tuberculosis infection in cerebrospinal fluid by lumbar puncture and CSF culture. Evidence of permanent clinical neurological deficit confirmed by a neurologist at least six (6) weeks after the event. Permanent means expected to last throughout the lifetime of the Insured. Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Insured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.
47. Multiple Root Avulsions of Brachial Plexus	
Early Stage	Not applicable.
Intermediate Stage	Not applicable.
Advanced Stage	**Multiple Root Avulsions of Brachial Plexus** The complete and permanent loss of use and sensory functions of an upper extremity caused by avulsion of two (2) or more nerve roots of the brachial plexus through accident or injury. Complete injury of two (2) or more nerve roots should be confirmed by electrodiagnostic study done by a

	physiatrist or neurologist.
48. Myasthenia Gravis	
Early Stage	**Early Stage Myasthenia Gravis** An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met: ▪ The diagnosis of Myasthenia Gravis and categorization are confirmed by a registered neurologist; and ▪ The actual undergoing of thymectomy to treat Myasthenia Gravis.
Intermediate Stage	**Myasthenia Gravis with Myasthenic Crisis** An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met: ▪ The diagnosis of Myasthenia Gravis is confirmed by a registered neurologist; and ▪ At least one episode of myasthenic crisis with actual undergoing of endotracheal intubation and mechanical ventilation.
Advanced Stage	**Severe Myasthenia Gravis** An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatiguability, where all of the following criteria are met: ▪ Presence of permanent muscle weakness categorized as Class III, IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and ▪ The diagnosis of Myasthenia Gravis and categorization are confirmed by a physician who is a neurologist. Myasthenia Gravis Foundation of America Clinical Classification: Class I - Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere Class II - Eye muscle weakness of any severity, mild weakness of other muscles Class III - Eye muscle weakness of any severity, moderate weakness of other muscles Class IV - Eye muscle weakness of any severity, severe weakness of other muscles Class V - Intubation needed to maintain airway
49. Necrotising Fasciitis	
Early Stage	Not applicable.
Intermediate Stage	Not applicable.
Advanced Stage	**Necrotising Fasciitis** The occurrence of necrotising fasciitis where the following conditions are met: ▪ The usual clinical criteria of necrotising fasciitis are met; ▪ The bacteria identified is a known cause of necrotising fasciitis; and ▪ There is widespread destruction of muscle and other soft tissues that results in a total and permanent loss of function of the affected body part.
50. Progressive Supranuclear Palsy	
Early Stage	**Progressive Supranuclear Palsy** Progressive Supranuclear Palsy shall mean a degenerative neurological disease characterized by supranuclear gaze paresis, pseudobulbar palsy, axial rigidity and dementia. The diagnosis of Progressive Supranuclear Palsy must be confirmed by a registered neurologist.
Intermediate Stage	**Intermediate Progressive Supranuclear Palsy** Progressive supranuclear palsy resulting independently of all other causes and directly resulting lack of control of gait and balance, and permanent inability to perform (with or without aided) at least two (2) of the six (6) "Activities of Daily Living". The diagnosis must be made by a neurologist as progressive and resulting in neurological deficit for at least a continuous period of six (6) months.
Advanced Stage	**Late Stage Progressive Supranuclear Palsy** Progressive supranuclear palsy resulting independently of all other causes and directly resulting lack of control of gait and balance, and permanent inability to perform (with or without aided) at least three (3) of the six (6) "Activities of Daily Living". The diagnosis must be made by a neurologist as

