DearTime

TOUCHING ONE MORE LIFE

CONTRACT

CRITICAL ILLNESS

Critical Illness plan is a yearly renewable term plan which covers you from 45 critical illnesses until you are 100 years old.

CONTRACT INFORMATION

Contract Detail

- **Coverage:** Critical Illness
- **Coverage Amount:** RM<Total Coverage Amount>
- **Claim Payment:** direct deposit into beneficiary's bank account
- **Premium Payment:** auto billing of Payor's Visa/MasterCard
- **Contract Date:** <First-time purchase date >
- **Renewal Date:** <DD Mmm of Contract Date> of every year
- **Renewable up to Age:** 100 years old

Insured & Contract Owner (appears if Insured is the Owner) Detail

- **Name:** <Insured Name>
- **<MyKad/MyKid/Passport> Number:** <Identity Number>
- **Passport Expiry Date:** <Expiry Date> (appears if foreigner)
- **Date of Birth:** <DOB>
- **Age:** <Age>
- **Gender:** <Male/Female>
- **Nationality:** <Nationality>
- **Mobile Number:** <Mobile Number>
- **Email:** <Email>
- **Address:** <Address>
- **Health Condition:** Refer to Appendix A

Contract Owner Detail (appears if Insured is not the Owner)

- **Name:** <Owner Name>
- **<MyKad/MyKid/Passport> Number:** <Identity Number>
- **Passport Expiry Date:** <Expiry Date> (appears if foreigner)
- **Date of Birth:** <DOB>
- **Age:** <Age>
- **Gender:** <Male/Female>
- **Nationality:** <Nationality>
- **Relationship:** <Father/Mother>
- **Mobile Number:** <Mobile Number>
- **Email:** <Email>
- **Address:** <Address>

Payor Detail

- **Name:** <Payor 1 Name>
- **Premium Mode:** <Monthly/Yearly>
- **Premium Due Date:** <DDth / DD Mmm> of every <month/year>

Code	Start Date	Coverage Amount (RM)	Premium Now (RM)
<C101>	<Date 1>	<Amount 1>	<Prem 1>/<mode>
<C103>	<Date 3>	<Amount 3>	<Prem 3>/<mode>
Total		**<Amount>**	**<Prem>/<mode>**

(Total only appears if there are more than 1 Start Date)

- **Name:** <Payor 2 Name>
- **Premium Mode:** <Monthly/Annual>
- **Premium Due Date:** <DDth / DD Mmm> of every <month/year>

Code	Start Date	Coverage Amount (RM)	Premium Now (RM)
<C202>	<Date 2>	<Amount 2>	<Prem 2>/<mode>
<C204>	<Date 4>	<Amount 4>	<Prem 4>/<mode>
<C207>	<Date 7>	<Amount 7>	<Prem 7>/<mode>
Total		**<Amount>**	**<Prem>/<mode>**

(Total only appears if there are more than 1 Start Date)

- **Name:** <Payor 3 Name>
- **Premium Mode:** <Monthly/Annual>
- **Premium Due Date:** <DDth / DD Mmm> of every <month/year>

Code	Start Date	Coverage Amount (RM)	Premium Now (RM)
<C305>	<Date 5>	<Amount 5>	<Prem 5>/<mode>
<C306>	<Date 6>	<Amount 6>	<Prem 6>/<mode>
Total		**<Amount>**	**<Prem>/<mode>**

(Total only appears if there are more than 1 Start Date)

Note: Please read the entire contract for the complete terms and conditions.

BASIC DEFINITION

“Active” is status of the coverage under this Contract which is still in force.

"B1 and B2 Group" is the low-income group that forms the bottom 20% of Malaysian citizens whose monthly household income is RM3,169 and below.

"B40 Group" is the low-income group that forms the bottom 40% of Malaysian citizens whose monthly household income is RM4,849 and below.

“Contract” refers to this legal document that binds You and Us.

“Contract Date” is the Date of Issue as stated under Contract Information in this Contract.

“**Contract Owner**” means the person named in the Contract Information as such and he owns this Contract and can exercise all rights, privileges and options available under this Contract. The Contract Owner will also be the Insured, if the Contract is taken on his own life.

“Contract Year” refers to the 1-year period which starts on the Contract Date or Renewal Date, whichever is later.

“**Coverage”** is the protection given to the Insured under this Contract which is subject to the terms and exclusions of this Contract.

“Coverage Amount” is the monies/benefits payable under this Contract.

“Insured” is the person who is covered under this Contract and may not the same person as the Contract Owner.

"Referrer" is the person who refers or recommends You to sign up this Contract and be a DearTime user.

“Payor” is the person/entity who pays the premium for this Contract on Your behalf.

