



# **PRU***First Gift II*

Product Information Pack for  
Financial Consultants / Representatives

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# PRUFirst Gift II

## PRODUCT FEATURES

### 1 INTRODUCTION

PRUFirst Gift II is specially for expectant mothers who are into their 13<sup>th</sup> to 36<sup>th</sup> week of pregnancy. It is made up of two policies at any point in time during the term of the plan – a **PRUMum** policy and a **PRUActive LinkGuard** policy. The PRUMum policy terminates upon the fourth Policy Anniversary, while PRUActive LinkGuard is a whole life investment-linked plan.

**PRUMum** is a single premium plan that provides financial protection for a pregnant woman during her current pregnancy. It covers the pregnant woman for death, pregnancy complications, hospital care, hospital care accelerator, psychological consultation, postpartum depression and gestational diabetes mellitus and the newborn baby for congenital illnesses, hospital care, hospital care accelerator and health cover for child benefit.

For:

- i. Multiple births (beyond Twins) under natural conception; or
  - ii. Single, Twins or Multiple birth pregnancy resulted from In Vitro Fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI), Intrauterine Insemination (IUI) and Intracervical Insemination (ICI),
- it needs to fulfill the following criteria prior to submission:

- a) Non-smoker
- b) Client's ANB is 39 and below at entry
- c) Client's pregnancy is at gestation week between:
  - i. 13 to 36 at entry – Single and twins Pregnancy via Assisted Reproductive Technology.
  - ii. 28 to 35 at entry – Multiple births (beyond twins) under natural conception/Multiple Pregnancy via Assisted Reproductive Technology.
- d) Up-to-date O&G check-up must be done and reported as normal by the doctor at gestation week between:
  - i. 13 to 36 at entry – Single and twins Pregnancy via Assisted Reproductive Technology.
  - ii. 28 to 35 at entry – Multiple births (beyond twins) under natural conception/Multiple Pregnancy via Assisted Reproductive Technology.
- e) No history of vanishing syndrome during current pregnancy
- f) Fetal head circumference measurement and estimated fetal weight in latest ultrasound should be normal
- g) No pregnancy complications in current and past pregnancies.
- h) Routine O&G report and pregnancy Screening result (including antenatal Ultrasound) are normal
- i) No other risk factors (e.g., overweight, any other gynaecological disorders etc.)

PACS reserves the rights to reject the application if we are unable to offer acceptable terms on the application.

#### Loading criteria:

Multiple birth pregnancy (Triplets and more) resulting from natural conception:

- Submission is subject to underwriting. If term can be offered, loading of 50% will be imposed for each additional foetus beyond twins.



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Multiple birth pregnancy (Twins and more) resulting from In Vitro Fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI), Intrauterine Insemination (IUI) and Intracervical Insemination (ICI):

- Submission is subject to underwriting. If terms can be offered, loading of 300% will be imposed.

**PRUActive LinkGuard** is a regular premium investment-linked plan where you can choose your protection and investment mix within one policy.

This plan provides financial protection against death, disability and terminal illness. Protection against pre-critical illness and critical illness can be included. It also has a Multiplier benefit that provides a higher payout before the life assured turns age 50 ("Multiplier benefit expiry age").

There is no change to PRUMum and PRUActive LinkGuard features and benefits.

## 2 PLAN STRUCTURE

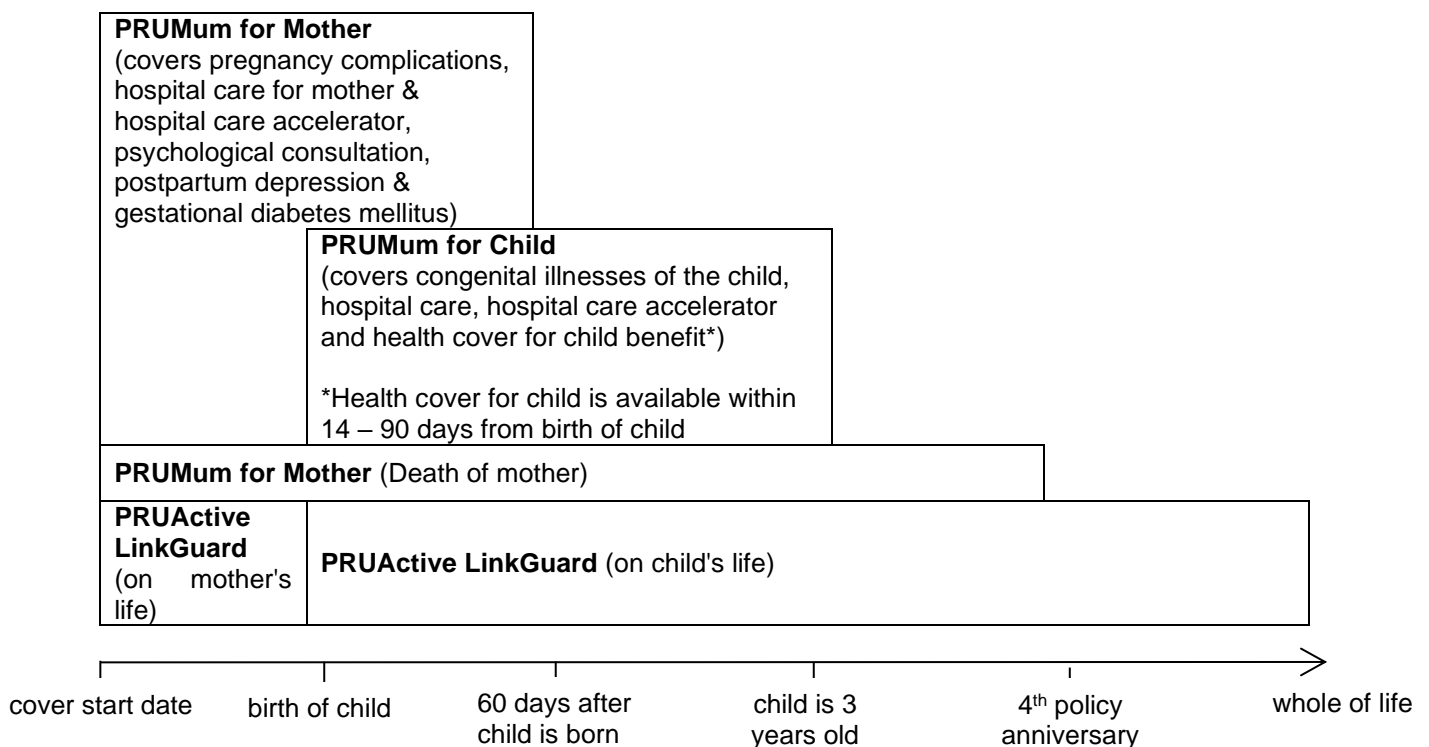
PRUFirst Gift II is made up of two policies at any point in time during the term of the plan before it reaches the 4<sup>th</sup> policy anniversary – a PRUMum policy and a PRUActive LinkGuard policy.

PRUMum provides financial protection for a pregnant woman (and her child, until her child is 3 years old) from the cover start date of the policy.

Within PRUMum, the life assured is the mother.

PRUActive LinkGuard provides financial protection against death, disability and terminal illness for the mother from the cover start date of the policy until the time when her child is born. She is entitled to the death benefit's sum assured and includes the multiplier benefit.

Once her child is born, cover on the mother's life ends and cover on the life of her child starts.





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The policy holder needs to inform us when the child is born within 60 days of the date of birth. Please provide a copy of the birth certificate or its equivalent.

If the policy holder did not inform us within 60 days from the estimated due date of the child (which the client has declared in the proposal form), we will end the PRUActive LinkGuard policy at the time that we consider appropriate.

Note that PRUActive LinkGuard coverage start date for the child is effective from the date of birth.

When the client has informed us of the birth of the child, we will end the mother's PRUActive LinkGuard cover and start her child's PRUActive LinkGuard cover with effect from the date of birth of her child. This is as long as the PRUActive LinkGuard policy on the mother's life is issued before the birth of her child and it has not lapsed or ended at the time the client has informed us on of the birth of the child.

If the client decides to include the Crisis Care or Crisis Protect and/or Early Crisis Care or Early Crisis Protect benefits to the child's PRUActive LinkGuard policy, within 60 days from the child's date of birth, the client can do so without giving us evidence of good health of the child.

The option to include Crisis Care or Crisis Protect and/or Early Crisis Care or Early Crisis Protect with evidence of good health of the child is subject to the following sum assured requirement:

	<u>Minimum Sum Assured</u>	<u>Maximum Sum Assured</u>
Crisis Care	\$10,000	\$150,000 (\$300,000 after multiplier)
Crisis Protect	\$10,000	\$300,000 (multiplier not applicable)
Early Crisis Care	\$10,000	\$150,000 (\$300,000 after multiplier)
Early Crisis Protect	\$10,000	\$300,000 (multiplier not applicable)

If the client informs us after 60 days that he/she wants to buy a new PRUActive LinkGuard policy on the life of the child, he/she must give us evidence of good health of the child. We will decide if we can insure the child and may offer different terms or refuse cover. If we accept his/her application, the cover start date of the child's PRUActive LinkGuard will be shown in the certificate of life assurance.

### 3 PRUMUM BENEFITS

PRUMum is a single premium plan that provides financial protection for pregnant women and their newborn babies. It covers the pregnant woman for death, pregnancy complications, hospital care, hospital care accelerator, psychological consultation, postpartum depression, gestational diabetes mellitus and the new born baby for congenital illness, hospital care, hospital care accelerator and health cover for child benefit.

#### **For the life assured (the mother):**

- Death benefit – pays the sum assured for your type of plan if the life assured dies
- Pregnancy complications – pays the sum assured for your type of plan if the life assured is diagnosed with any one of the covered pregnancy complications.
- Hospital care benefit – pays 2% of the sum assured for your type of plan, per day if the life assured is hospitalised with any one of the respective lists of covered conditions. Includes the Hospital care accelerator benefit that pays 100% of the sum assured if the life assured is hospitalised for a continuous period of 30 days or warded in the intensive care unit for at least one day.
- Psychological consultation – pays \$100 a session (up to two sessions) if the life assured requires psychological or psychiatric consultation.
- Postpartum depression – pays 5% of the sum assured for your type of plan if the life assured is diagnosed with postpartum depression.



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- f) Gestational diabetes mellitus – pays 10% of the sum assured for your type of plan if the life assured is diagnosed with gestational diabetes mellitus.

**For the child:**

- g) Congenital illness – pays the sum assured for your type of plan when the child is diagnosed with any of the covered congenital illnesses.
- h) Hospital care benefit – pays 2% of the sum assured for your type of plan per day, up to a maximum of 50% of the sum assured for your type of plan if the child is hospitalised with any one of the respective lists of covered conditions. Includes the Hospital care accelerator benefit that pays 50% of the sum assured if the child is warded in the neonatal intensive care unit or intensive care unit for at least three continuous days.
- i) Health Cover for Child – you can buy a PRUShield plan that only provides coverage in a restructured hospital, on the life of the child. If applied within 14 to 90 days from the child's birth, the plan can be bought without medical underwriting, under specified conditions.

There are four plan types with their respective sums assured, that the client can choose from

PRUMum	Plan A	Plan B	Plan C	Plan D
Sum Assured	\$5,000	\$10,000	\$15,000	\$20,000

The sum assured option for Multiple birth pregnancy (Twins and more) resulted from In Vitro Fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI), Intrauterine Insemination (IUI) and Intracervical Insemination (ICI) and Multiple birth (Triplets and more) resulted from natural conception (Triplets and more) is \$5,000 (Plan A) and \$10,000 (Plan B).

Please refer to **Appendix A** for the definition of benefits under PRUMum.

#### 4 PRUACTIVE LINKGUARD BENEFITS

PRUActive LinkGuard provides financial protection against death, disability, and terminal illness on the mother's life until her child is born.

When the client has informed us of the birth of the child, we will end the mother's PRUActive LinkGuard cover and start her child's PRUActive LinkGuard cover with effect from the date of birth of her child without any medical underwriting. All units accumulated during the time of cover on the mother's life will be automatically transferred to the policy on the child's life once it starts.

When the PRUActive LinkGuard is on the child's life it provides financial protection against death, terminal illness and disability. Protection against critical illness and pre-critical illness can be included.

##### **PRUActive LinkGuard on the mother's life**

The PRUActive LinkGuard policy on the mother's life will only cover her for the death, terminal illness and disability benefits. The other benefits will not apply.

The assurance charges will be based on the mother's age and sum assured or Multiplier Benefit (if this applies).



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## **PRUActive LinkGuard on the child's life**

The PRUActive LinkGuard policy on the child's life will have all the features and benefits. Please refer to the following sections for the description of its various features and benefits.

### **4.1 Death Benefit**

If the life assured dies before the Multiplier benefit expiry age, we pay the Multiplier benefit of the Death benefit and the value of all the units in your account, less any amounts you owe us.

If the life assured dies on or after the Multiplier benefit expiry age, we pay the sum assured for death as shown in your certificate of life assurance and the value of all the units in your account, less any amounts you owe us.

The Multiplier benefit is two times the sum assured for death as shown in your certificate of life assurance and is payable before the life assured turns age 50. However, you can choose to retain the Multiplier benefit by writing to us before the Multiplier benefit expiry age.

If the life assured dies from an activity under special exclusion and special terms and conditions shown in your certificate of life assurance, we do not pay the death benefit but we will either:

- pay you the value of all the units in your account; or
  - refund the total premiums paid by you, minus any withdrawals,
- whichever is higher, less any outstanding amounts you owe us.

To work out the value of your units, we use the bid price on the next business day after we receive the notification of death of the life assured, with proof of death.

If we deducted administration and assurance charges from your account at any time before the date you claim for the death benefit, we will not refund these charges to you.

If the life assured commits suicide within 12 months from the cover start date or date of reinstatement (if any) of your policy, we will void your policy. In this case, we cancel it and refund the premiums received from you. We will first deduct any withdrawals, all outstanding amounts you owe us in connection with your policy and expenses (including administrative, sales-related and medical expenses) we have had to pay on your policy. We use a premium refund formula that is decided by us, to work out the amount to refund you.

If your policy is within the first 10 years from the cover start date and the No Lapse Period is effective, we will pay the death benefit even if the value of the units in your account is not enough to pay the monthly administration and assurance charges that we bill to your account.

### **4.2 Accelerated Terminal Illness Benefit**

If the life assured is diagnosed as having a terminal illness before the Multiplier benefit expiry age, we pay the Multiplier benefit, less any amounts you owe us.

If the life assured is diagnosed as having a terminal illness on or after the Multiplier benefit expiry age, we pay the sum assured for accelerated terminal illness as shown in your certificate of life assurance, less any amounts you owe us.

If the sum assured of the accelerated terminal illness benefit is the same as the death benefit, we will also pay the value of all the units in your account, and your policy ends.



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The Multiplier benefit is two times the sum assured for Accelerated Terminal Illness as shown in your certificate of life assurance and is payable before the life assured turns age 50. However, you can choose to retain the Multiplier benefit by writing to us before the Multiplier benefit expiry age.

To work out the value of the units, we use the bid price at the next pricing date after the date you inform us of the terminal illness and with your proof of the terminal illness.

If we deducted administration and assurance charges from your account at any time before the date you claim for the terminal illness benefit, we will not refund these charges to you.

If your policy is within the first 10 years from the cover start date and the No Lapse Period is effective, we will pay the accelerated terminal illness benefit even if the value of the units in your account is not enough to pay the monthly administration and assurance charges that we bill to your account.