	progressive and resulting in neurological deficit for at least a continuous period of six (6) months.
51. Resection of the Whole Small Intestine (duodenum, jejunum and ileum)	
Early Stage	Not applicable.
Intermediate Stage	Not applicable.
Advanced Stage	**Resection of the Whole Small Intestine (duodenum, jejunum and ileum)** Complete surgical removal of the whole small intestine including the duodenum, jejunum and ileum as a result of illness or an accident of the Insured. Partial removal of the small intestine is excluded in this benefit.
52. Severe Cardiomyopathy	
Early Stage	**Early Cardiomyopathy** The unequivocal diagnosis of cardiomyopathy which has resulted in the presence of permanent physical impairments to at least Class III of the New York Heart Association (NYHA) classification of Cardiac Impairment. The diagnosis must be confirmed by a specialist in the relevant field. Cardiomyopathy that is directly related to alcohol misuse is excluded. The NYHA Classification of Cardiac Impairment: Class I : No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain. Class II : Slight limitation of physical activity. Ordinary physical activity results in symptoms. Class III : Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. Class IV : Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
Intermediate Stage	Not applicable.
Advanced Stage	**Severe Cardiomyopathy** Cardiomyopathy as diagnosed by a cardiologist and characterized by impaired ventricular function of unknown aetiology with permanent and irreversible physical impairment to the degree of class IV of the New York Heart Association Classification of cardiac impairment. For the claim to be admissible the severity of impairment must have persisted despite at least 6 months of maximal medical therapy under the care of a cardiologist. The diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance. The benefit does not cover Cardiomyopathy directly related to alcohol or drug usage.
53. Severe Pulmonary Fibrosis	
Early Stage	Not applicable.
Intermediate Stage	Not applicable.
Advanced Stage	**Severe Pulmonary Fibrosis** Idiopathic pulmonary fibrosis is a chronic, progressive form of interstitial lung disease characterised by fibrosis and worsening of lung function. It should require extensive and permanent oxygen therapy at least eight (8) hours per day. Lung function test consistently showing FVC ≤50% and DLCO ≤35% of predicted value. The Unequivocal Diagnosis must be confirmed with lung biopsy and by a specialist in respiratory medicine.

54. Surgery for Idiopathic Scoliosis	
Early Stage	Not applicable.
Intermediate Stage	Not applicable.
Advanced Stage	**Surgery for Idiopathic Scoliosis** The undergoing of spinal surgery to correct an abnormal curvature of the spine from its normal straight line viewed from the back. The condition must be present without an identifiable underlying cause and the curve of the spine must be more than cobb angle 40 degree. Spinal deformity associated with congenital defects and neuromuscular diseases are excluded.
55. Angioplasty and Other Invasive Treatment for Coronary Artery	
Early Stage	Not applicable.
Intermediate Stage	Not applicable.
Advanced Stage	**Angioplasty and Other Invasive Treatment for Coronary Artery** The actual undergoing of balloon angioplasty or similar intra-arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. Diagnostic angiography is excluded.

SPECIAL CONDITIONS DEFINITIONS

1. Breast Reconstructive Surgery following a Mastectomy

Mastectomy means surgical removal of at least three quadrants of the tissue of a breast due to Carcinoma-in-situ or Cancer.

This will only be paid following a successful claim for Critical Illness Benefit under this Policy arising from a Mastectomy. Proof of having undergone the breast reconstructive surgery is not required.

2. Chronic Adrenal Insufficiency

An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a specialist in endocrinology through one of the following:

- ACTH simulation tests;
- Insulin-induced hypoglycemia test;
- Plasma ACTH level measurement;
- Plasma Renin Activity (PRA) level measurement.

Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

3. Chronic Relapsing Pancreatitis

More than three (3) attacks of pancreatitis resulting in pancreatic dysfunction causing malabsorption needing enzyme replacement therapy.

The diagnosis must be made by a consultant gastroenterologist and confirmed by Endoscopic Retrograde Cholangiopancreatography (ERCP).
Chronic Relapsing Pancreatitis caused by alcohol use is excluded.

4. Dengue Haemorrhagic Fever

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

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

5. Diabetic Complications

Diabetic Retinopathy resulting in the undergoing of laser photocoagulation to treat leaking blood vessels in the eye. This surgery must be certified to be absolutely necessary by a specialist in the relevant field with support of Fluorescein Fundus Angiography report and visual acuity of 6/18 or worse in the better eye using a Snellen eye chart, or

A definite diagnosis of diabetic nephropathy by a specialist in the relevant field and is evident by eGFR less than 30ml/min/1.73m2 with ongoing proteinuria greater than 300mg/24 hours, or

The actual undergoing of amputation of at least an entire foot to treat gangrene that has occurred as a complication of diabetes.