“Pre-existing Illness” means medical conditions or illnesses that the Insured has and/or has reasonable knowledge or means of knowledge, prior to the Start Date. The Insured may be considered to have reasonable knowledge or means of knowledge of a Pre-existing Illness where:

1. the Insured had received or is receiving treatment.
2. medical advice, diagnosis, care or treatment has been recommended.
3. clear and distinct symptoms are or were evident.
4. its existence would have been apparent to a reasonable person in the circumstances.

"Premium Due Date" is the date when the premium shall be due in accordance with the Premium Mode as mentioned in this Contract.

"Renewal Date" is the anniversary of the Contract Date when the Coverage is renewable for another year, subject to the terms of this Contract.

"Start Date" is the date when the coverage for each Coverage Amount (if there are more than one Coverage Amount) takes effect upon successful premium payment. If there is only one Coverage Amount, the Contract Date shall be the Start Date.

"**We", "Us" or "Our"** refers to DearTime Berhad.

"You" or **"Your"** refers to the Contract Owner.

Whenever the context requires, masculine form shall apply to feminine and singular term shall include the plural.

CONTRACT PROVISION

This Contract covers 45 critical illnesses. It is renewable yearly until the Insured is 100 years old. Premium is charged as long as the Contract is Active.

BENEFIT

If the Insured is diagnosed with any one of the 45 critical illnesses or undergoes any surgery or procedure as specified in Appendix B while the Contract is Active, We pay You the Coverage Amount. After that, the Contract is terminated. Please refer to Appendix B for the definition of 45 critical illnesses.

For critical illness number (5) in Appendix B, the maximum payable amount is 10% of the Coverage Amount or RM25,000, whichever is lower. This benefit is claimable once only. The Coverage Amount will be reduced by the amount paid under any claim made for critical illness number (5).

JUVENILE COVERAGE (LIEN)

When the Insured is less than 4 years old, the Coverage Amount payable will step up year after year until it is 100% payable when the Insured is 4 years old. Prior to the Insured attaining the age of 4 years, We will pay x% of the full Coverage Amount as tabled below:

Age at Diagnosis	We Pay x% Coverage Amount
Less than 1	20%
1 to less than 2	40%
2 to less than 3	60%
3 to less than 4	80%
4 and above	100%

Payment of the Coverage Amount shall be made to the Contract Owner.

EXCLUSION

We will not pay if the cause of critical illness is due to:

1. Pre-existing conditions as defined above.
2. Signs or symptoms that the critical illness has manifested during or before the Waiting Period.
3. Congenital defect or disease which has manifested or was diagnosed before the Insured turns 17 years old.
4. Acquired Immune Deficiency Syndrome (AIDS) as defined by the World Health Organization in 1987, or any subsequent revision by the World Health Organization of that definition. We reserve the right to require the Insured to undergo a blood test for HIV as a condition precedent to any acceptance of any claim.
5. Human Immuno-deficiency Virus (HIV) infection except if the infection is due to blood transfusion.
6. Self-inflicted injury.
7. Alcohol or drugs not prescribed by a registered medical practitioner.
8. Death of the Insured within 30 days from the diagnosis of critical illness.
9. ("Digestive system and its related complications." will appear if "Digestive System" is selected in the medical survey.)
10. ("Eyes and its related complications." will appear if "Eyes" is selected in the medical survey.)
11. ("Ears and its related complications." will appear if "Ears" is selected in the medical survey.)

PREMIUM PAYMENT

On each Premium Due Date, premium is auto charged in Ringgit Malaysia (RM) to the Payor's registered Visa/MasterCard issued by a bank in Malaysia. The Payor is required to switch on auto billing upon purchase. This Contract will only be issued upon successful auto billing of premium at the time of purchase.

If the Payor switches off auto billing during the Contract period, the respective Coverage will remain active until the next Premium Due Date, immediately after that, the respective Coverage is deactivated.

Premium is calculated based on the Insured's current age, gender and Your answers in the medical survey in Appendix A.

Premium will change with the increase in the Insured's age. Please refer to Appendix C for the full premium rate table.

RIGHT TO AMEND OR VARY CONTRACT

We have the right to amend or vary the Contract at any time by giving You 30 days prior notice via email, SMS or through Our app of any such amendments or variations and the respective effective date.

MISSTATEMENT OF AGE OR GENDER OR OCCUPATION

If the Insured's true age/gender/occupation is proven to be different from the stated age/gender/occupation on which the Contract is based, We will adjust the Coverage Amount or the premium less Thanksgiving accordingly.

On adjusting the premium; -

1) Any excess premium less Thanksgiving will be refunded without interest; or
2) Any additional premium required would be computed as if this Contract had been based on the true age/gender/occupation and shall become payable in the next Premium Due Date.

If the Insured's true age/gender/occupation is not eligible for this Contract, We shall terminate this Contract and refund the total premium paid less Thanksgiving.

CHANGE IN RISK

You must notify us immediately of any material change in the Insured's occupation or employment by updating the details of the changes in Our app or website, and pay any additional premium that may be required by Us. If you fail to do so and if such changes affect the risk that We undertake under this Contract, We reserve the right to reject Your claims.