***What is not covered under Accelerated Terminal Illness Benefit?***

We do not pay in any of the following circumstances:

- If the life assured has already died at the time of the claim. We will pay the death benefit instead.
- If the symptoms of the terminal illness existed at the cover start date or date of reinstatement (if any) of this benefit.
- If the life assured is diagnosed as having a terminal illness caused by:
  - self-inflicted injuries while sane or insane;
  - AIDS, AIDS-related complex or infection by HIV except HIV due to blood transfusion and occupationally acquired HIV;
  - using unprescribed drugs if the drugs are required by law to be prescribed by a registered medical practitioner; or
  - an activity under the special exclusion and special terms and conditions shown in your certificate of life assurance.

***What happens after a claim?***

Once we pay an accelerated terminal illness claim, the accelerated terminal illness benefit ends. The following will also apply.

- a) If the sum assured of the death benefit is the same as the sum assured of the accelerated terminal illness benefit, the policy and all its benefits including the total and permanent disability benefit ends.
- b) If the sum assured of the death benefit is more than the sum assured of the accelerated terminal illness benefit, we will reduce the sum assured of the death benefit to an amount equal to the difference between the sum assured of the death benefit and the sum assured of the accelerated terminal illness benefit. You can continue the policy for this death benefit and any other basic or supplementary benefits (except those which end under c, d, e and f of this section) by paying the necessary premiums. The revised assurance charges for the death benefit will continue to be deducted from your account.
- c) If the sum assured of the total and permanent disability benefit is more than the sum assured of the accelerated terminal illness benefit, we will reduce the sum assured of the total and permanent disability benefit to an amount equal to the difference between the sum assured of the total and permanent disability benefit and the sum assured of the accelerated terminal illness benefit. This applies as long as you continue to pay the necessary premiums for both the death and total and permanent disability benefits. The revised assurance charges for the death benefit and total and permanent disability benefit will continue to be deducted from your account.
- d) If the sum assured of the Crisis Care benefit (if any) is more than the sum assured of the accelerated terminal illness benefit, we will reduce the sum assured of the Crisis Care benefit to



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an amount equal to the difference between the sum assured of the Crisis Care benefit and the sum assured of the accelerated terminal illness benefit. The sum assured of the Early Crisis Care benefit (if any) may also be reduced especially if the reduced sum assured of the Crisis Care benefit is lower than the sum assured of the Early Crisis Care benefit. This applies as long as you continue to pay the necessary premiums. The revised assurance charges for the Crisis Care benefits and Early Crisis Care benefits (if any) will continue to be deducted from your account.

- e) If the sum assured of the total and permanent disability benefit is less than or equal to the sum assured of the accelerated terminal illness benefit, the total and permanent disability benefit will end. In this case, we will not pay for the total and permanent disability benefit once we have paid the accelerated terminal illness benefit.

If the sum assured of the Crisis Care benefit (if any) is less than or equal to the sum assured of the accelerated terminal illness benefit, the Crisis Care benefit will end. The Early Crisis Care benefit (if any) will also end. In this case, we will not pay for the Crisis Care benefit and Early Crisis Care benefit once we have paid the accelerated terminal illness benefit.

#### 4.3 Accelerated Disability Benefit

If the life assured becomes totally and permanently disabled before the cover end date, we pay the benefit for total and permanent disability as shown in the table below:

Age at date of disability	We pay
below 1 year	20% of the Multiplier benefit of the Total and Permanent Disability benefit, less any amounts you owe us.  The policy ends when we pay this 20%. When the policy ends, we will also pay the value of all the units in your account.
1 to 69 years	<ul style="list-style-type: none"><li>- the Multiplier benefit of the Total and Permanent Disability benefit, less any amounts you owe us, if it is before the Multiplier benefit expiry age.</li><li>- the sum assured of the Total and Permanent Disability benefit as shown in your certificate of life assurance, less any amounts you owe us, if it is on or after the Multiplier benefit expiry age.</li></ul> <p>If the sum assured of the Total and Permanent Disability benefit is the same as the death benefit, we will also pay the value of all the units in your account, and your policy ends.</p> <p>The Multiplier benefit is two times the sum assured for Total and Permanent Disability as shown in your certificate of life assurance and is payable before the life assured turns age 50. However, you can choose to retain the Multiplier benefit by writing to us before the Multiplier benefit expiry age.</p> <p>To work out the value of the units, we use the bid price at the next pricing date after the date you inform us of the disability and with your proof of disability.</p> <p>We pay up to \$2,000,000 of the Total and Permanent Disability benefit sum assured, six months after the confirmed onset of disability (Deferment Period) by a registered medical practitioner. Disability is the condition of being totally</p>





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and permanently disabled.

The deferment period does not apply if the life assured suffers:

- total and permanent blindness in both eyes as confirmed by an ophthalmologist;
- the physical loss of any two limbs, each above the wrist or ankle but not just the hands and feet; or
- total and permanent blindness in one eye as confirmed by an ophthalmologist and the physical loss of any one limb at or above the wrist and ankle but not just the hands and feet.

For any Total and Permanent Disability benefit sum assured that is above \$2,000,000, we pay the balance sum assured (in other words any amount that is above \$2,000,000) in a lump sum:

- 12 months from the date of the first lump-sum payment; or
  - on the death of the life assured,
- whichever happens first:

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*\*when we say age in the table, we mean the age at their last birthday*

If we deducted administration and assurance charges from your account at any time before the date you claim for the disability benefit, we will not refund these charges to you.

If the life assured stops being totally and permanently disabled before the balance sum assured is due for payment, we stop payment immediately. In this case, you can still continue your policy for the death benefit and terminal illness benefit by paying the necessary premiums. The sum assured will be equal to the balance sum assured (in other words, any amount that is above \$2,000,000). The Multiplier benefit will be based on the balance sum assured.

The monthly administration charge and revised assurance charges for the death benefit and terminal illness benefit will continue to be deducted from your account. If there are not enough units to pay for these charges, your policy will lapse.

If your policy is within the first 10 years from the cover start date and the No Lapse Period is effective, we will pay the total and permanent disability benefit even if the value of the units in your account is not enough to pay the monthly administration and assurance charges that we bill to your account.

For a life assured from the age of 28 days to 15 years, we pay when the life assured is totally and irrecoverably disabled as a result of which the life assured have to stay in a home, hospital or other institution and need constant care and medical attention for at least six months in a row.

For a life assured from age 16 and 65 years, we pay when the life assured is totally and irrecoverably disabled as a result of which the life assured:

- cannot take part in any occupation, business or activity which pays an income; or
- suffers total and irrecoverable loss of use of:
  - both eyes; or
  - any two limbs, each above the wrist or ankle but not just the hands and feet; or
  - one eye and any one limb at or above the wrist or ankle but not just the hand or foot.

For a life assured from age 66 to 70 years, we pay when the life assured is totally and permanently disabled, as a result of which the life assured:

- suffers total and permanent loss of use of:
  - both eyes;



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- any two limbs, each above the wrist or ankle but not just the hands and feet; or
- one eye and any one limb at or above the wrist or ankle but not just then hand or foot, or
- are unable to perform (whether with help or without help) at least three of the following six Activities of Daily Living for a continuous period of at least six months.

**Activities of Daily Living:**

- 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;
- Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Feeding - the ability to feed oneself once food has been prepared and made available
- Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Mobility - the ability to move indoors from room to room on level surfaces;
- Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa.

The above is the definition of totally and permanently disabled. Disability and total and permanent disability is defined as the condition of being totally and permanently disabled.

The disability must be confirmed by a registered medical practitioner.

We can ask for a medical examination to be carried out by a medical practitioner registered with the Singapore Medical Council if we decide the medical reports you give us are not enough for our purposes.

***What is not covered under Accelerated Disability Benefit?***

We do not pay if the disability:

- claim was made when the life assured has already died at the time of the claim. We will pay the death benefit instead;
- happened when the life assured was below 28 days old;
- existed at the cover start date or date of reinstatement (if any) of this benefit; or
- arises directly or indirectly out of:
  - attempted suicide or self-inflicted injuries while sane or insane;
  - travelling on a non-commercial airline except military aircraft; or
  - an activity under the special exclusion and special terms and conditions shown in your certificate of life assurance.

***What happens after a claim?***

Once we pay a total and permanent disability claim, the Total and Permanent Disability benefit ends.

The following will also apply:

- a) If the sum assured of the death benefit is the same as the sum assured of the total and permanent disability benefit, the policy and all its benefits including the accelerated terminal illness benefit ends.
- b) If the sum assured of the death benefit is more than the sum assured of the total and permanent disability benefit, we will reduce the sum assured of the death benefit to an amount equal to the difference between the sum assured of the death benefit and the sum assured of the total and permanent disability benefit. You can continue the policy for this death benefit and any other basic or supplementary benefits (except those that have ended under c, d, e and f of this section) by paying the necessary premiums. The revised assurance charges for the death benefit will continue to be deducted from your account.



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- d) If the sum assured of the accelerated terminal illness benefit is more than the sum assured of the total and permanent disability benefit, we will reduce the sum assured of the accelerated terminal illness benefit to an amount equal to the difference between the sum assured of the accelerated terminal illness benefit and the sum assured of the total and permanent disability benefit. This applies as long as you continue to pay the necessary premiums. The revised assurance charges for the death benefit and accelerated terminal illness benefit will continue to be deducted from your account.
- e) If the sum assured of the Crisis Care benefit (if any) is more than the sum assured of the total and permanent disability benefit, we will reduce the sum assured of the Crisis Care benefit to an amount equal to the difference between the sum assured of the Crisis Care benefit and the sum assured of the total and permanent disability benefit. The sum assured of the Early Crisis Care benefit (if any) may also be reduced especially if the reduced sum assured of the Crisis Care benefit is lower than the sum assured of the Early Crisis Care benefit. This applies as long as you continue to pay the necessary premiums. The revised assurance charges for the Crisis Care and Early Crisis Care (if any) benefits will continue to be deducted from your account.
- f) If the sum assured of the accelerated terminal illness benefit is less than or equal to the sum assured of the total and permanent disability benefit, the accelerated terminal illness benefit will end. In this case, we will not pay for the accelerated terminal illness benefit once we have paid the total and permanent disability benefit.
- g) If the sum assured of the Crisis Care benefit (if any) is less than or equal to the sum assured of the total and permanent disability benefit, the Crisis Care benefit will end. The Early Crisis Care benefit (if any) will also end. In this case, we will not pay for the Crisis Care benefit and Early Crisis Care benefit once we have paid the total and permanent disability benefit.

## 5 OPTIONAL BASIC BENEFITS

We offer the following types of unit-deducting critical illness benefit:

- **Crisis Protect** – provides additional financial protection if the life assured is diagnosed with any one of the 56 critical illnesses;
- **Early Crisis Protect** – provides additional financial protection if the life assured is diagnosed with any one of the pre-critical medical conditions.
- **Crisis Care** – provides financial protection if the life assured is diagnosed with any one of the 56 critical illnesses
- **Early Crisis Care** – provides financial protection if the life assured is diagnosed with any one the pre-critical medical conditions.

You can either add Crisis Protect or Crisis Care but not both.

You can only add the Early Crisis Protect benefit if you have added Crisis Protect and you can only add the Early Crisis Care benefit if you have added Crisis Care.

Any claim payment for Early Crisis Protect will be deducted from the Crisis Protect sum assured and for Early Crisis Care, the claim payment will be deducted from Crisis Care.

Please note that these optional basic benefits are not offered to the mother's life, if you decide to include the Crisis Care or Crisis Protect and/or Early Crisis Care or Early Crisis Protect benefits to the child's PRUActive LinkGuard policy, within 60 days from the child's date of birth, you can do so without giving us evidence of good health of the child.



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## **5.1 Crisis Protect**

If a life assured is shown in your certificate of life assurance to be covered for this benefit and is diagnosed as having any one of the 56 critical illnesses, we pay the sum assured for Crisis Protect, as shown in your certificate of life assurance. The life assured must survive at least seven days from the date of diagnosis.

If you claim for angioplasty and other invasive treatment for coronary artery, we pay 10% of the sum assured for Crisis Protect up to a maximum amount of \$25,000. The remaining sum assured is the original sum assured less the amount claimed for angioplasty and other invasive treatment for coronary artery. We will continue to deduct assurance charges for your Crisis Protect based on the reduced sum assured.

We pay this benefit for one critical illness only, even if the life assured is diagnosed as having a second critical illness. However, if the first critical illness is angioplasty and other invasive treatment for coronary artery, we will pay the remaining sum assured on the next critical illness diagnosed that is not angioplasty and other invasive treatment for coronary artery.

If we deducted administration and assurance charges for your Crisis Protect from your account at any time before the date you claim for the critical illness benefit, we will not refund these charges to you.

If the life assured survives seven days after the date of diagnosis of any one of the 56 critical illnesses and dies, we pay both the death benefit and the Crisis Protect benefit. If the life assured dies from any one of the 56 critical illnesses within seven days from the date of diagnosis, we pay only the death benefit.

If the life assured survives seven days after the date of diagnosis of any one of the 56 critical illnesses and is diagnosed with a terminal illness after the seven days, we pay both the accelerated terminal illness benefit and the Crisis Protect benefit. If the life assured is diagnosed with a terminal illness within seven days from the date of diagnosis of any one of the 56 critical illnesses, we pay only the accelerated terminal illness benefit.

If the life assured survives seven days after the date of diagnosis of any one of the 56 critical illnesses and becomes totally and permanently disabled after the seven days, we pay both the total and permanent disability benefit and the Crisis Protect benefit. If the life assured becomes totally and permanently disabled within seven days from the date of diagnosis of any one of the 56 critical illnesses, we pay only the total and permanent disability benefit.

If your policy is within the first 10 years from the cover start date and the No Lapse Period in the PRUActive LinkGuard is effective, we will pay the Crisis Protect sum assured even if the value of the units in your account is not enough to pay the monthly administration and assurance charges that we bill to your account.

If this benefit is included in the PRUActive LinkGuard policy that is part of a PRUFirst Gift II policy, and is issued under the Guaranteed Issuance Benefit within 60 days from the child's date of birth, this Crisis Protect benefit and the Crisis Protect Accelerator benefit payable will be subject to a congenital maximum claim limit of \$30,000 in the following circumstance:

- If the child is diagnosed with or has undergone a surgical procedure for any stage of critical illness before the age of six years, and this condition is directly or indirectly due to any congenital defect or condition which was detected within 90 days of the birth of the child.



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### **Crisis Protect Accelerator benefit**

We pay 50% from your Crisis Protect benefit sum assured if the life assured:

- has surgery for any of the following vital organs as a result of illness or an accident - heart, lung, brain, kidney or liver, and
- is admitted to the Intensive Care Unit (ICU) as a result of the surgery, for at least three continuous days.

A certified specialist must confirm that the surgery and hospitalisation is medically necessary.

Any condition must be first considered or a claim submitted against the 56 critical illnesses before being considered under this benefit.

**Surgery** means any surgical operation listed in MOH's surgical operations fees table 1 to 7 (as at the date of the surgery).

**Intensive Care Unit (ICU)** refers to the intensive care unit of a hospital. The High Dependency Unit and other hospital wards are not considered intensive care unit.

**MOH** stands for the Ministry of Health, Singapore.

Only one claim is allowed for each policy up to \$100,000 per life. If you have more than one PRUActive LinkGuard policy, all claims under this Crisis Protect Accelerator benefit and Crisis Care Accelerator benefit (if any), cannot exceed \$100,000.

If there has already been a claim on the policy and the sum assured of the Crisis Protect benefit has been reduced, the Crisis Protect Accelerator benefit would pay 50% from the remaining Crisis Protect benefit.