6. Hysterectomy due to Cancer

The removal of the uterus (at least the corpus and cervix or corpus only) with supporting evidence of Major Cancer* of the uterus, fallopian tube, ovary, vagina or endometrium, advanced cervical carcinoma. Diagnosis has to be confirmed by appropriate specialist.

*Major Cancer here refers to the definition of Major Cancer as specified by LIA.

7. Osteoporosis with Fractures

Osteoporosis is a degenerative bone disease that results in loss of bone. The diagnosis must be supported by a bone density reading which satisfies the World Health Organisation (WHO) definition of osteoporosis with a bone density reading T-score of less than –2.5. There must also be a history of three (3) or more osteoporotic fractures involving either femur, wrist or vertebrae. These fractures must directly cause the Insured's permanent inability to perform at least one (1) Activity of Daily Living.

8. Pheochromocytoma

Presence of a neuroendocrine tumour of the adrenal or extra-adrenal chromaffin tissue that secretes excess catecholamines.
The diagnosis of pheochromocytoma must be confirmed by a specialist in the relevant field and supported by a histopathological examination.

9. Severe Crohn's Disease

Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:

- Stricture formation causing intestinal obstruction requiring admission to hospital;
- Fistula formation between loops of bowel; and
- At least one bowel segment resection.

The diagnosis must be made by a Specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

10. Severe Rheumatoid Arthritis

Widespread joint destruction with major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, spine, knees, ankles, feet. The diagnosis must be supported by all of the following:

- Morning stiffness;
- Symmetric arthritis;
- Presence of rheumatoid nodules;
- Elevated titres of rheumatoid factors; and
- Radiographic evidence of severe involvement.

The diagnosis must be confirmed by a Consultant Rheumatologist.

11. Severe Ulcerative Colitis

Means acute fulminant ulcerative colitis with life threatening electrolyte disturbances, which all of the following criteria must be met:

- The entire colon is affected with severe bloody diarrhoea;
- The necessary treatment is total colectomy and ileostomy; and
- The Unequivocal Diagnosis must be based on histopathological features and confirmed by a medical practitioner who is a gastroenterologist.

12. Wilson's Disease

A potentially fatal disorder of copper toxicity characterized by progressive liver disease and/or neurologic deterioration due to copper deposit.

The diagnosis must be confirmed by a specialist and the treatment with a chelating agent must be documented for at least six (6) months.

JUVENILE CONDITIONS DEFINITIONS

1. Generalised Tetanus

Tetanus is an illness characterised by an acute onset of hypertonia, painful muscular contractions (usually including the muscles of the jaw and neck), and generalised muscle spasms caused by tetanus toxin that is produced by Clostridium tetani bacterium infection. The diagnosis of generalized tetanus due to tetanus toxin must be confirmed by a consultant physician.

Only cases with all the following criteria will qualify for this benefit:

- Constant mechanical ventilation is instituted for at least three (3) days as a medically necessary treatment for Generalized Tetanus due to tetanus toxin; and
- Tetanus Immune Globulin is administered.

2. Glomerulonephritis with Nephrotic Syndrome

A confirmed diagnosis of glomerulonephritis with nephrotic syndrome by a nephrologist, evidenced by > 3.5 grams protein in urine per day, low serum albumin value and peripheral edema. The syndrome must have continued for a period of at least six (6) months with or without intervening periods of remission and the Insured must have received a treatment regimen appropriate to the clinical presentation over this period of time. Other forms of kidney disease are not covered.

3. Hand, Foot, Mouth Disease with Severe Complications

The unequivocal diagnosis of Hand, Foot and Mouth disease with evidence of infection by Coxsackie A17 and Entenovirus 71. For the purpose of this contract, only severe Hand, Foot and Mouth disease requiring the admission into an ICU and associated with either encephalitis and/ or myocarditis will be covered. Positive isolation of the causative virus to support the diagnosis has to be provided together with documented evidence of the presence of encephalitis and/ or myocarditis.