MISREPRESENTATION OR NON-DISCLOSURE OF MATERIAL INFORMATION

In the event that We terminate this Contract due to misrepresentation or non-disclosure of Material Information, Our liability shall be limited to refund of the total premium paid less Thanksgiving.

We are not duty-bound to refund if the non-disclosure was wilful i.e., tantamount to fraud.

THANKSGIVING

Ten per cent (10%) of the premium shall be treated as Thanksgiving. You have the right to freely allocate the Thanksgiving amount to:

1. DearTime Berhad - Charity Fund; or
2. Referrer (if any); or
3. Payor, as discount (if You are in the B40 Group)

However, if You or the Insured are sponsored under Sponsored Insurance, then Thanksgiving amount shall be allocated fully to the DearTime Berhad - Charity Fund.

SPONSORED INSURANCE

Sponsored Insurance is a sponsored insurance for eligible B1 and B2 Group Malaysians. DearTime Berhad - Charity Fund is set up to collect the Thanksgiving allocated to the Fund. From this Fund, eligible persons from the B1 and B2 group will be given Sponsored Insurance for free subject to the terms as set out in Our website: www.deartime.com

WAITING PERIOD

The Coverage under this Contract will only take effect:

1. After 60 days from the Start Date for critical illnesses number (1) – (5) in Appendix B.
2. After 30 days from the Start Date for other critical illnesses.

GRACE PERIOD

While auto billing is switched on, if auto billing of premium fails for any reason whatsoever, You have a Grace Period of 30 days (for Contract which is Active continuously up to 2 years) or 90 days (for Contract which is Active continuously for more than 2 years) from the Premium Due Date to ensure auto billing is successful. If the Premium is not paid within the Grace Period, the Coverage Amount in respect of the unpaid Premium will automatically be terminated. Any eligible claim during the Grace Period will be honoured with appropriate deductions for unpaid premiums.

CLAIMS

You can initiate your claim at the panel hospital that treated You or the Insured. You need to specify which one of the 45 Critical Illnesses to be claimed.

The panel hospital will submit the proof of claim directly to Us for claim assessment. Once the claim is approved, the Coverage Amount will be deposited into Your registered bank account. We do not pay for the hospital expenses incurred by You or the Insured for any treatment from any hospital.

If no panel hospital is involved, You must submit the proof of claim to Us by uploading photos or scanned copies of relevant documents.

We are not obliged to pay a claim until We receive all the required information and documentary evidence. For claims arising outside Malaysia, We require the proof of claim in the language which they were originally issued and if the language is other than English and Bahasa Malaysia, then it must be attached with certified translation in English by the Consular or the translation agency that all translations to be true and correct version of the originals.

All documents should be made available to Us at claimant's expense.

OWNERSHIP

If the Insured is below 16 years old, either one of the parents must be the Contract Owner. When the Insured turns 16 years old, the Contract Owner may transfer the ownership to the Insured at any time or continue to be the Contract Owner.

If the Contract Owner passes away while the Insured is alive, the ownership is auto transferred to the Insured provided that the Insured is at least 16 years old. If the Insured is below 16 years old, the ownership shall be vested with the legal representative of the Contract Owner until the Insured turns 16 years old.

BENEFICIARY

You, as the Contract Owner, is the beneficiary. The Coverage Amount will be paid to You upon claim upon approval of the claim. Payment of the Coverage Amount to You shall discharge us of all Our liabilities under this Contract.

CHANGE IN COVERAGE AMOUNT

You may increase or decrease the Coverage Amount anytime in Our app or website:

1. Increased Coverage Amount will take effect immediately upon successful payment of additional premium prorated to the next Premium Due Date.
2. Decreased Coverage Amount will take effect on the next Premium Due Date.

CHANGE IN PREMIUM FREQUENCY

You may switch the premium frequency anytime between monthly and yearly:

1. If it is switched to monthly mode, the new premium frequency will take effect from the next Premium Due Date.
2. If it is switched to yearly mode, the new premium frequency will take effect immediately upon successful payment of unpaid annual premium that is outstanding until the next Renewal Date.

TAX PROVISION

All premiums and fees payable may be subject to tax. If tax is imposed, it will be stated in the invoice at the prevailing rate. and charged to Payor.

FREE-LOOK CANCELLATION

You may cancel this Contract via our app within 15 days from the Contract Date, whereupon the Contract will be deemed cancelled. We will immediately refund all premiums paid.

DEACTIVATION

You have the right to deactivate any of Your Coverage Amount at any time through Our app or website in which event the deactivated Coverage Amount shall remain active until the next Premium Due Date when the Coverage Amount is effectively deactivated.

CANCELLATION

We shall have the right to cancel this Contract at any time at Our sole discretion by giving 30 days prior notice to You via email, SMS or through Our app.