Refer to **Appendix B** for the list of 56 critical illnesses.

## **5.2 Crisis Care**

If a life assured is shown in your certificate of life assurance to be covered for this benefit and is diagnosed as having any one of the 56 critical illnesses before the Multiplier benefit expiry age, we pay the Multiplier benefit.

If the life assured is diagnosed as having any one of the 56 critical illnesses on or after the Multiplier benefit expiry age, we pay the sum assured for Crisis Care, as shown in your certificate of life assurance.

If the sum assured of the Crisis Care benefit is the same as the death benefit, we will also pay the value of all the units in your account, less any amounts you owe us, and your policy ends.

The Multiplier benefit is two times the sum assured for Crisis Care as shown in your certificate of life assurance and is payable before the life assured turns 50 years old. However, you can choose to retain the Multiplier benefit by writing to us before the expiry age.

If the life assured undergoes angioplasty and other invasive treatment for coronary artery before the Multiplier benefit expiry age, we pay 10% of the Multiplier benefit of Crisis Care, up to \$25,000. We will reduce the sums assured of the death, total and permanent disability, accelerated terminal illness and Crisis Care benefits by the amount paid out on the angioplasty and other invasive treatment for coronary artery claim divided by the Multiplier.



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### **Example**

Sum assured for Crisis Care = \$100,000,  
Multiplier benefit for Crisis Care (2x of sum assured) = \$200,000  
Pay out under the Angioplasty claim =  $10\% \times \$200,000 = \$20,000$

The revised sum assured for Death =  $\$100,000 - (\$20,000 / 2 \text{ (the Multiplier)}) = \$90,000$   
The revised Multiplier benefit for Death =  $\$180,000 \text{ (2x of sum assured)}$

If the life assured undergoes angioplasty and other invasive treatment for coronary artery on or after the Multiplier benefit expiry age, we pay 10% of the sum assured of Crisis Care, up to \$25,000. We will reduce the sums assured of the death, Accelerated Disability, Accelerated Terminal Illness and Crisis Care benefits by the amount paid out on the angioplasty and other invasive treatment for coronary artery claim.

We pay this benefit for one critical illness only, even if the life assured is diagnosed as having a second critical illness. However, if the first critical illness is angioplasty and other invasive treatment for coronary artery, we will pay the remaining sum assured on the next critical illness diagnosed that is not angioplasty and other invasive treatment for coronary artery.

To work out the value of the units, we use the bid price at the next pricing date after the date you inform us of the critical illness and with your proof of the critical illness.

If we deducted administration and assurance charges from your account at any time before the date you claim for the Crisis Care benefit, we will not refund these charges to you.

If your policy is within the first 10 years from the cover start date and the No Lapse Period in the PRUActive LinkGuard is effective (please see section 4.4), we will pay the Crisis Care sum assured or Multiplier benefit (if this applies) even if the value of the units in your account is not enough to pay the monthly administration and assurance charges that we bill to your account.

If this benefit is included in the PRUActive LinkGuard policy that is part of a PRUFirst Gift II policy (see section 16), and is issued under the Guaranteed Issuance Benefit (see section 16.3.2) within 60 days from the child's date of birth, this Crisis Care benefit and the Crisis Care Accelerator benefit payable will be subject to a congenital maximum claim limit of \$30,000 in the following circumstance:

- If the child is diagnosed with or has undergone a surgical procedure for any stage of critical illness before the age of six years, and this condition is directly or indirectly due to any congenital defect or condition which was detected within 90 days of the birth of the child.

The congenital maximum claim limit of \$30,000 is subject to the Multiplier benefit (if any).

### **Crisis Care Accelerator benefit**

We pay 50% from your Crisis Care benefit sum assured or Multiplier benefit (if this applies) if the life assured:

- has surgery for any of the following vital organs as a result of illness or an accident - heart, lung, brain, kidney or liver, and
- is admitted to the Intensive Care Unit (ICU) as a result of the surgery, for at least three continuous days.

A certified specialist must confirm that the surgery and hospitalisation is medically necessary.



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Any condition must be first considered or claimed against the 56 critical illnesses before being considered under this benefit.

**Surgery** means any surgical operation listed in MOH's surgical operations fees table 1 to 7 (as at the date of the surgery).

**Intensive Care Unit (ICU)** refers to the intensive care unit of a hospital. The High Dependency Unit and other hospital wards are not considered intensive care unit.

**MOH** stands for the Ministry of Health, Singapore.

Only one claim is allowed for each policy up to \$100,000 per life. If you have more than one PRUActive LinkGuard policy, all claims under this Crisis Care Accelerator benefit and Crisis Protect Accelerator benefit (if any), cannot exceed \$100,000.

If there has already been a claim on the policy and the sum assured of the Crisis Care benefit has been reduced, the Crisis Care Accelerator benefit would pay 50% from the remaining Crisis Care benefit.

After a Crisis Care Accelerator claim the sums assured of the death, terminal illness, total and permanent disability and Crisis Care benefits will be reduced by the amount paid under the Crisis Care Accelerator claim.

Refer to **Appendix B** for the list of 56 critical illnesses.

### 5.3 Early Crisis Protect

If the life assured is shown in the certificate of life assurance to be covered for this benefit and is diagnosed as having any one of the pre-critical medical conditions, we pay the sum assured for Early Crisis Protect, as shown in your certificate of life assurance.

The life assured must survive at least seven days from the date of diagnosis before any payment under this benefit is made. If the life assured survives more than seven days from the date of diagnosis and then dies, we pay the sums assured for both the death benefit and the Early Crisis Protect benefit. If the life assured dies within seven days from the date of diagnosis of any one of the pre-critical medical conditions, we pay only the death benefit.

If the life assured survives more than seven days from the date of diagnosis and also becomes totally and permanently disabled, we pay the sums assured for both the disability benefit and the Early Crisis Protect benefit. If the life assured becomes totally and permanently disabled within seven days from the date of diagnosis of any one of the pre-critical medical conditions, we pay only the disability benefit.

If the life assured survives more than seven days from the date of diagnosis and is also diagnosed with a terminal illness, we pay the sums assured for both the terminal illness benefit and the Early Crisis Protect benefit. If the life assured is diagnosed with a terminal illness within seven days from the date of diagnosis of any one of the pre-critical medical conditions, we pay only the terminal illness benefit.

The Multiplier benefit does not apply under the Early Crisis Protect benefit.



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- If we deducted administration and assurance charges for your Early Crisis Protect from your account at any time before the date you claim for the pre-critical medical conditions, we will not refund these charges to you.
- If your policy is within the first 10 years from the cover start date and the No Lapse Period in the PRUActive LinkGuard is effective, we will pay the Early Crisis Protect sum assured even if the value of the units in your account is not enough to pay the monthly administration and assurance charges that we bill to your account.

If this Early Crisis Protect benefit is included in the PRUActive LinkGuard policy that is part of a PRUFirst Gift II policy, and is issued under the Guaranteed Issuance Benefit within 60 days from the child's date of birth, the Medical Conditions benefit and Special Medical Conditions and Juvenile Medical Conditions benefit payable will be subject to a congenital maximum claim limit of \$30,000 in the following circumstance:

- If the child is diagnosed with or has undergone a surgical procedure for any of the Medical Conditions, Special Medical Conditions and Juvenile Medical Conditions before the age of six years, and this condition is directly or indirectly due to any congenital defect or condition which was detected within 90 days of the birth of the child.

#### **5.4 Early Crisis Care**

If the life assured is shown in the certificate of life assurance to be covered for this benefit and is diagnosed as having any one of the pre-critical medical conditions before the Multiplier benefit expiry age, we pay the Multiplier benefit\* for Early Crisis Care.

\*The Multiplier benefit is two times the sum assured as shown in your certificate of life assurance and is payable before the life assured turns age 50.

If the life assured is diagnosed as having any one of the pre-critical medical conditions on or after the Multiplier benefit expiry age, we pay the sum assured of the Early Crisis Care benefit as shown in the certificate of life assurance. However, if you chose to continue with the Multiplier benefit beyond the Multiplier benefit expiry age, we will pay the Multiplier benefit for Early Crisis Care.

If the sum assured of the death benefit is the same as the sum assured for the Early Crisis Care benefit, we will also pay the value of all the units in your account, less any amounts you owe us, and your policy ends. .

- To work out the value of the units, we use the bid price at the next pricing date after the date you inform us of the pre-critical medical condition and with proof of the pre-critical medical condition.
- If we deducted administration and assurance charges from your account at any time before the date you claim for the Early Crisis Care benefit, we will not refund these charges to you.
- If your policy is within the first 10 years from the cover start date and the No Lapse Period in the PRUActive LinkGuard is effective, we will pay the Early Crisis Care sum assured or Multiplier benefit (if this applies) even if the value of the units in your account is not enough to pay the monthly administration and assurance charges that we bill to your account.

If this Early Crisis Care benefit is included in the PRUActive LinkGuard policy that is part of a PRUFirst Gift II policy, and is issued under the Guaranteed Issuance Benefit within 60 days from the child's date of birth, the Medical Conditions benefit and Special Medical Conditions and Juvenile Medical Conditions benefit payable will be subject to a congenital maximum claim limit of \$30,000 in the following circumstance:

- If the child is diagnosed with or has undergone a surgical procedure for any of the Medical Conditions, Special Medical Conditions and Juvenile Medical Conditions before the age of six





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years, and this condition is directly or indirectly due to any congenital defect or condition which was detected within 90 days of the birth of the child.

The congenital maximum claim limit of \$30,000 is subject to the Multiplier benefit (if any).

#### **Pre-critical Medical Conditions under Early Crisis Protect and Early Crisis Care**

	<b>Critical illness category</b>	<b>Pre-critical medical conditions</b>
1	Alzheimer's Disease / Severe Dementia	Moderately severe Alzheimer's disease or dementia
2	Benign Brain Tumour	<ul style="list-style-type: none"> <li>- Surgical removal of pituitary tumour or surgery for subdural haematoma</li> <li>- Surgical removal of pituitary tumour (by open craniotomy)</li> </ul>
3	Blindness (Irreversible Loss of Sight)	<ul style="list-style-type: none"> <li>- Loss of sight in one eye</li> <li>- Optic nerve atrophy with low vision</li> </ul>
4	Coma	<ul style="list-style-type: none"> <li>- Coma for 48 hours</li> <li>- Severe epilepsy</li> </ul>
5	Coronary Artery By-pass Surgery	<ul style="list-style-type: none"> <li>- Port access or keyhole cardiac surgery</li> <li>- Transmyocardial laser revascularisation or enhanced external counterpulsation device insertion</li> </ul>
6	Deafness (Irreversible Loss of Hearing)	<ul style="list-style-type: none"> <li>- Partial loss of hearing or cavernous sinus thrombosis surgery</li> <li>- Cochlear implant surgery</li> </ul>
7	End Stage Kidney Failure	<ul style="list-style-type: none"> <li>- Surgical removal of one kidney</li> <li>- Chronic kidney disease</li> </ul>
8	End Stage Liver Failure	<ul style="list-style-type: none"> <li>- Liver surgery</li> <li>- Liver cirrhosis</li> </ul>
9	End Stage Lung Disease	<ul style="list-style-type: none"> <li>- Severe asthma or insertion of a veno-cava filter</li> <li>- Surgical removal of one lung</li> </ul>
10	Fulminant Hepatitis	<ul style="list-style-type: none"> <li>- Biliary tract reconstruction surgery</li> <li>- Chronic primary sclerosing cholangitis</li> </ul>
11	Heart Attack of Specified Severity	<ul style="list-style-type: none"> <li>- Cardiac pacemaker insertion or pericardectomy</li> <li>- Cardiac defibrillator insertion or early cardiomyopathy</li> </ul>
12	HIV due to Blood Transfusion and Occupationally Acquired HIV	HIV due to assault, organ transplant or occupationally acquired HIV
13	Idiopathic Parkinson's Disease	Early and moderately severe Parkinson's disease



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	<b>Critical illness category</b>		<b>Pre-critical medical conditions</b>
14	Irreversible Anaemia	Aplastic	<ul style="list-style-type: none"> <li>- Reversible aplastic anaemia</li> <li>- Myelodysplastic syndrome or myelofibrosis</li> </ul>
15	Irreversible Loss of Speech		<ul style="list-style-type: none"> <li>- Loss of speech due to permanent or temporary tracheostomy</li> <li>- Loss of speech due to vocal cord paralysis</li> </ul>
16	Loss of Independent Existence		<ul style="list-style-type: none"> <li>- Loss of independent existence (early stage)</li> <li>- Loss of independent existence (intermediate stage)</li> </ul>
17	Major Burns		<ul style="list-style-type: none"> <li>- Mild severe burns</li> <li>- Moderately severe burns</li> </ul>
18	Major Cancer		<ul style="list-style-type: none"> <li>- Carcinoma in situ of specified organs               <ul style="list-style-type: none"> <li>- Early prostate cancer</li> <li>- Early thyroid cancer</li> <li>- Early bladder cancer</li> <li>- Early chronic lymphocytic leukaemia</li> <li>- Early melanoma</li> <li>- Gastro-intestinal stromal tumour (GIST)</li> </ul> </li> <li>- Carcinoma in situ of specified organs treated with radical surgery</li> </ul>
19	Major Head Trauma		<ul style="list-style-type: none"> <li>- Facial reconstructive surgery</li> <li>- Intermediate stage major head trauma</li> </ul>
20	Major Organ / Bone Marrow Transplantation		<ul style="list-style-type: none"> <li>- Small bowel transplant or corneal transplant</li> <li>- Major organ/bone marrow transplant (on waitlist)</li> </ul>
21	Motor Neurone Disease		<ul style="list-style-type: none"> <li>- Early motor neurone disease</li> </ul>
22	Multiple Sclerosis		<ul style="list-style-type: none"> <li>- Early multiple sclerosis</li> <li>- Mild multiple sclerosis</li> </ul>
23	Muscular Dystrophy		<ul style="list-style-type: none"> <li>- Moderately severe Muscular dystrophy</li> <li>- Spinal-cord disease or injury resulting in bowel and bladder dysfunction</li> </ul>
24	Open Chest Heart Valve Surgery		<ul style="list-style-type: none"> <li>- Percutaneous valve surgery</li> <li>- Percutaneous valve replacement or device repair</li> </ul>
25	Open Chest Surgery to Aorta		<ul style="list-style-type: none"> <li>- Minimally invasive surgery to aorta or</li> <li>- Large asymptomatic aortic aneurysm</li> </ul>
26	Other Serious Coronary Artery Disease		<ul style="list-style-type: none"> <li>- Early stage other serious coronary artery disease</li> <li>- Intermediate stage other serious coronary artery disease</li> </ul>
27	Paralysis (Irreversible Loss of Use of Limbs)		<ul style="list-style-type: none"> <li>- Loss of use of one limb</li> <li>- Loss of use of one limb needing a prosthesis</li> </ul>



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	<b>Critical illness category</b>	<b>Pre-critical medical conditions</b>
28	Persistent Vegetative State (Apallic Syndrome)	- Akinetic Mutism - Locked in syndrome
29	Poliomyelitis	- Peripheral Neuropathy - Poliomyelitis (intermediate stage)
30	Primary Pulmonary Hypertension	- Early pulmonary hypertension - Secondary pulmonary hypertension
31	Progressive Scleroderma	- Early progressive scleroderma - Progressive scleroderma with CREST syndrome
32	Severe Bacterial Meningitis	- Bacterial meningitis with full recovery - Bacterial meningitis with reversible neurological deficit
33	Severe Encephalitis	- Viral encephalitis with full recovery - Moderate viral encephalitis with full recovery
34	Stroke with Permanent Neurological Deficit	- Brain aneurysm surgery or cerebral shunt insertion - Carotid artery surgery
35	Systemic Lupus Erythematosus with Lupus Nephritis	- Mild systemic lupus erythematosus - Moderately severe systemic lupus erythematosus with lupus nephritis (early stage)

Please refer to the definitions of these medical conditions in **Appendix C**

### **Special benefit under Early Crisis Protect and Early Crisis Care**

For the following Medical Conditions, we pay a Special benefit as long as your Early Crisis Protect or Early Crisis Care benefit has not ended or has not been fully claimed (this means, there has been no successful claim under the Pre-critical medical conditions benefit that paid out the full sum assured) and only if the life assured survives at least seven days from the date of diagnosis.