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

4. Insulin Dependent Diabetes Mellitus

This is characterised by polydipsia, polyuria, increased appetite, weight loss, low plasma insulin levels, episodic ketoacidosis, and immune mediated destruction of pancreatic beta cells. Insulin therapy and dietary regulation are necessary. Dependence on insulin therapy must persist for not less than six (6) months. Type II Diabetes Mellitus is specifically excluded. Diagnosis must be confirmed by a specialist.

5. Kawasaki Disease

This is acute, febrile and multisystem disease of children, characterised by non-suppurative cervical adenitis, skin and mucous membrane lesions. Diagnosis must be confirmed by a specialist and there must be echocardiograph evidence of cardiac involvement manifested by dilatation or aneurysm formation of at least 5mm in the coronary arteries which persists for 12 months after the initial acute episode.

6. Osteogenesis Imperfecta

This is characterised by brittle, osteoporotic, easily fractured bone. The Insured must be diagnosed as a type III Osteogenesis Imperfecta confirmed by the occurrence of all of the following conditions:

- The result of physical examination of the Insured by a specialist that the Insured suffers from growth retardation and hearing impairment; and
- The result of x-ray studies reveals multiple fracture of bones and progressive kyphoscoliosis; and positive result of skin biopsy.

Diagnosis of Osteogenesis Imperfecta must be confirmed by a specialist.

7. Rabies

Rabies is an infectious disease of dogs, cats and other animals, transmitted to human by the bite of an infected animal. It has to be evidenced by:

- Typical symptoms of difficulty in swallowing, excessive salivation, fear of water (hydrophobia) and hallucinations; and
- Presence of rabies virus antigen or rabies neutralizing antibody titier in the CSF.

Diagnosis must be confirmed by a specialist in the relevant field and must occur within 90 days from the event.

8. Respiratory Diphtheria
Diphtheria is defined as an acute toxin-mediated disease caused by Corynebacterium diphtheriae. This diagnosis must be certified by a consultant pediatrician. Only cases with all the following criteria will qualify for this benefit: • Upper respiratory tract illness presenting with high fever, pseudomembrane formation (involving pharyngeal walls, tonsils and larynx) and cervical lymphadenopathy; • Mechanical ventilation is instituted; • Bacteriologic cultures of throat swab/pseudo membrane specimen isolate Corynebacterium diphtheriae; • Antitoxin is administered; • Laboratory confirmation of diphtheria toxin production; and • Evidence of inflammation of heart muscle.
9. Rheumatic Fever with Valvular Impairment
A confirmed diagnosis by a specialist of acute rheumatic fever according to the revised Jones criteria. There must be involvement of one or more heart valves with at least mild valve incompetence attributable to rheumatic fever as confirmed by quantitative investigations of the valve function by a specialist. The valve incompetence must persist for at least six (6) months.
10. Severe Haemophilia
The Insured must be suffering from severe hemophilia associated with spontaneous haemorrhage and with a clotting factor VIII or factor IX of less than one percent. Diagnosis must be confirmed by a specialist.
11. Severe Juvenile Rheumatoid Arthritis
A severe form of juvenile chronic arthritis characterised by high fever and signs of systematic illness that can exist for months before the onset of arthritis. The condition must be characterised by cardinal manifestations which include high spiking, daily (quotidian) fevers, evanescent rash, arthritis, splenomegaly, lymphadenopathy, serositis, weight loss, neutrophilic leukocytosis, increased acute Phase Proteins and usually seronegative tests for Antinuclear Antibodies (ANA) and Rheumatoid Factor (RF). The diagnosis must be backed by adequate laboratory and other tests or investigations. The final diagnosis must also be confirmed unequivocally by a specialist, and the condition has to be documented for at least six (6) months.
12. Type I Juvenile Spinal Amyotrophy
The Insured must be diagnosed as a Type I Juvenile Spinal Amyotrophy which is an infantile form of spinal muscular atrophy characterized by progressive dysfunction of the anterior horn cells in the spinal cord and brainstem cranial nerves with profound weakness and bulbar dysfunction. Electromyography and muscle biopsy are needed to confirm this diagnosis which also need to be certified by a specialist.