TERMINATION

The Contract will be terminated:

1. Upon full payment of the benefit under this Contract,
2. On the next Premium Due Date immediately following cancellation or deactivation of all Coverage Amounts,
3. Premium is not paid at the end of grace period,
4. If the auto billing is switched off in Our App by the Payor at any time,
5. On the date when the Insured turns 100 years old.

If Your Contract is terminated for reasons stated in (2), (3) and (4) above, You will have to purchase a new Contract subject to Your eligibility for Coverage and fulfilment of other underwriting requirements.

RENEWAL

This Contract is issued for the term of one year starting on the Contract Date and renewable yearly until the Insured turns 100 years old. We reserve the right not to renew this Contract subject to Our underwriting requirements at the time of renewal.

Upon every renewal, the premium will change on the first day of each renewed Contract Year in accordance with the Insured's attained age (age last birthday).

Premium rates are non-guaranteed, and We reserve the right to revise the premium rate by giving You 30 days prior notice via email, SMS or through Our app.

CURRENCY FOR ALL PAYMENTS

All payments under the Contract shall be made in the legal currency of Malaysia.

HOW TO SETTLE A DISPUTE THROUGH ARBITRATION

All differences and disputes arising out of this Contract shall be referred to an Arbitrator to be appointed in writing by both parties. In the event You and We cannot agree on who should be the Arbitrator within one month of being required to do so in writing then You and We shall be entitled to appoint an Arbitrator each who shall proceed to hear the

differences together with an Umpire to be appointed by both the Arbitrators. The umpire shall sit with the Arbitrators and preside at their meetings.

RIGHT TO TERMINATE DUE TO ANTI-MONEY LAUNDERING AND COUNTER FINANCING OF TERROISM

If We discover, or have justified suspicion, that the Contract is exploited for money laundering activities or to finance terrorism, We reserve the right to terminate the Contract immediately. We shall deal with all premiums paid and all benefits or sums payable in respect of the Contract in any manner which We deem appropriate, including but not limited to paying these amounts to the relevant authorities.

COMPLIANCE

You are required to take reasonable care to give true, complete and relevant information to Us when proposing for this Contract and throughout the Contract period. We rely on Your information to issue this Contract and pay any claim. If You are untruthful, fail to disclose all relevant information or Your claim is fraudulent, We can void Your Contract or change the terms of Your Contract.

APPLICABLE LAW AND JURISDICTION

The Contract shall be interpreted and governed by the laws of Malaysia. Any legal proceedings to filed shall be in the Courts in Malaysia.

CHANGES IN TAXATION, REGULATIONS AND LEGISLATION

We may vary the terms of the Contract as We consider appropriate and equitable, if there are changes in taxation, regulations or legislation that affect this Contract. We shall notify You 30 days in advance when terms in this Contract need to be changed, via email, SMS or through Our app.

DATA PROTECTION OBLIGATIONS AND RIGHTS

We shall be able to process Personal Data according to the section 4 of the Personal Data Protection Act 2010. The Contract Owner and Insured will keep Us updated in respect of all such Personal Data as soon as is practical. We shall not be liable for any direct or indirect loss or damage due to any inaccuracy or incompleteness in the Personal Data provided to Us.

We may from time to time request that the Contract Owner and Insured provide other Personal Data required for the purposes of the Contract. Prior to providing Us with the Personal Data of any individual, the Contract Owner or Insured providing the Personal Data, must inform that individual of Our privacy notice.

For the detailed privacy notice on how We collect, use, process, protect and disclose Personal Data, please visit Our website at www.deartime.com or call us at +603 8605 3511.

Important Statement

1. PROOF OF IDENTITY

Proof of identity is obtained through the verification of Your Malaysia Identity Card (MyKad) or Passport when You sign up on Our app or website.

2. CHANGE OF CONTACT DETAIL

It is important that You keep Your contact detail in Your DearTime account updated so that You receive all important notifications.

3. CONTACT US

Should you need any assistance relating to this Contract, You may contact Us at:

- **Live Chat:** in DearTime app or website
- **Address:** 2-07-01, Level 7 Plaza Bukit Jalil, Jalan Persiaran Jalil 1, Bukit Jalil, 57000 Kuala Lumpur, Malaysia.
- **Phone:** +603 8605 3511
- **Email:** help@deartime.com

4. BANK NEGARA MALAYSIA FINTECH REGULATORY SANDBOX

All life insurance products offered by DearTime are underwritten and effected by DearTime. DearTime is an approved participant in the Bank Negara Malaysia Financial Technology Regulatory Sandbox to conduct testing of its digital life insurance business model. Upon completion of the Sandbox testing period, DearTime would be required to obtain a license under the Financial Services Act 2013 to continue conducting its digital life insurance business.