<b>Medical conditions</b>	<b>We pay</b>
1 Special Medical Conditions a. Diabetic complications b. Osteoporosis with fractures c. Severe rheumatoid arthritis d. Benign tumour requiring surgical excision	- 20% of the Early Crisis Protect or Early Crisis Care benefit sum assured, only once for each Special Medical Condition throughout the policy term, as long as the diagnosis is made when the life assured is below 85 years old. - Up to three different Special Medical Conditions - Up to \$150,000 per life - Up to \$25,000 for Benign tumour requiring surgical excision



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Medical conditions	We pay
2 Juvenile Medical conditions	<ul style="list-style-type: none"><li>- 25% of the Early Crisis Protect or Early Crisis Care benefit sum assured, only once for each Juvenile Medical Condition throughout the policy term, as long as the diagnosis is made when the life assured is below 18 years old.</li><li>- up to a maximum of four different Juvenile Medical Conditions.</li><li>- Up to \$250,000 per life</li></ul>

A claim under this Special benefit will not reduce the sum assured of your Early Crisis Protect or Early Crisis Care benefit.

The Medical Conditions must be diagnosed by a registered medical practitioner.

We can ask for a medical examination to be carried out by a medical practitioner registered with the Singapore Medical Council if we decide the medical reports you give us are not enough for our purposes.

Please refer to the definitions of these medical conditions in **Appendix C**

## **6 NO LAPSE PERIOD**

For the first 10 years from the cover start date of the policy, your policy will not lapse even if the unit value in your account is not enough to pay for your administration and assurance charges.

The No Lapse Period (NLP) will apply only if:

1. you pay all your regular premiums when they are due or you back-pay all unpaid regular premiums that were due; and
2. you did not withdraw any units from your account, or if you have withdrawn units, then the total withdrawn amount is equal to or less than your total Investment Booster (Lump Sum) and Investment Booster (Regular) premiums.

If you did not meet any of the above conditions, the NLP will not apply. This means that your policy will lapse if the unit value in your account is not enough to pay for your administration and assurance charges. You may be paying your premiums, but as long as the unit value is not enough to pay the charges, your policy will lapse.

Even if you reinstate the NLP, it would not be extended beyond the 10-year period.

## **7 TOP UP WITH INVESTMENT BOOSTER (LUMP SUM)**

You can pay an additional one-off premium called the Investment Booster (Lump Sum), at any time, to increase your investment. The minimum Investment Booster (Lump Sum) premium is \$1,000.

When you apply for your Investment Booster (Lump Sum), you choose whether you want:

- to invest all your Investment Booster (Lump Sum) premium in one of the PRULink funds; or
- to invest part of your Investment Booster (Lump Sum) premium in two or more of the PRULink funds.

You must invest a minimum of 5% of your Investment Booster (Lump Sum) premium in any PRULink fund you choose and after that invest in multiples of 5%.



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There is a premium charge of 3% of your Investment Booster (Lump Sum) premium. This premium charge is an upfront charge that we deduct from the Investment Booster (Lump Sum) premium paid. We use the remaining 97% of your Investment Booster (Lump Sum) premium to buy units at the bid price in the PRULink fund or funds you have chosen. We credit the units to your account.

We can change the premium charge rate at any time but we will give you 30 days' written notice if we do so.

If we receive your Investment Booster (Lump Sum) premium:

- a) by 3pm, we use the bid price on the next business day to work out the number of units; or
- b) after 3pm, we use the bid price on the second business day from the day we receive your premium, to work out the number of units.

We can change or levy an administration charge for the Investment Booster (Lump Sum) feature at any time, but we will give you 30 days' written notice before we do so.

You can do this top-up as long as your policy has not ended and you are currently paying premiums.

To apply for the Investment Booster (Lump Sum), you must use our appropriate application form and meet the conditions on it. We will let you know if we accept your application.

We can introduce new similar features or withdraw the features offered as we consider appropriate.

## **8 TOP UP WITH INVESTMENT BOOSTER (REGULAR)**

You can increase your investment at any time, if the life assured is under 65 years old, by paying an additional premium called the Investment Booster (Regular). The Investment Booster (Regular) is payable at the same frequency as your regular premium.

At the start of your Investment Booster (Regular) you can choose to invest in funds that are different from your regular premiums. After the Investment Booster (Regular) has started, you will not be able to change the premium distribution of the Investment Booster (Regular) to one that is different from your regular premiums.

The Investment Booster (Regular) must be equal to or more than any minimum amount we specify. There is a premium charge of 3% of your Investment Booster (Regular) premium. This premium charge is an upfront charge that we deduct from every Investment Booster (Regular) premium paid. We use the remaining 97% of your Investment Booster (Regular) premium to buy units at the bid price in the PruLink fund or funds you have chosen. We credit the units to your account.

If we receive your Investment Booster (Regular):

- a) by 3pm, we use the bid price calculated on the next business day; or
- b) after 3pm, we use the bid price calculated on the second business day from the day of receipt.

For new premiums that we receive in the future under this Investment Booster (Regular) feature, we can change the premium charge rates of these new premiums at any time, but we will give you 30 days' written notice if we do so.

We can change or levy an administration charge for the Investment Booster (Regular) feature at any time, but we will give you 30 days' written notice before we do so.



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The Investment Booster (Regular) feature will not apply if you stop paying your regular premium.

We can introduce new similar features or withdraw the features offered as we consider appropriate.

To apply for the Investment Booster (Regular), you must use our appropriate application form and meet the conditions on it. We will let you know if we accept your application.

## 9 POLICY LIMITS

### 9.1 Age at Entry

#### PRUMum

Natural Conception	Minimum Entry Age	Maximum Entry Age
Life Assured – Mother (Single and Twins)	19 anb (Between 13 – 36 weeks of pregnancy)	46 anb (Between 13 – 36 weeks of pregnancy)
Life Assured – Mother (Beyond Twins)	19 anb (Between 28 – 35 weeks of pregnancy)	39 anb (Between 28 – 35 weeks of pregnancy)
Policyowner	19 anb	99 anb

Pregnancy through Assisted Reproductive Technology	Minimum Entry Age	Maximum Entry Age
Life Assured – Mother (Single and Twins)	19 anb (Between 13 – 36 weeks of pregnancy)	39 anb (Between 13 – 36 weeks of pregnancy)
Life Assured – Mother (Beyond Twins)	19 anb (Between 28 – 35 weeks of pregnancy)	39 anb (Between 28 – 35 weeks of pregnancy)
Policyowner	19 anb	99 anb

#### PRUActive LinkGuard

PRUActive LinkGuard	Minimum age at entry	Maximum age at entry
Life Assured – Child 1anb after birth	N.A	N.A
Life Assured – Mother	19 anb	45 anb
Policyowner – Mother/Father	19 anb	99 anb

\*anb: age next birthday

### 9.2 Age at Expiry

Plans	Age at expiry
<b>PRUMum</b>	
- <b>Death Benefit for Mother</b>	End of 4 years policy term  60 days after birth of child
- <b>Pregnancy Complications</b>	
- <b>Hospital Care for Mother</b>	
- <b>Hospital Care Accelerator for Mother</b>	



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- <b>Gestational Diabetes Mellitus</b>	When child reaches age 3
- <b>Psychological consultation/ Post-Partum Depression</b>	
- <b>Congenital Illnesses</b>	
- <b>Hospital Care for Child</b>	
- <b>Hospital Care Accelerator for Child</b>	
- <b>Health Cover for Child</b>	90 days from birth of child
<b>PRUActive LinkGuard</b>	
- <b>on Mother</b>	60 days from birth of child
- <b>on Child</b>	Whole of Life

### 9.3 Premium Term

Plans	Premium Term (years)
<b>PRUMum</b>	Single Premium
<b>PRUActive LinkGuard</b>	Whole of Life

### 9.4 Policy Term

Plans	Policy Term (years)
<b>PRUMum</b>	4 years
<b>PRUActive LinkGuard</b>	Whole of Life

### 9.5 Size of Policy

Plans	Sum Assured
<b>PRUMum</b>	\$5,000 / \$10,000 / \$15,000 / \$20,000
<b>PRUActive LinkGuard</b>	Minimum Sum Assured: \$100,000 Maximum Sum Assured: \$250,000 (\$500,000 after including multiplier benefit)

### 9.6 Mode of Payment

PRUMum

Single Premium

PRUActive LinkGuard

Annually, half-yearly, quarterly and monthly.

### 9.7 Method of Payment



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PRUMum

Available via cash, cheque and credit card.

PRUActive LinkGuard

Regular Premium payment.

Available via cash, cheque, GIRO, e-GIRO and credit card.

Payment by all credit card (VISA or MASTERCARD only) is allowed for first premium and subsequent premiums.

For payment via GIRO, the first 2 monthly premiums must be made via cash, cheque or credit card.

## **10 POLICY VALUES**

### **10.1 Surrender Values**

PRUMum

Not applicable.

PRUActive LinkGuard

Surrender value is made up of the value of the units in your account (less the surrender charge (if any)).

### **10.2 Policy Loan**

PRUMum

Not applicable.

PRUActive LinkGuard

Not applicable

### **10.3 Automatic Premium Loan**

PRUMum

Not applicable.

PRUActive LinkGuard

Not applicable.

### **10.4 Paid-Up Value**





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PRUMum

Not applicable.

PRUActive LinkGuard

Not applicable.

## **11 POLICY CONDITIONS**

### **11.1 Free Look Provision**

We give you a period of 14 days from the date of receiving the policy to review its terms and conditions.

If you decide this policy is not suitable for your needs, simply write to us within the 14-day review period. We will refund any premium you have paid (without interest), less medical fees, other expenses we have had to pay and any amounts you owe us in connection with the policy.

We use a premium refund formula to work out the amount to refund you. When deciding the amount to refund you for investment-linked policies, we can adjust the amount to be in line with the change in market value of the underlying assets. This may result in you receiving less than the premiums you paid.

If we make your policy document and all other documents from us available electronically via PRUaccess, we consider they have been delivered and received when you receive the relevant SMS or email telling you that the documents are accessible on PRUaccess.

Otherwise, we consider your policy and all other documents from us as delivered and received seven days from the date of posting to the last-known address you gave us

### **11.2 Waiting Period and Survival Period**

PRUMum

Waiting period not applicable for claim but for benefit on Congenital Illnesses the child with the congenital illness must be alive at the time when the diagnosis of the congenital illness is confirmed.

PRUActive LinkGuard

Not applicable.

### **11.3 Policy Alteration**

PRUMum

Upgrading or downgrading not allowed within the policy and if client wish to terminate the policy (not as a result of claim), premium will not be refunded.

PRUActive LinkGuard

#### **11.3.1 Change your regular premium distribution**



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At any time, you can ask us to change the proportions of how your regular premiums are being invested. You can only change in multiples of 5% and into any of the PRULink funds that are currently available. We make the change the next time you pay your regular premium.

If you have an Investment Booster (Regular) in place, you can invest in funds that are different from your regular premiums, but only at the start of the Investment Booster (Regular). After the Investment Booster (Regular) has started, you will not be able to change the premium distribution of the Investment Booster (Regular) to one that is different from your regular premiums.

To make a change, you must use our appropriate application form and meet the conditions on it. We will let you know if we accept your application.

**Example**

**Your current proportions:**

PRULink fund A - 40%

PRULink fund B - 60%

**You now want to change to:**

PRULink fund A - 75%

PRULink fund B - 25%

### 11.3.2 Switch from one PRULink fund to another

Once you have enough units in your account, you can ask us to switch them into other PRULink funds that are available.

There is a minimum amount you can switch out of a PRULink fund and we will let you know this minimum amount at the time you apply to do the switch.

The value of the remaining units in the PRULink fund that you are switching out from cannot be lower than a minimum amount we indicate. To work out the value of the remaining units, we use the bid price at the time the switch is carried out. If the value of the remaining units is lower than the minimum amount, you must switch all the units out of the fund. We can change at any time, the minimum amount you can switch out of a fund when there is any new application to switch funds. We will let you know this minimum amount at the time of your application to do the switch.

To make the switch, we sell your units in the old PRULink fund at the bid price of that fund and buy units in the new PRULink fund at its bid price.

We currently do not charge for fund switches. However, we can levy an administration charge but we will give you 30 days' written notice before we do so.

If we want to charge for fund switches, we use the bid price on the next business day to sell proportionate units from all the PRULink funds you have invested to pay for the administration charges. We work out the proportionate units to sell based on the number of units you are still invested in each of the PRULink funds as at the time of the sale. We may also use other methods to work this out as we may decide from time to time. How we work out and decide on the final results, is final and binding.

To apply, you must use our appropriate application form and meet the conditions on it. We will let you know if we accept your application.



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If we receive your application:

- a) by 3pm, we use the bid price on the next business day to work out the number of units; or
- b) after 3pm, we use the bid price on the second business day from the day we receive your application, to work out the number of units.

#### **Example**

If we receive your application by 3pm on Friday, we use Monday's bid price to sell units in the PRULink fund you have invested in. If we receive your application after 3pm on Friday, we use Tuesday's bid price.

### **11.3.3 Increase your sum assured**

You can increase the sum assured for death, total and permanent disability, terminal illness, critical illness and pre-critical illness according to the required minimum sum assured.

You can only increase the sum assured for critical illness or pre-critical illness if you have included the Crisis Protect benefit or Crisis Care benefit, Early Crisis Protect benefit or Early Crisis Care benefit.

• When you increase the sum assured of your Death benefit, the sums assured of the Accelerated Terminal Illness and Total and Permanent Disability benefits will increase by the same amount. Your regular premium will also increase upon the increased sum assured in the Death, Accelerated Terminal Illness, Total and Permanent Disability, Early Crisis Care (if any) or Early Crisis Protect (if any) benefits. The increased portion of the premium will be treated separately from the current premium when deciding the premium charge. The increased portion will follow the premium charge rate from Year 1.

If you want to increase the sum assured of the critical illness benefits, you can do so without increasing your regular premium, if it is within the maximum sums assured allowed.

When you increase the sum assured of the death, terminal illness, total and permanent disability, critical illness and pre-critical illness benefits, the Multiplier benefit (if applicable) and the assurance charges will increase based on the revised sum assured.

You can only increase your sum assured if you have paid your regular premium and the life assured:

- is under 60 years old (for increase in the death, terminal illness, total and permanent disability, Crisis Care and Early Crisis Care benefits);
- is under 50 years old (for increase in the Crisis Protect and Early Crisis Protect benefits);
- gives us satisfactory evidence of health. You must pay any cost involved in providing this; and
- is not engaged in any occupation or hazardous activity where we charge extra on the assurance charges.

You must apply for the increase on our appropriate application form and meet the conditions on it. We will let you know if we accept your application.