5. MAKING INSURANCE COMPLAINT

In case of any dispute arising from this Contract, You may contact:

Contact Centre (BNMTELELINK)
Jabatan LINK dan Pejabat Wilayah
Bank Negara Malaysia
P.O.Box 10922
Jalan Dato' Onn
50929 Kuala Lumpur

Phone: 1-300-88-5465; Overseas: +603-2174-1717
Fax No: +603-2174-1515
E-mail: bnmtelelink@bnm.gov.my

APPENDIX A
Your Latest Medical Survey

Latest Medical Survey Answers as at <Date>
Height: <Height>cm, Weight: <Weight>kg
I smoke <Answer> cigarette(s) per day.
I have been medically advised, treated or diagnosed with: - <Selected answer only> - <Selected answer only>
I have had disorders of: - <Selected answer only> - <Selected answer only>
I have at least 2 parents/siblings by age 50 with: - <Selected answer only> - <Selected answer only>
I participate in: - <Selected answer only> - <Selected answer only>
Have I been rejected or charged with loading/exclusion for my other insurances? <Yes/No>
Any pending investigation or surgery to be done and have I been hospitalized? <Yes/No>
(appears if juvenile < 2 years old) Was the child born prematurely (pre-term before 37 weeks)? <Yes/No>

APPENDIX B
Definition of 45 Critical Illnesses

1. Cancer – *of specified severity and does not cover very early cancers*

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, lymphoma and sarcoma.

For the above definition, the following are not covered:

(i) All cancers which are histologically classified as any of the following:
- pre-malignant
- non-invasive
- carcinoma in situ
- having borderline malignancy
- having malignant potential

(ii) All tumours of the prostate histologically classified as T1N0M0 (TNM classification)

(iii) All tumours of the thyroid histologically classified as T1N0M0 (TNM classification)

(iv) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification)

(v) Chronic Lymphocytic Leukemia less than RAI Stage 3

(vi) All cancers in the presence of HIV

(vii) Any skin cancer other than malignant melanoma

2. Heart Attack – *of specified severity*

Death of heart muscle, due to inadequate blood supply, that has resulted in all the following evidence of acute myocardial infarction:

(i) A history of typical chest pain

(ii) 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

(iii) Elevation of the cardiac biomarkers, inclusive of CPK-MB above the generally accepted normal laboratory levels or Troponins recorded at the following levels or higher:
- Cardiac Troponin T or Cardiac Troponin I >= 0.5ng/ml

The evidence must show the occurrence of a definite acute myocardial infarction which should be confirmed by a cardiologist or physician.

For the above definition, the following are not covered:

(i) Occurrence of an acute coronary syndrome including but not limited to unstable angina

(ii) A rise in cardiac biomarkers resulting from a percutaneous procedure for coronary artery disease

3. Coronary Artery By-Pass Surgery

Refers to the actual undergoing of open-chest surgery to correct or treat Coronary Artery Disease (CAD) by way of coronary artery by-pass grafting.

For the above definition, the following are not covered:

(i) Angioplasty

(ii) Other intra-arterial or catheter-based techniques

(iii) Keyhole procedures

(iv) Laser procedures

4. Serious Coronary Artery Disease

The narrowing of the lumen of Right Coronary Artery (RCA), Left Anterior Descending Artery (LAD) and Circumflex Artery (not inclusive of their branches) occurring at the

same time by a minimum of 60% in each artery as proven by coronary arteriography (non-invasive diagnostic procedures are not covered). A narrowing of 60% or more of the Left Main Stem will be considered as a narrowing of the Left Anterior Descending Artery (LAD) and Circumflex Artery. This covered event is payable regardless of whether or not any form of coronary artery surgery has been performed.

5. Angioplasty and Other Invasive Treatments for Coronary Artery Disease

The actual undergoing for the first time of Coronary Artery Balloon Angioplasty, artherectomy, laser treatment or the insertion of a stent to correct a narrowing or blockage of one or more coronary arteries as shown by angiographic evidence.

Intra-arterial investigative procedures are not covered. Payment under this critical illness is limited to 10% of Coverage Amount or RM25,000, whichever is lower. This benefit is claimable once only. The Coverage Amount will be reduced by the claim payment made for this critical illness.

6. Stroke – *resulting in permanent neurological deficit with persisting clinical symptoms*

Death of brain tissue due to inadequate blood supply, bleeding within the skull or embolisation from an extra cranial source resulting in permanent neurological deficit with persisting clinical symptoms. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a neurologist. A minimum Assessment Period of 3 months applies.

For the above definition, the following are not covered:
(i) Transient ischemic attacks
(ii) Cerebral symptoms due to migraine
(iii) Traumatic injury to brain tissue or blood vessels
(iv) Vascular disease affecting the eye or optic nerve or vestibular functions

7. Heart Valve Surgery

The actual undergoing of open-heart surgery to replace or repair cardiac valves because of heart valve defects or abnormalities.