### **11.3.4 Increase your sum assured without providing evidence of good health**

If you bought your policy at standard rates (that means you were not given our Offer of Conditional Acceptance), then subject to the conditions below, you can increase the sum assured of this policy



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for death, total and permanent disability and terminal illness without evidence of good health. This benefit can be used when the life assured experiences any of the following life events:

- marries;
- divorces;
- becomes a parent / delivers a baby;
- adopts a child through legal means;
- suffers the death of the spouse;
- child(ren) entering primary or secondary school; or
- marriage of the child(ren).

However, you can only exercise this option twice in the lifetime of the life assured.

The increase in the sum assured for death, total and permanent disability and terminal illness must:

- be used within 3 months from the date of the life event;
- not be more than:
  - \$150,000 (including the Multiplier benefit, if it applies); or
  - 25% of the original sum assured;

whichever is lower. This sum assured limit applies to each life event and doesn't take into account the number of PRUActive LinkGuard policies the life assured may have.

When you increase the sum assured, your regular premium will also increase. The revised regular premium will be worked out for you at the time you apply for the increase in the sum assured. The increased portion of the premium will be treated separately from the current premium when deciding the premium charge. The increased portion will follow the premium charge rate from Year 1.

You can only do this increase if:

- the life assured is under 50 years old; and
- you have paid all the premiums due; and
- the life assured has not made any claim on any policy that the life assured has with us and received the benefits

You must apply for the increase on our appropriate application form and meet the conditions on it. We will let you know if we accept your application.

#### **11.3.5 Reduce the sum assured**

You can reduce the sum assured for death, total and permanent disability and terminal illness as shown in your certificate of life assurance to an amount not less than the minimum sum assured and regular premium that we indicate. You can only do so after you have fully paid the regular premiums for 25 months.

If you made an increase in the sum assured for death, total and permanent disability and terminal illness previously, 25 months of the revised regular premiums must be fully paid before you can reduce the sum assured.

When you reduce the sum assured of the death benefit, the sums assured of the Accelerated Terminal Illness and Total and Permanent Disability benefits will be reduced by the same amount. Your regular premium will also reduce. The reduced sum assured of the death benefit will affect the maximum sum assured allowed for the critical illness and pre-critical illness benefits, and the sums assured of the critical illness and pre-critical illness benefit (if any) may also be reduced.



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If you have included the Crisis Protect or Crisis Care benefit, Early Crisis Protect or Early Crisis Care benefit, you can reduce the sum assured as shown in your certificate of life assurance, to an amount not less than the minimum sum assured that we indicate, any time.

When you reduce the sum assured of the critical illness benefit, your regular premium will not reduce. However, when you reduce the sum assured of the Early Crisis Care or Early Crisis Protect benefit, your regular premium will reduce.

When you reduce the sums assured of the death, terminal illness, total and permanent disability, critical illness and pre-critical illness benefits, the Multiplier benefit (if applicable) and the assurance charges will reduce based on the revised sum assured.

#### **11.3.6 Option to reduce the sum assured to zero**

You can choose to reduce your sum assured for death, total and permanent disability, terminal illness, Crisis Care (if any) and Early Crisis Care (if any) to zero after:

- the life assured has reached age 50; or
- 10 years from:
  - the cover start date of your policy; or
  - the last increase in your sum assured

whichever is later.

##### **Example**

If you bought a policy at age 35, you can reduce the cover to zero at age 50.

However, if you did an increase in sum assured at age 47 and subsequently want to reduce the sum assured to zero, you would still have to wait for 10 years after age 47. You cannot exercise the reduction of your sum assured at age 50.

You must continue paying your premiums as there is a minimum premium amount that must still be paid.

When you reduce your sum assured for death, total and permanent disability, terminal illness Crisis Care (if any) and Early Crisis Care (if any) to zero, you no longer need to pay for their assurance charges. However, you would still have to pay for the monthly administration charges.

On a death, disability, terminal illness, Crisis Care or Early Crisis Care claim, we will pay the value of all the units in your account, worked out at the bid price at the next pricing date after you notify us of your claim.

You can choose to increase your sum assured again, subject to the conditions as stated in section 11.3.3.

You must apply for this reduction on our appropriate application form and meet the conditions on it. We will let you know if we accept your application.

If you have included supplementary benefits to your policy, their sums assured will remain unchanged. You cannot add any more supplementary benefits to your policy, after you have reduced your PRUActive LinkGuard policy's sum assured to zero.



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If you have included Crisis Protect and Early Crisis Protect, its sum assured will remain unchanged and its assurance charges will continue. But you can choose to reduce its sum assured also. Once you reduce its sum assured to zero, you cannot increase its sum assured subsequently.

## **12 REVIVAL CRITERIA / REINSTATEMENT OF POLICY**

### PRUMum

Not applicable.

### PRUActive LinkGuard

If your policy ends because you stop paying the regular premiums and there are not enough units in your account, you may apply to reinstate it if:

- you apply within 24 months from the end date of your policy;
- you pay all the premiums you owe;
- the life assured is under 60 years old; and
- you give us satisfactory evidence of the health of the life assured. You must pay the costs involved in this.

The end date of your policy will be shown in the written correspondence that we send you to inform you that your policy has ended. For lapsed policies, the end date is the premium due date of your policy which will also be shown in the written correspondence that we send you to tell you that your policy has lapsed.

We can only reinstate supplementary benefits that are available at the time you reinstate the policy.

When you reinstate your policy, if the PRULink fund that you originally invested in is no longer available then you must choose another PRULink fund to invest in. If you fail to choose, we may not be able to reinstate your policy.

## **13 CHANGES TO POLICY BENEFIT AND CONDITIONS**

The Company reserves the rights to vary the policy benefits and conditions at any time by giving 30 days' notice to the policyholder before doing so.

## **14 ADVANCE PREMIUM DEPOSIT**

### PRUMum

Not applicable.

### PRUActive LinkGuard

Not available.

## **15 ALTER FROM INCEPTION**

### PRUMum

Not applicable.



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#### PRUActive LinkGuard

The policyholder can change the billing frequency after the new proposal is issued without having to freelook the policy.

### **16 MID-TERM ADDITION (MTA)**

#### PRUMum

Not applicable.

#### PRUActive LinkGuard

MTA of Crisis Care or Crisis Protect and/or Early Crisis Care or Early Crisis Protect benefits to the child's PRUActive LinkGuard policy can be done within 60 days from the child's date of birth without giving us evidence of good health of the child. After 60 days from birth of child, MTA is subject to medical underwriting of the life assured (child).

MTA of other supplementary benefits are allowed after the policy coverage has been transferred to the child. Do note that terms and conditions of the respective supplementary benefits apply.

### **17 GOVERNING LAW**

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

### **18 NOTICE OF CLAIM**

For Death Claim, your beneficiary or legal representative, must send us as soon as possible:

- a completed claimant statement;
- your current certificate of life assurance;
- a completed clinical abstract application form;
- a medical report from the life assured's registered medical practitioner;
- the death certificate issued by the relevant authority;
- the identification documents of the person claiming;
- evidence that the person is entitled to receive the payment (for example, a birth certificate, marriage certificate, will, letter of administration or probate, trust deed and so on); and
- any documentary proof we may need.

You must pay any costs involved in providing these documents.

As well as the documents shown above, we will also need the following.

- if death is due to unnatural causes (for example, an accident, suicide, and so on), we need:
  - the post-mortem report;
  - the coroner's verdict; and
  - a police report.
- If the death happens outside of Singapore, we need an official document from the relevant authority proving the death of the life assured.

For Terminal Illness Claim, you must send us as soon as possible:

- a completed terminal illness claim form;
- your current certificate of life assurance;



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- a medical report including clinical, radiological, imaging evidence, laboratory and histological evidence from the life assured's registered medical practitioner;
- any documentary proof we may need; and
- a completed clinical abstract application form.

You must pay any costs involved in providing these documents.

You must give us all the requirements within six months from the date of diagnosis or we cannot consider your claim.

For Disability Claim (if any), you must send us as soon as possible, at your own expense:

- a completed disability claim form;
- your current certificate of life assurance;
- a medical report including clinical, radiological, imaging evidence, laboratory and histological evidence from the life assured's registered medical practitioner;
- any documentary proof we may need (for example, a police report); and
- a completed clinical abstract application form.

You must pay any costs involved in providing these documents.

You must also give us evidence to our satisfaction of continuing disability before each payment.

For Critical Illness Claim (if any) You must send us as soon as possible:

- a completed Critical Illness claim form;
- your current certificate of life assurance;
- a medical report including clinical, radiological, imaging evidence, laboratory and histological evidence from the life assured's registered medical practitioner;
- any documentary proof we may need; and
- a completed clinical abstract application form.

You must pay any costs involved in providing these documents.

You must give us all the requirements within six months from the date of diagnosis or we cannot consider your claim.

## **19 TERMINATION OF BENEFITS**

### PRUMum

The benefits under PRUMum will terminate upon:

- the mother's death and the resulting death of the foetus; or
- the Policy Anniversary just before the mother turns 51 years old; or
- payment of claims on all the benefits; or
- reaching the Cover Expiry Date as shown on the Certificate of Life Assurance of the PRUMum policy.

whichever occurs first.

### PRUActive LinkGuard

The mother's PRUActive LinkGuard policy will end:

- When the mother dies;
- When the foetus dies;





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- When the child is born; or
- When any of the instances listed under the “When does your policy end” section in policy document, whichever happens first.

The child’s PRUActive LinkGuard policy will end:

- When the 60 days from the estimated due date of the child (which you have declared in the proposal form) ends and if you have not let us know of the birth of the child by that time; or
- On any of the instances listed under the “When does your policy end” section in policy document, whichever happens first.

## 20 **FATCA**

PRUFirst Gift II (PRUActive LinkGuard) is in-scope of FATCA.

## 21 **COMMON REPORTING STANDARD (CRS)**

PRUFirst Gift II (PRUActive LinkGuard) is in-scope of CRS.

## 22 **SUPPLEMENTARY BENEFITS**

PRUMum

Not applicable.

PRUActive LinkGuard

All supplementary benefits that can be attached to PRUActive LinkGuard can only be added after the life assured has been transferred to the child and will be subject to underwriting:

Disability Provider III, Accident Assist, Fracture Care PA, Payer Security III, Payer Security Plus, Early Payer Security, Crisis Waiver III, Early Stage Crisis Waiver, PRUSmart Lady II and Crisis Cover Kids

## 23 **EXCLUSIONS**

PRUMum

- Any benefit that is due directly or indirectly to a Pre-existing Condition. A “**Pre-existing Condition**” is the existence of any signs or symptoms for which treatment, medication, consultation, advice or diagnosis has been sought or received by the life assured or would have caused an ordinary prudent person to seek treatment, diagnosis or cure, prior to the Cover Start Date of this benefit or the date of reinstatement (if any).
- a deliberate act like taking intoxicating liquor, drugs or poison, suicide or attempted suicide or intentional self-injury while sane or insane
- AIDS, AIDS related complex or infection by HIV
- the use of unprescribed drugs where such drugs are required by law to be prescribed by a Registered Medical Practitioner
- an activity under Special Exclusions or Special Terms and Conditions shown on your Certificate of Life Assurance.
- the illness of the life assured or life assured’s infant arises directly or indirectly due to any complication resulting from fertility treatments excluding In-Vitro Fertilisation (IVF),



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Intracytoplasmic Sperm Injection (ICSI), Intrauterine Insemination (IUI) and Intracervical Insemination (ICI);

- Pregnancy Complications if:
  - the death of the foetus is due to abortion; or
  - the life assured opts for elective termination of pregnancy other than for medical reasons

### **PRUActive LinkGuard**

#### **Death Benefit**

If the life assured commits suicide within 12 months from the cover start date or date of reinstatement (if any) of your policy, we will void your policy. In this case, we cancel it and refund the premiums received from you. We will first deduct any withdrawals, all outstanding amounts you owe us in connection with your policy and expenses (including administrative, sales-related and medical expenses) we have had to pay on your policy. Please see section 27.2.1(f). We use a premium refund formula that is decided by us, to work out the amount to refund you.

#### **Accelerated Terminal Illness Benefit**

We do not pay in any of the following circumstances:

- If the life assured has already died at the time of the claim. We will pay the death benefit instead.
- If the symptoms of the terminal illness existed at the cover start date or date of reinstatement (if any) of this benefit.
- If the life assured is diagnosed as having a terminal illness caused by:
  - self-inflicted injuries while sane or insane;
  - AIDS, AIDS-related complex or infection by HIV except HIV due to blood transfusion and occupationally acquired HIV;
  - using unprescribed drugs if the drugs are required by law to be prescribed by a registered medical practitioner; or
  - an activity under the special exclusion and special terms and conditions shown in your certificate of life assurance.

#### **Accelerated Disability Benefit**

We do not pay if the disability:

- claim was made when the life assured has already died at the time of the claim. We will pay the death benefit instead;
- happened when the life assured was below 28 days old;
- existed at the cover start date or date of reinstatement (if any) of this benefit; or
- arises directly or indirectly out of:
  - attempted suicide or self-inflicted injuries while sane or insane;
  - travelling on a non-commercial airline except military aircraft; or
  - an activity under the special exclusion and special terms and conditions shown in your certificate of life assurance.

#### **Crisis Protect & Crisis Care Benefit**

We do not pay in any of the following circumstances:

- If the critical illness existed before the cover start date or date of reinstatement (if any) of this benefit;
- If any benefit for any critical illness is due directly or indirectly to a pre-existing condition;
- If the life assured is diagnosed as having a heart attack of specified severity, major cancer or other serious coronary artery disease within 90 days of the cover start date or date of reinstatement (if any) of this benefit.
- If a doctor has diagnosed coronary artery disease within 90 days of the cover start date or date of reinstatement (if any) of this benefit. The diagnosis of the coronary artery disease has led to



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carrying out a coronary artery by-pass surgery or angioplasty and other invasive treatment for coronary artery on the life assured.

- If the life assured is diagnosed as having a critical illness caused by:
  - self-inflicted injuries while sane or insane;
  - AIDS, AIDS-related complex or infection by HIV, except HIV due to blood transfusion and occupationally acquired HIV as shown in section 31.13;
  - using unprescribed drugs if the drugs are required by law to be prescribed by a registered medical practitioner;
  - an activity under the special exclusions and special terms and conditions shown in your certificate of life assurance; or
  - taking part in or attempting to take part in an unlawful act.