For the above definition, the following are not covered:
(i) Repair via intra-arterial procedure
(ii) Repair via key-hole surgery or any other similar techniques

8. Fulminant Viral Hepatitis

A sub-massive to massive necrosis (death of liver tissue) caused by any virus as evidenced by all the following diagnostic criteria:
(i) A rapidly decreasing liver size as confirmed by abdominal ultrasound
(ii) Necrosis involving entire lobules, leaving only a collapsed reticular framework
(iii) Rapidly deteriorating liver functions tests
(iv) Deepening jaundice

Viral hepatitis infection or carrier status alone (inclusive but not limited to Hepatitis-B and Hepatitis-C) without the above diagnostic criteria is not covered.

9. End-Stage Liver Failure

End-stage liver failure as evidenced by all the following:
(i) Permanent jaundice
(ii) Ascites (excessive fluid in peritoneal cavity)
(iii) Hepatic encephalopathy

Liver failure secondary to alcohol or drug abuse is not covered.

10. Primary Pulmonary Arterial Hypertension – *of specified severity*

A definite diagnosis of primary pulmonary arterial hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterisation,

resulting in permanent physical impairment to the degree of at least Class III of the New York Heart Association (NYHA) classification of cardiac impairment.

Pulmonary arterial hypertension resulting from other causes shall be excluded from this benefit.

The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following:

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.

11. End-Stage Lung Disease

End-stage lung disease causing chronic respiratory failure. All the following criteria must be met:

(i) The need for regular oxygen treatment on a permanent basis
(ii) Permanent impairment of lung function with a consistent Forced Expiratory Volume (FEV) of less than 1 litre during the first second
(iii) Shortness of breath at rest
(iv) Baseline Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less

12. Kidney Failure – *requiring dialysis or kidney transplant*

End-stage kidney failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular dialysis is initiated or kidney transplantation is carried out.

13. Surgery to Aorta

The actual undergoing of surgery via a thoracotomy or laparotomy (surgical opening of thorax or abdomen) to repair or correct an aortic aneurysm, an obstruction of the aorta or a dissection of the aorta. For this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

For the above definition, the following are not covered:

(i) Angioplasty
(ii) Other intra-arterial or catheter-based techniques
(iii) other keyhole procedures
(iv) laser procedures

14. Chronic Aplastic Anaemia – *resulting in permanent Bone Marrow Failure*

Irreversible permanent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring at least 2 of the following treatments:

(i) Regular blood product transfusion
(ii) Marrow stimulating agents
(iii) Immunosuppressive agents
(iv) Bone marrow transplantation

The diagnosis must be confirmed by a bone marrow biopsy.

15. Major Organ / Bone Marrow Transplant

The receipt of a transplant of:

(i) Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation.
(ii) 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 not covered.

16. Blindness – *Permanent and Irreversible*

Permanent and irreversible loss of sight as a result of accident or illness to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test and the result must be certified by an ophthalmologist.

17. Deafness – *Permanent and Irreversible*

Permanent and irreversible loss of hearing as a result of accident or illness to the extent that the loss is greater than 80 decibels across all frequencies of hearing in both ears. Medical evidence in the form of an audiometry and sound-threshold tests result must be provided and certified by an Ear, Nose, and Throat (ENT) specialist.

18. Loss of Speech

Total, permanent and irreversible loss of the ability to speak as a result of injury or illness. A minimum Assessment Period of 6 months applies. Medical evidence to confirm injury or illness to the vocal cords to support this disability must be supplied by an Ear, Nose, and Throat specialist.

All psychiatric related causes are not covered.

19. Coma – *resulting in permanent neurological deficit with persisting clinical symptoms*

A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least 96 hours, requiring the use of life support systems and resulting in a permanent neurological deficit with persisting clinical symptoms. A minimum Assessment Period of 30 days applies. Confirmation by a neurologist must be present.

Coma resulting directly from alcohol or drug abuse is not covered.

20. Third Degree Burns – *of specified severity*

Third degree (i.e. full thickness) skin burns covering at least 20% of the total body surface area.

21. Multiple Sclerosis

A definite diagnosis of multiple sclerosis by a neurologist. The diagnosis must be supported by all of the following:

(i) Investigations which confirm the diagnosis to be Multiple Sclerosis.
(ii) Multiple neurological deficits resulting in impairment of motor and sensory functions occurring over a continuous period of at least 6 months.
(iii) Well documented history of exacerbations and remissions of said symptoms or neurological deficits.

22. Paralysis of Limbs

Total, permanent and irreversible loss of use of both arms or both legs, or of one arm and one leg, through paralysis caused by illness or injury. A minimum Assessment Period of 6 months applies.

23. Muscular Dystrophy

The definite diagnosis of a Muscular Dystrophy by a neurologist which must be supported by all of the following:

(i) Clinical presentation of progressive muscle weakness.
(ii) No central/peripheral nerve involvement as evidenced by absence of sensory disturbance.
(iii) Characteristic electromyogram and muscle biopsy findings.

No benefit will be payable under this covered event before the Insured has reached the age of 11 years old.