#### **What is not covered under Crisis Protect Accelerator and Crisis Care Accelerator?**

We do not pay in any of the following circumstances:

- If the surgery is due to organ donation.
- If any critical illness is due directly or indirectly to a pre-existing condition.
- If the treatment is for investigation or research (for example, experimental or new physiotherapy, medical techniques or surgical techniques, medical devices not approved by the Institutional Review Board and the Health Sciences Authority, and medical trials for medicinal products, whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority or similar bodies);
- If the treatment is for preventive purposes or for health screening or promoting good health (such as dietary replacement or supplement).
- If the treatment is for the convenience of the insured or registered medical practitioner or specialist (for example, treatment that can reasonably be provided out of a hospital, but is provided as an inpatient treatment)
- If the life assured suffered symptoms of or had investigations for or was diagnosed with a critical illness any time before or within 90 days from the cover start date.
- If the critical illness is due to deliberate acts such as self-inflicted injuries, illnesses or attempted suicide;
- If the treatment is for improving appearance, such as cosmetic surgery or any treatment relating to a previous cosmetic treatment;
- If it is for overseas medical treatment;
- If the treatment is for pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, or any form of related stay in hospital or treatment;
- If treatment is for infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment;
- If treatment is for psychological disorders, personality disorders, mental conditions or behavioural disorders, including any addiction or dependence as a result of these disorders such as gambling or gaming addiction;
- If treatment is due to unlawful acts, provoked assault or deliberate exposure to danger; or
- If the treatment is for sexually transmitted diseases;
- If the life assured undergoes sex-change operations;
- If treatment is experimental or pioneering medical or surgical techniques and medical devices not approved by the Institutional Review Board and the Centre of Medical Device Regulation and medical trials for medicinal products whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority of Singapore;
- If the life assured undergoes alternative or complementary treatments, including traditional Chinese medicine (TCM) or stays in any health-care establishment for social or non-medical reasons;
- If treatment is for injuries due to being directly involved in civil commotion, riot or strike;
- If the critical illness is due to radiation or contamination from radioactivity;



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- If the critical illness is due to warlike operations (whether war is declared or not), war, invasion, riot or any similar event
- If the critical illness is due to the deliberate misuse of drugs or alcohol;
- If the critical illness is caused by acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency virus (HIV), except HIV due to blood transfusion and occupationally acquired HIV.

#### **Early Crisis Protect & Early Crisis Care Benefit**

We do not pay in any of the following circumstances:

- If the critical illness existed before the cover start date or date of reinstatement (if any) of this benefit;
- If any benefit for any covered illness that is due directly or indirectly to a pre-existing condition unless it was declared in the proposal and specifically accepted by us.
- If the life assured is diagnosed as having a heart attack of specified severity, major cancer or other serious coronary artery disease at all severity levels, within 90 days of the cover start date or date of reinstatement (if any) of this benefit;
- if a doctor has diagnosed coronary artery disease within 90 days of the cover start date or date of reinstatement (if any) of this benefit. This diagnosis of the coronary artery disease has led to carrying out of a coronary artery by-pass surgery at all severity levels or angioplasty and other invasive treatment for coronary artery on the life assured.
- the life assured is diagnosed as having a claim for diabetic complications or juvenile medical conditions within 90 days of the cover start date or date of reinstatement (if any) of this benefit;
- If the life assured is diagnosed as having a critical illness caused by:
  - self-inflicted injuries while sane or insane;
  - AIDS, AIDS-related complex or infection by HIV, except HIV due to blood transfusion and occupationally acquired HIV;
  - using unprescribed drugs if the drugs are required by law to be prescribed by a registered medical practitioner;
  - an activity under the special exclusions and special terms and conditions shown in your certificate of life assurance; or
  - taking part in or attempting to take part in an unlawful act; or
  - alcohol or drug abuse.

## **24 UNDERWRITING GUIDELINES**

Full medical underwriting is required for PRUFirst Gift II on the mother's life.

If PRUFirst Gift II bundled PRUActive LinkGuard plan including multiplier benefit is less than \$500,000 on child's life, the PRUActive LinkGuard policy can be transferred from the Mother (life assured of the policy) to the Child via written notification within 60 days of birth, without underwriting. In case of multiple births, equal sum assured will be applied to all the children capped at SGD 500,000 (including multiplier) on each child.

When you inform us of the birth of the child we will end the mother's PRUActive LinkGuard cover and start her child's PRUActive LinkGuard cover with effect from the date of birth of her child. This is as long as the PRUActive LinkGuard policy on the mother's life is issued before the birth of her child and it has not lapsed or ended at the time you let us know of the birth of the child.

If you decide to include the Crisis Care or Crisis Protect and/or Early Crisis Care or Early Crisis Protect benefits to the child's PRUActive LinkGuard policy, within 60 days from the child's date of birth, you can do so without giving us evidence of good health of the child.



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However, if you let us know of the birth of the child after 60 days and wish to buy a new PRUActive LinkGuard policy on the life of the child, you must give us evidence of good health of the child. We will decide if we can insure the child and may offer different terms or refuse cover. If we accept your application, the cover start date of the child's PRUActive LinkGuard will be shown in the certificate of life assurance.

**Underwriting criteria 1 - Single or twins under natural conception:**

- a) Client's ANB is between 19 to 45 at entry
- b) Client's pregnancy is at gestation week between 13 to 36 at entry
- c) Routine O&G report and pregnancy screening result (including antenatal Ultrasound) are normal

**Underwriting criteria 2 - Multiple births (beyond Twins) under natural conception / Pregnancy via Assisted Reproductive Technology (pregnancy conceived through In Vitro Fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI), Intrauterine Insemination (IUI) and Intracervical Insemination only) – Single, twins or Multiple**

- a. Non-smoker
- b. Client's ANB is 39 and below at entry
- c. Client's pregnancy is at gestation week between:
  - i. 13 to 36 at entry – Single and twins Pregnancy via Assisted Reproductive Technology.
  - ii. 28 to 35 at entry – Multiple births (beyond twins) under natural conception/Multiple Pregnancy via Assisted Reproductive Technology.
- d. Up-to-date O&G check-up must be done and reported as normal by the doctor at gestation week between:
  - i. 13 to 36 at entry – Single and twins Pregnancy via Assisted Reproductive Technology.
  - ii. 28 to 35 at entry – Multiple births (beyond twins) under natural conception/Multiple Pregnancy via Assisted Reproductive Technology.
- e. No history of vanishing syndrome during current pregnancy
- f. Fetal head circumference measurement and estimated fetal weight in latest ultrasound should be normal
- g. No pregnancy complications in current and past pregnancies.
- h. Routine O&G report and pregnancy Screening result (including antenatal Ultrasound) are normal
- i. No other risk factors (e.g., overweight, any other gynaecological disorders etc.)

The following table summarises the underwriting criteria used for the different types of births:

No of child(ren)	Natural Conception	Assisted Pregnancy eg. IVF
Single	Underwriting Criteria 1	Underwriting Criteria 2
Twins	Underwriting Criteria 1	Underwriting Criteria 2
Multiple	Underwriting Criteria 2	Underwriting Criteria 2

## 24.1 Aggregation Rules

### PRUMum

Sum assured will be aggregated with other regular premium policies under Life RP and Life \* SAR group.



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#### PRUActive LinkGuard

Calculation of Sum at Risk for each benefit is based on the Multiplier Benefit and not the Sum Assured.

TSAR:

- Maximum \$350,000 for Early Critical Illness Benefit Maximum \$3,6mil for Critical Illness Benefit (up to \$1mil for non-income earner)
- Maximum \$5m for Terminal Illness Benefit (up to \$1mil for non-income earner)
- Maximum \$6.5m for Disability Benefit (up to \$1mil for non-income earner)

This will be aggregated with all existing products.

#### **24.2 Restriction on Nationality**

It is available to all Singaporean, Singapore Permanent Resident and foreigners with valid passes only. Foreigners without valid pass are not allowed to purchase this plan.

#### **24.3 Backdating**

Not allowed

### **25 CHARGES**

#### **25.1 Premium Charge**

##### PRUMum

Not applicable.

##### PRUActive LinkGuard

We will deduct a premium charge when you pay your premium. We then use the remaining amount to buy units in the fund or funds you have chosen. The premium charge is calculated by multiplying the premium paid by the premium charge rates.

The table below shows you the premium charge on your regular premium that is paid in a particular year.

	<b>Percentage of Premium Charge on Regular Premiums paid in each Year*</b>					<b>8</b>
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4 - 7</b>	<b>Year onwards</b>	
<b>Premium charge</b>	75%	55%	45%	5%	0%	

\* this refers to the year in which you pay premiums

We can change the premium charge of the regular premium for year 10 onwards but will give you 30 days' written notice before we do so.

If you did not pay your regular premium on the premium due date or your policy had ended previously and was reinstated, the applicable premium charge rate when you resume premium payments will be the rate of the last regular premium paid by you and accepted by us.



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If you do a top-up to your PRUActive Link Guard policy through the Investment Booster (Lump sum) or Investment Booster (Regular), there is a premium charge of 3% of your Investment Booster (Lump sum) or Investment Booster (Regular) premium.

We can change the premium charge but will give you 30 days' written notice before we do so.

## **25.2 Administration and Assurance Charge**

### PRUMum

Not Applicable

### PRUActive LinkGuard

From the first premium due date of your policy and on the same day every month after that, we bill your account for an administration charge and for the assurance charge. The assurance charge is the costs of providing you the basic benefits of death, total and permanent disability, terminal illness, Crisis Care (if any) and Early Crisis Care (if any) or Crisis Protect (if any) and Early Crisis Protect (if any). The monthly administration charge is \$5.

We decide the assurance charge for death, total and permanent disability, Crisis Care (if any) and Early Crisis Care (if any) or Crisis Protect (if any) and Early Crisis Protect (if any) after we consider:

- the assurance rates then in use,
- the sum assured or Multiplier benefit (if this applies), and
- the life assured's age at each billing.

If you are required to pay extra for medical, occupational or hazardous activities, these will be added to the assurance charge.

Unless we say otherwise, we fund the charges through the cancellation of units in your account at the bid price. However, during the No Lapse Period the administration and assurance charges that we bill your account will remain as amounts you owe us if you don't have enough units to pay for them.

Each month we will use the bid price on the next business day to sell proportionate units from all the PRULink funds you have invested to pay for the administration and assurance charges. We will work out the proportionate units to sell based on the number of units still invested by you in each of the PRULink funds as at the time of the sale. How we work out and decide on the final results, is final and binding.

The assurance charges for the basic benefits of death, terminal illness and total and permanent disability are guaranteed. However, we do not guarantee the assurance charges for critical illness. We can vary your Crisis Protect, Crisis Care, Early Crisis Protect or Early Crisis Care assurance charges at any time. However, we will give you 30 days' written notice before we do so.

The assurance charges are shown below:



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### Charges for Death, Disability and Terminal Illness benefits

(per \$1,000 Sum-at-Risk, per annum)

Monthly Modal Factor: 0.0834

AGE*	MS	MNS	FS	FNS	AGE*	MS	MNS	FS	FNS
1	0.48	0.48	0.46	0.46	61	12.05	6.26	7.13	4.97
2	0.48	0.48	0.46	0.46	62	13.34	6.89	8.26	5.44
3	0.48	0.48	0.46	0.46	63	14.67	7.57	9.69	5.96
4	0.48	0.48	0.46	0.46	64	16.10	8.33	11.07	6.51
5	0.48	0.48	0.46	0.46	65	17.70	9.15	12.48	7.11
6	0.48	0.48	0.46	0.46	66	19.52	10.09	13.91	7.84
7	0.48	0.48	0.46	0.46	67	21.53	11.14	15.46	8.72
8	0.48	0.48	0.46	0.46	68	23.81	12.30	17.19	9.69
9	0.48	0.48	0.46	0.46	69	26.27	13.58	19.09	10.77
10	0.48	0.48	0.46	0.46	70	28.94	14.97	21.14	11.93
11	0.50	0.50	0.49	0.49	71	29.71	15.36	21.69	12.24
12	0.59	0.59	0.58	0.58	72	30.48	15.75	22.24	12.56
13	0.66	0.66	0.65	0.65	73	33.57	17.36	24.32	13.74
14	0.66	0.66	0.65	0.65	74	37.00	19.13	26.66	15.06
15	0.66	0.66	0.65	0.65	75	40.61	21.00	29.10	16.43
16	0.66	0.66	0.65	0.65	76	44.45	23.01	31.79	18.40
17	0.66	0.66	0.65	0.65	77	48.16	25.26	34.29	20.85
18	0.66	0.66	0.65	0.65	78	52.10	27.71	36.97	22.77
19	0.67	0.67	0.65	0.65	79	56.31	30.38	39.84	24.91
20	0.68	0.67	0.66	0.65	80	60.79	33.27	42.92	27.21
21	0.68	0.67	0.66	0.65	81	65.58	36.40	46.22	29.74
22	0.68	0.67	0.66	0.65	82	70.65	39.81	49.73	32.48
23	0.68	0.67	0.66	0.65	83	76.04	43.49	53.43	35.42
24	0.68	0.67	0.66	0.65	84	81.72	47.45	57.29	38.57
25	0.68	0.67	0.66	0.65	85	87.72	51.73	61.25	41.88
26	0.68	0.67	0.66	0.65	86	93.99	56.30	65.20	45.29
27	0.68	0.67	0.66	0.65	87	100.49	61.17	69.00	48.73
28	0.68	0.67	0.66	0.65	88	107.17	66.31	72.52	52.06
29	0.68	0.67	0.66	0.65	89	113.93	71.68	75.68	55.26
30	0.68	0.67	0.66	0.65	90	120.72	77.25	78.54	58.34
31	0.68	0.67	0.66	0.65	91	127.57	83.04	82.42	61.53
32	0.68	0.67	0.66	0.65	92	134.68	89.18	90.40	65.26
33	0.68	0.67	0.66	0.65	93	142.36	95.84	98.94	72.59
34	0.72	0.67	0.66	0.65	94	150.97	103.35	108.07	79.33
35	0.77	0.67	0.66	0.65	95	160.89	112.04	119.94	87.53
36	0.83	0.66	0.67	0.65	96	172.48	127.02	135.40	95.24
37	0.90	0.71	0.69	0.67	97	185.99	144.69	152.70	112.86
38	0.99	0.76	0.74	0.68	98	201.42	159.50	172.08	136.00
39	1.09	0.81	0.80	0.70	99	218.64	176.28	204.96	165.25
40	1.21	0.87	0.87	0.74	100	228.13	181.52	215.86	171.38
41	1.34	0.93	0.96	0.77	101	238.04	186.93	227.36	177.74
42	1.49	1.04	1.07	0.84	102	248.38	192.49	239.45	184.32
43	1.65	1.14	1.18	0.91	103	259.17	198.22	252.19	191.16
44	1.85	1.27	1.32	1.02	104	270.42	204.11	265.62	198.24
45	2.03	1.40	1.47	1.13	105	285.32	215.36	280.46	209.83
46	2.26	1.57	1.63	1.25	106	300.08	226.49	295.15	221.30
47	2.51	1.74	1.81	1.40	107	314.70	237.53	309.71	232.67
48	2.79	1.89	2.01	1.46	108	329.21	248.48	324.15	243.94
49	3.08	2.03	2.23	1.58	109	343.61	259.34	338.49	255.13
50	3.42	2.28	2.47	1.71	110	357.92	270.14	352.74	266.25
51	3.78	2.53	2.74	1.89	111	372.83	281.39	367.59	277.85
52	4.18	2.77	3.04	2.07	112	388.35	293.11	383.06	289.97
53	4.63	3.07	3.35	2.30	113	404.53	305.31	399.19	302.60
54	5.11	3.40	3.70	2.55	114	421.37	318.03	416.00	315.79





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### Charges for Death, Disability and Terminal Illness benefits

(per \$1,000 Sum-at-Risk, per annum)

Monthly Modal Factor: 0.0834

AGE*	MS	MNS	FS	FNS
55	5.68	3.74	4.07	2.80
56	6.52	4.14	4.48	3.09
57	7.49	4.54	4.92	3.40
58	8.55	4.99	5.38	3.73
59	9.66	5.35	5.94	4.12
60	10.83	5.72	6.53	4.54

AGE*	MS	MNS	FS	FNS
115	438.92	331.27	433.51	329.56
116	457.20	345.07	451.76	343.92
117	476.24	359.44	470.78	358.91
118	496.08	374.41	490.60	374.55
119	516.73	390.00	511.25	390.88
120+	538.25	406.24	532.77	407.92

### Charges for Crisis Protect benefit

(per \$1,000 sum assured, per annum)