24. Alzheimer's Disease / Severe Dementia

Deterioration or loss of intellectual capacity confirmed by clinical evaluation and imaging tests arising from Alzheimer's Disease or Severe Dementia as a result of irreversible organic brain disorders. The covered event must result in significant reduction in mental and social functioning requiring continuous supervision of the Insured. The diagnosis must be clinically confirmed by a neurologist.

For the above definition, the following are not covered:
(i) Non-organic brain disorders such as neurosis
(ii) Psychiatric illnesses
(iii) Drug or alcohol related brain damage

25. Motor Neuron Disease – *permanent neurological deficit with persisting clinical symptoms*

A definite diagnosis of motor neuron disease by a neurologist with reference to either spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be permanent neurological deficit with persisting clinical symptoms.

26. Parkinson's Disease – *resulting in permanent inability to perform Activities of Daily Living***

A definite diagnosis of Parkinson's Disease by a neurologist where all the following conditions are met:
(i) Cannot be controlled with medication.
(ii) Shows signs of progressive impairment.
(iii) Confirmation of the permanent inability of the Insured to perform without assistance 3 or more of the Activities of Daily Living*.

Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are not covered.

27. Terminal Illness

The conclusive diagnosis of a condition that is expected to result in death of the Insured within 12 months. The Insured must no longer be receiving active treatment other than that for pain relief. The diagnosis must be supported by written confirmation from an appropriate specialist and confirmed by Our appointed doctor.

28. Encephalitis – *resulting in permanent inability to perform Activities of Daily Living***

Severe inflammation of brain substance, resulting in permanent functional impairment. The permanent functional impairment must result in an inability to perform at least 3 of the Activities of Daily Living*. A minimum Assessment Period of 30 days applies. The covered event must be certified by a neurologist.

Encephalitis in the presence of HIV infection is not covered.

29. Benign Brain Tumour – *of specified severity*

A benign tumour in the brain or meninges within the skull, where all the following conditions are met:
(i) It is life threatening.
(ii) It has caused damage to the brain.
(iii) It has undergone surgical removal or has caused permanent neurological deficit with persisting clinical symptoms.
(iv) Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on MRI, CT or other reliable imaging techniques.

For the above definition, the following are not covered:
(i) Cysts
(ii) Granulomas
(iii) Malformations in or of the arteries or veins of the brain
(iv) Haematomas

(v) Tumours in the pituitary gland
(vi) Tumours in the spine
(vii) Tumours of the acoustic nerve

30. Major Head Trauma – *resulting in permanent inability to perform Activities of Daily Living

Physical head injury resulting in permanent functional impairment verified by a neurologist. The permanent functional impairment must result in an inability to perform at least 3 of the Activities of Daily Living*. A minimum Assessment Period of 3 months applies.

31. Bacterial Meningitis – *resulting in permanent inability to perform Activities of Daily Living

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent functional impairment. The permanent functional impairment must result in an inability to perform at least 3 of the Activities of Daily Living*. A minimum Assessment Period of 30 days applies.

The diagnosis must be confirmed by:
(i) an appropriate specialist; and
(ii) the presence of bacterial infection in the cerebrospinal fluid by lumbar puncture.

For the above definition, other forms of meningitis, including viral meningitis are not covered.

32. Brain Surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy (surgical opening of skull) is performed.

For the above definition, the following are not covered:
(i) Burr hole procedures
(ii) Transsphenoidal procedures
(iii) Endoscopic assisted procedures or any other minimally invasive procedures
(iv) Brain surgery as a result of an accident

33. Medullary Cystic Disease

A progressive hereditary disease of the kidney characterised by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic kidney failure. Diagnosis must be supported by a renal biopsy.

34. Loss of Independent Existence

Confirmation by an appropriate specialist of the loss of independent existence and resulting in a permanent inability to perform at least 3 of the Activities of Daily Living*. A minimum Assessment Period of 6 months applies.

35. HIV Infection Due To Blood Transfusion

Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion if all the following conditions are met:
(i) The blood transfusion was medically necessary or given as part of a medical treatment.
(ii) The blood transfusion was received in Malaysia or Singapore after the commencement of the Certificate.
(iii) 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.
(iv) The Insured does not suffer from haemophilia.

(v) The Insured is not a member of any high risk groups including but not limited to intravenous drug users.

36. Cardiomyopathy – *of specified severity*

A definite diagnosis of cardiomyopathy by a cardiologist which results in permanently impaired ventricular function and resulting in permanent physical impairment of at least Class III of the New York Heart Association's classification of cardiac impairment. The diagnosis has to be supported by echocardiographic findings of compromised ventricular performance.

The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following:

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.

Cardiomyopathy directly related to alcohol or drug abuse is not covered.