Monthly Modal Factor: 0.0834

AGE*	MS	MNS	FS	FNS
1	0.79	0.79	0.66	0.66
2	0.72	0.72	0.59	0.59
3	0.71	0.71	0.57	0.57
4	0.67	0.67	0.52	0.52
5	0.56	0.56	0.42	0.42
6	0.49	0.49	0.35	0.35
7	0.45	0.45	0.34	0.34
8	0.43	0.43	0.34	0.34
9	0.41	0.41	0.34	0.34
10	0.39	0.39	0.34	0.34
11	0.39	0.39	0.34	0.34
12	0.39	0.39	0.34	0.34
13	0.39	0.39	0.35	0.35
14	0.38	0.38	0.35	0.35
15	0.35	0.35	0.35	0.35
16	0.42	0.37	0.39	0.37
17	0.44	0.40	0.40	0.37
18	0.49	0.45	0.42	0.37
19	0.56	0.49	0.46	0.40
20	0.60	0.52	0.49	0.42
21	0.61	0.53	0.51	0.44
22	0.61	0.53	0.52	0.45
23	0.61	0.53	0.55	0.46
24	0.61	0.53	0.61	0.51
25	0.62	0.53	0.68	0.58
26	0.65	0.54	0.75	0.62
27	0.68	0.54	0.85	0.69
28	0.73	0.57	0.94	0.76
29	0.78	0.61	0.99	0.79
30	0.85	0.65	1.07	0.84
31	0.91	0.68	1.17	0.92
32	0.99	0.71	1.31	1.03
33	1.08	0.77	1.48	1.15
34	1.13	0.79	1.70	1.32
35	1.26	0.86	1.96	1.49
36	1.42	0.90	2.25	1.67
37	1.63	0.97	2.56	1.85

AGE*	MS	MNS	FS	FNS
61	29.35	12.64	20.02	9.60
62	32.34	13.97	21.22	10.09
63	35.52	15.37	22.62	10.67
64	38.74	17.07	24.02	11.30
65	42.21	18.71	25.82	12.09
66	45.96	20.48	27.91	13.02
67	50.01	22.41	30.20	14.03
68	54.55	25.21	32.93	16.01
69	59.27	28.35	35.95	17.92
70	63.48	31.76	39.07	20.66
71	67.72	34.61	42.26	22.40
72	71.86	37.07	45.36	24.10
73	76.27	39.71	48.30	25.71
74	79.31	41.84	50.52	27.16
75	82.64	44.17	52.82	28.69
76	85.48	47.37	55.45	31.08
77	89.06	50.03	57.93	31.77
78	93.09	51.81	60.85	33.71
79	96.20	53.82	62.73	35.48
80	99.55	56.69	64.82	37.44
81	103.09	59.75	67.34	39.74
82	107.21	63.27	70.24	42.38
83	111.83	67.23	73.53	45.37
84	115.90	71.23	76.19	48.11
85	120.43	75.70	79.26	51.25
86	125.20	80.55	82.89	54.91
87	130.40	85.89	87.05	59.11
88	136.24	91.94	91.77	63.92
89	140.05	97.21	96.19	68.76
90	143.94	102.87	101.01	74.18
91	147.86	108.88	106.20	80.15
92	151.68	115.18	111.63	86.67
93	155.86	122.18	117.22	93.71
94	165.02	129.35	126.37	101.02
95	174.11	136.48	136.19	108.87
96	183.63	143.95	146.69	117.27
97	193.86	151.96	157.89	126.21



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### Charges for Crisis Protect benefit

(per \$1,000 sum assured, per annum)

Monthly Modal Factor: 0.0834

AGE*	MS	MNS	FS	FNS
38	1.87	1.10	2.91	2.08
39	2.20	1.27	3.24	2.30
40	2.55	1.39	3.61	2.46
41	2.91	1.56	4.06	2.71
42	3.29	1.73	4.58	3.02
43	3.69	1.91	5.15	3.38
44	4.08	2.10	6.06	3.91
45	4.46	2.24	6.94	4.43
46	4.85	2.40	7.77	4.79
47	5.27	2.62	8.54	5.21
48	5.71	2.81	9.28	5.46
49	6.37	3.03	9.72	5.58
50	7.33	3.48	10.23	5.80
51	8.49	3.99	10.82	6.06
52	9.82	4.54	11.47	6.26
53	11.32	5.22	12.19	6.50
54	12.96	5.96	12.97	6.75
55	14.65	6.72	13.77	6.91
56	16.47	7.54	14.70	7.38
57	18.41	8.41	15.80	7.86
58	20.48	9.34	16.81	8.27
59	23.47	10.33	17.86	8.70
60	26.38	11.64	18.88	9.13

AGE*	MS	MNS	FS	FNS
98	199.80	156.62	163.83	130.96
99	205.23	160.88	168.84	134.97
100	215.41	168.85	179.60	143.56
101	226.46	177.52	191.27	152.89
102	238.47	186.93	203.96	163.04
103	251.54	197.17	217.75	174.07
104	265.76	208.34	232.78	186.09
105	281.27	220.49	249.16	199.18
106	298.19	233.77	267.03	213.47
107	316.67	248.25	286.56	229.08
108	336.87	264.09	307.89	246.13
109	358.98	281.42	331.24	264.80
110	383.20	300.41	356.82	285.25
111	409.05	320.68	384.38	307.28
112	436.65	342.32	414.06	331.01
113	466.11	365.42	446.03	356.57
114	497.56	390.08	480.48	384.11
115	531.13	416.40	517.58	413.77
116	566.97	444.50	557.55	445.73
117	605.22	474.49	600.61	480.15
118	646.05	506.51	646.99	517.23
119	689.64	540.69	696.96	557.18
120+	736.17	577.18	750.78	600.21

### Charges for Crisis Care benefit

(per \$1,000 Sum-at-Risk, per annum)

Monthly Modal Factor: 0.0834

AGE*	MS	MNS	FS	FNS
1	0.53	0.53	0.45	0.45
2	0.49	0.49	0.37	0.37
3	0.40	0.40	0.31	0.31
4	0.34	0.34	0.29	0.29
5	0.32	0.32	0.26	0.26
6	0.28	0.28	0.26	0.26
7	0.25	0.25	0.25	0.25
8	0.23	0.23	0.22	0.22
9	0.25	0.25	0.24	0.24
10	0.27	0.27	0.24	0.24
11	0.28	0.28	0.23	0.23
12	0.29	0.29	0.23	0.23
13	0.29	0.29	0.24	0.24
14	0.31	0.31	0.25	0.25
15	0.31	0.31	0.27	0.27
16	0.31	0.30	0.27	0.27
17	0.32	0.30	0.32	0.30
18	0.33	0.29	0.36	0.33
19	0.34	0.29	0.41	0.37
20	0.36	0.29	0.46	0.39
21	0.38	0.29	0.47	0.43
22	0.40	0.31	0.51	0.44
23	0.45	0.33	0.54	0.45

AGE*	MS	MNS	FS	FNS
61	16.01	10.30	12.27	8.00
62	17.20	11.06	12.80	8.33
63	18.34	11.80	13.56	8.90
64	19.47	12.55	14.58	9.64
65	20.55	13.27	15.67	10.36
66	22.97	14.83	17.46	11.54
67	24.31	15.73	18.45	12.20
68	25.60	16.60	19.42	12.84
69	26.75	17.32	20.41	13.51
70	28.32	18.32	21.27	14.09
71	30.63	19.80	22.41	14.87
72	33.39	21.56	23.95	15.91
73	36.67	23.64	26.05	17.34
74	40.17	25.86	28.54	18.98
75	43.79	28.15	31.49	20.92
76	47.30	30.39	34.83	23.12
77	49.74	32.36	38.04	25.56
78	51.60	34.00	41.47	28.23
79	53.40	35.65	45.47	31.35
80	55.50	38.15	46.79	32.38
81	57.56	40.76	49.16	35.34
82	58.64	42.44	53.24	38.15
83	60.14	43.82	53.57	40.32



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### Charges for Crisis Care benefit

(per \$1,000 Sum-at-Risk, per annum)

Monthly Modal Factor: 0.0834

AGE*	MS	MNS	FS	FNS
24	0.50	0.35	0.60	0.49
25	0.55	0.37	0.66	0.55
26	0.59	0.38	0.74	0.60
27	0.62	0.41	0.82	0.63
28	0.65	0.43	0.87	0.69
29	0.69	0.46	0.95	0.76
30	0.74	0.49	1.04	0.83
31	0.79	0.53	1.12	0.91
32	0.86	0.57	1.25	1.00
33	0.94	0.63	1.37	1.09
34	1.04	0.68	1.60	1.22
35	1.14	0.74	1.79	1.33
36	1.23	0.81	2.06	1.52
37	1.37	0.90	2.32	1.71
38	1.50	0.99	2.61	1.91
39	1.65	1.08	2.91	2.12
40	1.81	1.18	3.25	2.33
41	2.00	1.29	3.64	2.61
42	2.21	1.43	4.13	2.90
43	2.45	1.55	4.61	3.21
44	2.76	1.75	5.34	3.52
45	3.09	1.96	5.89	3.86
46	3.45	2.18	6.50	4.25
47	3.87	2.38	7.22	4.69
48	4.33	2.56	7.70	4.99
49	4.84	2.86	7.91	5.13
50	5.40	3.28	8.12	5.26
51	6.00	3.65	8.33	5.43
52	6.65	4.21	8.58	5.60
53	7.39	4.81	8.88	5.80
54	8.20	5.31	9.25	6.03
55	9.09	5.89	9.65	6.30
56	10.23	6.60	10.13	6.61
57	11.42	7.36	10.65	6.94
58	12.56	8.07	11.08	7.21
59	13.59	8.75	11.41	7.44
60	14.70	9.46	11.80	7.69

\*age at the next birthday

AGE*	MS	MNS	FS	FNS
84	61.67	45.95	58.37	42.97
85	64.16	48.50	61.42	46.73
86	66.07	51.82	63.98	50.37
87	69.24	54.72	67.15	53.67
88	72.78	59.21	69.85	58.31
89	75.54	63.24	71.97	61.03
90	78.90	68.74	73.44	66.28
91	82.18	72.56	75.27	71.35
92	84.04	75.16	77.76	72.06
93	87.17	76.94	79.85	74.34
94	90.38	78.74	82.99	76.49
95	93.58	80.55	85.15	78.48
96	96.31	82.86	88.18	81.39
97	98.11	85.53	91.46	82.81
98	102.36	87.27	93.63	84.62
99	104.89	89.52	96.24	86.16
100	110.09	93.96	102.37	91.64
101	115.74	98.78	109.03	97.60
102	121.87	104.02	116.26	104.08
103	128.55	109.72	124.12	111.12
104	135.82	115.93	132.69	118.79
105	143.75	122.69	142.02	127.14
106	152.39	130.08	152.21	136.27
107	161.84	138.14	163.34	146.23
108	172.16	146.95	175.50	157.12
109	183.46	156.60	188.81	169.03
110	195.84	167.16	203.39	182.08
111	209.06	178.43	219.10	196.14
112	223.16	190.46	236.01	211.28
113	238.22	203.31	254.24	227.59
114	254.30	217.02	273.87	245.16
115	271.46	231.65	295.02	264.09
116	289.78	247.27	317.80	284.48
117	309.33	263.95	342.34	306.44
118	330.20	281.75	368.78	330.10
119	352.49	300.74	397.26	355.59
120+	376.27	321.02	427.93	383.04

### Charges for Early Crisis Protect / Early Crisis Care benefit

(per \$1,000 Sum-at-Risk, per annum)

Monthly Modal Factor: 0.0834

AGE*	MS	MNS	FS	FNS
1	1.33	1.33	1.23	1.23
2	1.20	1.20	1.15	1.15
3	1.18	1.18	1.05	1.05
4	1.10	1.10	0.93	0.93
5	0.89	0.89	0.82	0.82
6	0.80	0.80	0.75	0.75
7	0.80	0.80	0.76	0.76
8	0.80	0.80	0.76	0.76
9	0.80	0.80	0.76	0.76
10	0.93	0.93	0.76	0.76

AGE*	MS	MNS	FS	FNS
61	6.38	4.04	4.82	3.70
62	6.80	4.55	5.12	3.98
63	7.80	5.03	6.00	4.69
64	9.97	5.59	7.20	5.44
65	12.28	6.63	8.34	5.98
66	13.94	7.25	9.55	6.37
67	15.87	8.20	11.29	6.87
68	17.78	9.69	13.43	7.88
69	19.47	11.48	15.69	9.29
70	21.28	13.38	17.50	10.81



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### Charges for Early Crisis Protect / Early Crisis Care benefit

(per \$1,000 Sum-at-Risk, per annum)

Monthly Modal Factor: 0.0834

AGE*	MS	MNS	FS	FNS	AGE*	MS	MNS	FS	FNS
11	0.96	0.96	0.76	0.76	71	23.05	14.88	18.94	12.11
12	0.98	0.98	0.77	0.77	72	24.26	15.43	19.08	12.22
13	0.99	0.99	0.79	0.79	73	24.94	15.76	20.72	13.29
14	1.00	1.00	0.81	0.81	74	26.92	16.89	22.57	14.47
15	1.05	1.05	0.81	0.81	75	28.98	17.98	24.71	15.83
16	1.07	1.05	0.86	0.83	76	33.00	20.00	28.12	18.13
17	1.09	1.08	0.90	0.84	77	38.62	23.22	32.55	20.63
18	1.11	1.09	0.93	0.86	78	44.56	25.63	37.14	22.50
19	1.15	1.10	0.95	0.87	79	48.88	27.32	43.10	24.36
20	1.17	1.11	0.97	0.87	80	52.22	29.36	48.23	26.16
21	1.20	1.12	0.99	0.87	81	53.00	30.15	49.21	26.77
22	1.22	1.13	1.07	0.88	82	55.40	32.36	52.64	28.72
23	1.25	1.14	1.14	0.92	83	56.47	37.35	55.62	30.46
24	1.27	1.15	1.21	0.96	84	57.89	43.40	56.00	31.76
25	1.30	1.16	1.28	1.00	85	67.93	50.92	56.50	33.27
26	1.32	1.18	1.33	1.04	86	77.20	57.10	57.00	33.89
27	1.35	1.20	1.43	1.12	87	95.32	65.47	57.37	35.96
28	1.37	1.21	1.45	1.12	88	111.44	67.50	58.86	38.54
29	1.40	1.22	1.46	1.12	89	118.58	69.10	61.68	41.38
30	1.42	1.23	1.52	1.16	90	131.02	74.00	65.23	54.61
31	1.45	1.24	1.60	1.22	91	148.26	83.00	79.34	56.24
32	1.47	1.25	1.74	1.33	92	170.00	94.00	96.01	58.00
33	1.51	1.27	1.77	1.34	93	195.98	110.10	110.00	61.00
34	1.54	1.28	1.82	1.34	94	209.82	121.00	118.00	64.88
35	1.58	1.29	1.91	1.35	95	224.79	141.20	130.00	71.18
36	1.62	1.30	1.96	1.38	96	239.67	164.00	141.00	78.29
37	1.65	1.34	2.14	1.53	97	257.50	188.89	155.00	82.11
38	1.68	1.39	2.28	1.66	98	274.44	208.00	170.00	90.98
39	1.72	1.43	2.32	1.79	99	294.49	233.68	178.00	105.59
40	1.75	1.45	2.37	1.85	100	313.60	253.00	188.00	113.15
41	1.78	1.49	2.43	1.92	101	332.71	272.32	208.00	129.11
42	1.82	1.56	2.47	1.97	102	351.83	291.64	225.00	148.87
43	2.07	1.61	2.52	1.99	103	370.94	310.96	238.00	160.00
44	2.23	1.65	2.57	2.04	104	390.06	330.27	251.00	171.13
45	2.41	1.69	2.59	2.07	105	409.17	349.59	264.00	182.27
46	2.48	1.72	2.65	2.12	106	428.28	368.91	277.00	193.40
47	2.55	1.74	2.97	2.35	107	447.40	388.23	290.00	204.54
48	2.63	1.76	3.01	2.38	108	466.51	407.55	303.00	215.67
49	2.81	1.78	3.07	2.42	109	485.62	426.87	316.00	226.81
50	3.06	1.80	3.19	2.47	110	504.74	446.19	329.00	237.94
51	3.29	1.83	3.47	2.62	111	523.85	465.50	342.00	249.07
52	3.36	1.99	3.92	2.96	112	542.97	484.82	355.00	260.20
53	3.43	2.12	3.97	3.02	113	562.08	504.14	368.00	271.33
54	3.58	2.22	4.04	3.09	114	581.19	523.46	381.00	282.46
55	3.95	2.51	4.10	3.14	115	600.31	542.78	394.00	293.59
56	4.27	2.88	4.16	3.19	116	619.42	562.10	407.00	304.72
57	4.53	3.16	4.25	3.25	117	638.53	581.42	420.00	315.85
58	5.04	3.27	4.35	3.35	118	657.65	600.73	433.00	326.98
59	5.29	3.36	4.40	3.43	119	676.76	620.05	446.00	338.11
60	6.05	3.74	4.50	3.53	120+	695.88	639.37	459.00	349.24

**MS:** Male Smoker  
**FS:** Female Smoker

**MNS:** Male Non-Smoker  
**FNS:** Female Non-Smoker



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### 25.3 Continuing Investment Charge

#### PRUMum

Not applicable.