37. Full-blown AIDS

The clinical manifestation of AIDS (Acquired Immune Deficiency Syndrome) must be supported by the results of a positive HIV (Human Immunodeficiency Virus) antibody test and a confirmatory test. In addition, the Insured must have a CD4 cell count of less than 200/QL and one or more of the following criteria are met:

(i) Weight loss of more than 10% of body weight over a period of 6 months or less (wasting syndrome)
(ii) Kaposi Sarcoma
(iii) Pneumocystis Carinii Pneumonia
(iv) Progressive multifocal leukoencephalopathy
(v) Active Tuberculosis
(vi) Less than 1,000 Lymphocytes/QL
(vii) Malignant Lymphoma

38. Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection

Infection with the Human Immunodeficiency Virus (only if the Insured is a Medical Staff as defined below), where it was acquired as a result of an accident occurring during the course of carrying out normal occupational duties with seroconversion to HIV infection occurring within 6 months of the accident. Any accident giving rise to a potential claim must be reported to Us within 30 days of the accident taking place supported by a negative HIV test taken within 7 days of the accident.

"Medical Staff" is defined as doctors (general physicians and specialists), traditional practitioners, nurses, paramedics, laboratory technicians, dentists, dental nurses, ambulance workers who are working in a medical centre or hospital or dental clinic/polyclinic in Malaysia. Doctors, traditional practitioners, nurses and dentists must be registered with the Ministry of Health of Malaysia.

39. Systemic Lupus Erythematosus with Severe Kidney Complications

A definite diagnosis of Systemic Lupus Erythematosus confirmed by a rheumatologist.

For this definition, the covered event is payable only if it has resulted in Type III to Type V Lupus Nephritis as established by renal biopsy. Other forms such as discoid lupus or those forms with only haematological or joint involvement are not covered.

WHO Lupus Classification:
Type III: Focal Segmental glomerulonephritis
Type IV: Diffuse glomerulonephritis
Type V: Membranous glomerulonephritis

40. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition must be medically documented for at least 1 month.

41. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:
(i) Poliovirus is identified as the cause; and
(ii) Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months resulting in the total inability to perform (unaided) at least 3 of the Activities of Daily Living*.

42. Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:
(i) Localised scleroderma (linear scleroderma or morphea)
(ii) Eosinophilic fasciitis
(iii) CREST syndrome

43. Chronic Relapsing Pancreatitis

More than 3 recurrent acute attacks of pancreatitis resulting in permanent 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 consumption or drug abuse is excluded.

Chronic Relapsing Pancreatitis made by a specialist in gastroenterologist and confirmed as a continuing inflammatory disease of the pancreas characterised by irreversible morphological change and typically causing pain and/or permanent impairment of function.

The condition must be characterised by:
(i) Recurrent acute pancreatitis for a period of at least 2 years.
(ii) Generalise calcium deposits in pancreas from imaging study.
(iii) Chronic continuous pancreatic function impairment resulting in mal-absorption of intestine (high fat in stool) or diabetes.

Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

44. Elephantiasis

Elephantiasis is the result and complication of filariasis, characterized by massive swelling in the tissues of the body as a result of permanent obstructed circulation in lymphatic vessels, resulting in permanent inability of the Insured to perform at least 3 of the Activities of Daily Living*.

Unequivocal diagnosis of Elephantiasis must be clinically confirmed by a specialist in infectious disease or specialist in the relevant field, including laboratory confirmation of microfilariae.

Lymphoedema caused by infection with a sexually transmitted disease, trauma, cancer, postoperative scarring, congestive heart failure, radiation or congenital lymphatic system abnormalities are excluded.

45. Creutzfeldt-Jakob Disease

The occurrence of Creutzfeldt-Jacob Disease or Variant Creutzfeldt-Jacob Disease where there is an associated neurological deficit, accompanied by signs and symptoms of cerebellar dysfunction, severe progressive dementia, uncontrolled muscle spasm, tremor and athetosis which is solely responsible for the Insured's permanent inability to perform at least 3 of the Activities of Daily Living*. These conditions have to be medically documented for at least 6 months and confirmed by a consultant neurologist based on conclusive Electroencephalography (EEG) and Cerebrospinal Fluid (CSF) findings as well as Computerized Tomography (CT) scan and Magnetic Resonance Imaging (MRI).

Sickness caused by human growth hormone treatment is excluded.

*** List of Activities of Daily Living:**

(i) Transfer – getting in and out of a chair without requiring physical assistance.

(ii) Mobility – the ability to move from room to room without requiring any physical assistance.

(iii) Continence – the ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene.

(iv) Dressing – putting on and taking off all necessary items of clothing without requiring assistance of another person.

(v) Bathing/Washing – the ability to wash in the bath or shower (including getting in or out of the bath or shower) or wash by other means.

(vi) Eating – all tasks of getting food into the body once it has been prepared.

APPENDIX C
Premium Rate Table

Monthly Premium Rate for every RM1,000 Coverage Amount (appears if monthly mode is selected by any payer)

Age	Monthly Premium Rate

Yearly Premium Rate for every RM1,000 Coverage Amount (appears if yearly mode is selected by any payer)

Age	Yearly Premium Rate