#### PRUActive LinkGuard

The continuing investment charge is deducted on a pro-rated basis at each unit pricing day throughout the year. It is included in the fund price and is not an additional charge to the policy. We can increase any of these charges up to a maximum of 2%. However, we will give you 6 months' written notice before we do so.

Please refer to the section on Fees under the respective schedules in the Fund Information Booklet for each of the PRULink funds for details.

### 25.4 Surrender Charge

#### PRUMum

Not applicable.

#### PRUActive LinkGuard

You can apply at any time to surrender your policy. However, there is a charge when you surrender your policy within the first three premium-paying years of your policy. It is a percentage of the sum of the allocated premiums in the account.

Allocated premiums would be the remaining amount of premiums that are invested in the account after deducting the premium charge (see section 4.2).

Number of months the regular premiums were paid	Surrender charge on the sum of the allocated regular premiums
1 – 12	100%
13 – 24	100%
25 – 36	50%
37 and above	0%

We pay you the surrender value which is made up of:

- a) the value of the units in your account (less the surrender charge (if any)); and
- b) any premium you have paid and which we have not invested yet.

If we receive your application:

- a) by 3pm, we use the bid price of the next business day to work out the surrender value; or
- b) after 3pm, we use the bid price on the second business day from the day we receive the application, to work out the surrender value.

We will not refund any charges deducted from your account when you surrender your policy. When you increase the sum assured of your death or Early Crisis Protect or Early Crisis Care benefits, your regular premium will also increase. The increase is treated as new regular premium and the premium charge rates will apply. If you surrender your policy within the first three years of increasing



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your sum assured or adding the Early Crisis Protect or Early Crisis Care benefits, the surrender charge will apply on the increased portion of your regular premium.

The surrender charge does not apply to the premium coming from any Investment Booster (Lump sum) or Investment Booster (Regular).



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# PRUFirst Gift II

## FREQUENTLY ASKED QUESTIONS

### PRODUCT FEATURES

#### **Q1 Why are we enhancing PRUFirst Gift II?**

- A1. As PRUFirst Promise is a bundle of PRUMum and PRUActive LinkGuard, this is an enhancement to PRUMum benefits.

At Prudential, we constantly review our products with the aim to improve our benefits and to provide better coverage for our customers. Hence, this enhancement provides customers with a more comprehensive maternity coverage and an option to buy an eligible PRUShield plan for the baby without medical underwriting under specified conditions.

There are no changes to PRUActive LinkGuard

#### **Q2 What does PRUFirst Gift II plan consist of?**

- A2. PRUFirst Gift II is made up of two policies – a PRUMum policy and a PRUActive LinkGuard policy. PRUMum terminates upon the fourth Policy Anniversary.

#### **Q3 What are the benefits of PRUFirst Gift II?**

- A3. PRUFirst Gift II (PRUMum) covers the pregnant woman for death, pregnancy complications, hospital care, hospital care accelerator, psychological consultation, postpartum depression, gestational diabetes mellitus and the newborn baby for congenital illness, hospital care, hospital care accelerator and health cover for child benefit.

PRUFirst Gift II (PRUActive LinkGuard) provides financial protection against death, disability and terminal illness on the mother's life until her child is born. When PRUFirst Gift II (PRUActive LinkGuard) is on the child's life, it also provides financial protection against death, disability and terminal illness.

#### **Q4 When will customers be covered for the enhanced benefits?**

- A4. The enhanced benefits will take effect 11 July 2023 and apply to all existing and new customers.

#### **Q5 What PRUMum benefits are enhanced?**

- A5. The table below shows the benefits enhancement of PRUMum:



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Benefits	PRUMum	Enhanced PRUMum (with effect from 11 July 2023)
Pregnancy Complications <b>ENHANCED</b>	Total 13 conditions	Total 17 conditions, including 4 new conditions
Hospital Care Benefit for Life Assured <b>ENHANCED</b>	Total 9 conditions	Total 26 conditions, including 17 new conditions added from Pregnancy Complications benefit
Hospital Care Benefit for Child <b>ENHANCED</b>	1% per day, capped at 50% Sum Assured	2% per day, capped at 50% Sum Assured
Hospital Care Accelerator for Child <b>NEW</b>	Nil	50% of Sum Assured (Singapore-registered hospitals only)
Health Cover for Child <b>NEW</b>	Nil	You can buy a PRUShield plan that only provides coverage in a restructured hospital, on the life of your child without medical underwriting. This is valid for applications within 14 to 90 days from your child's birth and under specified conditions.

All other terms and benefits of the policy remain unchanged.

**Q6 What are the policy terms and premium payment terms options?**

A6. Refer to Features.

**Q7 Can the customer choose to buy PRUMum policy without PRUActive LinkGuard?**

A7. Yes. Customer can choose to buy standalone PRUMum.

**Q8 What will happen to my customers who submitted their PRUFirst Gift II's application before the enhancement launch date i.e. 11 July 2023 but their PRUFirst Gift II's policy is issued after the enhancement launch date?**

A8. These customers will be enjoying the enhanced benefits from the cover start date of the policy.





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Kindly note that although these enhanced benefits are not listed in the product summary during purchase as the changes will only take effect on the enhancement launch date, your customers may find these benefits listed in the policy document which will be sent to them upon policy issuance

**Q9 What happens if the birth of the child takes place prior to the issuance of the PRUFirst Gift II policy?**

A9. This policy will not be valid under the Validity of Contract clause in the policy document.

**Q10 How is PRUActive LinkGuard policy transferred from the mother to the child under the guaranteed issuance benefit?**

A10. Upon birth of the child, the policyowner needs to notify Prudential with the child's birth certificate within 60 days from the child's date of birth

Upon notification, the mother's PRUActive LinkGuard coverage will cease and the child's PRUActive LinkGuard coverage will commence automatically without any evidence of good health, effective from the date of birth of the child. This is provided that the PRUActive LinkGuard policy on the mother's life is issued before the birth of the child and has not lapsed or terminated at the time of the notification to us of the birth of the child.

**Q11 What does PRUActive LinkGuard cover on mother's life?**

A11. The PRUActive LinkGuard policy on the mother's life will only cover her for the death, disability and terminal illness benefits. The sum assured will be 100% of the sum assured for death, terminal illness and total and permanent disability on the mother's life and includes the multiplier benefit. Once her child is born, the cover on the mother's life ends and child's cover will start with effect from the date of birth of her child.

The other supplementary benefits (such as Crisis Protect or Crisis Care) are not applicable on mother's life.

**Q12 What does PRUActive LinkGuard cover on the child's life?**

A12. The PRUActive LinkGuard policy on the child's life will cover death, disability and terminal illness.

The sum assured will be 100% of the sum assured for death, disability and terminal illness on the child's life and includes the multiplier benefit.

The policy owner can decide whether to mid-term add (MTA) Crisis Care or Crisis Protect and Early Crisis Care or Early Crisis Protect upon transfer of the PRUActive LinkGuard policy to the child within 60 days from the child's date of birth, without evidence of good health.

Please refer to Product Feature for the full details.



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**Q13 How can I add Crisis Care/Crisis Protect (PALG) and Early Crisis Care/Early Crisis Protect (PALG) cover on the child's life without providing evidence of good health of the child?**

A13. If policy owner decide to include the Crisis Care/Crisis Protect (PALG) and Early Crisis Care/Early Crisis Protect (PALG) benefit to the child's PRUActive LinkGuard policy, **within 60 days from the child's date of birth**, policy owner can do so without giving us evidence of good health of the child.

However, if policy owner let us know of the inclusion of Crisis Care/Crisis Protect (PALG) and Early Crisis Care/Early Crisis Protect (PALG) benefit after 60 days, policy owner must give us evidence of good health of the child. We will decide if we can insure the child and may offer different terms or refuse cover.

**Q14 How can I estimate the additional premium required for Early Crisis Care/Early Crisis Protect (PALG) before the child is born?**

A14. You can use POE to generate the premium for a 1anb male non-smoker or female non-smoker under Early Crisis Care/Early Crisis Protect (PALG).

**Q15 What is the premium for PRUFirst Gift II (PALG) based on?**

A15. The premium is based on 1anb under PALG.

However, the assurance charges will be based on the mother's age when the mother is the life assured. The assurance charges will be based on child's age after the transfer.

**Q16 What will be the treatment of the policy if birth notification of child is received after 60 days from the child's date of birth?**

A16. PRUActive LinkGuard policy will automatically lapse after 60 days from Estimated Due Date (EDD) if we do not receive the notification of birth of child. Hence, full underwriting of the child is required if we receive notification after 60 days. We will require evidence of good health of the child and we will assess the child's insurability and may offer revised terms and/or refuse coverage. If we accept the application, the cover start date will be shown on the Certificate of Life Assurance.

**Q17 What will be the treatment of the policy if no notification after 60 days from the child's date of birth?**

A17. The PRUActive LinkGuard policy will terminate upon the expiry of 60 days from the Estimated Due Date of the child (as declared in the proposal form) if we have not been notified of the birth of the child.



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**Q18 Are there any special exclusions for Crisis Care/Crisis Protect (PALG) and Early Crisis Care/Early Crisis Protect (PALG) added to PRUFirst Gift II within 60 days from birth of child without underwriting?**

A18. There are no special exclusions for Crisis Care/Crisis Protect (PALG) and Early Crisis Care/Early Crisis Protect (PALG) added to PRUFirst Gift II within 60 days from birth of child without underwriting, except for the replacement of the below exclusions with a congenital condition max claim limit of \$30,000:

- the life assured is diagnosed before age 6 as having a covered illness caused by a congenital or inherited disorder except the covered Juvenile Medical Conditions;
- the life assured is diagnosed before age 2 as having deafness

These 2 exclusions will be removed and replaced by a congenital condition max claim limit of \$30,000 for Crisis Care/Crisis Protect (PALG) and Early Crisis Care/Early Crisis Protect (PALG) added to PRUActive LinkGuard policies under PRUFirst Gift II only.

This congenital condition max claim limit does not apply to PRUActive LinkGuard policies not under PRUFirst Gift II.

**Congenital condition max claim limit for Crisis Care/Crisis Protect (PRUActive LinkGuard) added to PRUActive LinkGuard policy that is part of a PRUFirst Gift II policy:**

If Crisis Care/Crisis Protect (PRUActive LinkGuard) is added to PRUActive LinkGuard policy that is part of a PRUFirst Gift II policy, and is issued under the Guaranteed Issuance Benefit within 60 days from the child's date of birth, the Crisis Care/Crisis Protect benefit and the Crisis Care/Crisis Protect Accelerator benefit payable will be subject to a congenital maximum claim limit of \$30,000 in the following circumstance:

- If the child is diagnosed with or has undergone a surgical procedure for any stage of critical illness before the age of six years, and this condition is directly or indirectly due to any congenital defect or condition which was detected within 90 days of the birth of the child.

The congenital maximum claim limit of \$30,000 is subject to the Multiplier benefit (if any).

**Congenital condition max claim limit for Early Crisis Care/Early Crisis Protect (PRUActive LinkGuard) added to PRUActive LinkGuard policy that is part of a PRUFirst Gift II policy:**

If Early Crisis Care/Early Crisis Protect (PRUActive LinkGuard) is added to PRUActive LinkGuard policy that is part of a PRUFirst Gift II policy, and is issued under the Guaranteed Issuance Benefit within 60 days from the child's date of birth, the Medical Conditions benefit and Special Medical Conditions and Juvenile Medical Conditions benefit payable will be subject to a congenital maximum claim limit of \$30,000 in the following circumstance:

- If the child is diagnosed with or has undergone a surgical procedure for any stage of Medical Conditions, Special Medical Conditions and Juvenile Medical Conditions before the age of six



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years, and this condition is directly or indirectly due to any congenital defect or condition which was detected within 90 days of the birth of the child.

The congenital maximum claim limit of \$30,000 is subject to the Multiplier benefit (if any).

**Q19 Are there any pre-existing clause exclusions and waiting periods for Crisis Care/Crisis Protect (PALG) and Early Crisis Care/Early Crisis Protect (PALG) added to PRUFirst Gift II within 60 days from birth of child without underwriting?**

A19. Yes, the pre-existing conditions and waiting period exclusions will apply from the cover start date of the Crisis Care/Crisis Protect (PALG) and Early Crisis Care/Early Crisis Protect (PALG) benefits as shown on the Certificate of Life Assurance.

**Q20 What are the other optional supplementary benefits that can be added to PRUFirst Gift II?**

A20. There are no supplementary benefits available for PRUFirst Gift II at proposal. Other optional supplementary benefits available to PRUActive LinkGuard can only be added after policy coverage has been transferred to the child.

Crisis Care/Crisis Protect (PALG) and Early Crisis Care/Early Crisis Protect (PALG) are allowed to be added upon transfer of the PRUActive LinkGuard policy to the child within 60 days from the child's date of birth, without evidence of good health, up to maximum sum assured of \$300,000 (including multiplier benefit).

**Q21 Can you offer PRUFirst Gift II for expecting mothers with twins?**

A21. Yes. For expecting mothers with natural pregnancy twins, they will need to buy one PRUMum policy, and two PRUActive LinkGuard policies (one policy for each child). The premium rates for PRUMum is the same for Single Child or natural pregnancy Twins.

**Q22 Can you offer PRUFirst Gift II for expecting mothers with triplets?**

A22. Yes. Please see below Multiple births section for more information.

**Q23 Will you consider those proposals if the baby/babies are conceived through IVF or other methods of fertility?**

A23. Yes, we can consider if the pregnancy is resulted from In Vitro Fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI), Intrauterine Insemination (IUI) and Intracervical Insemination (ICI). However, it needs to fulfil the following criteria prior to submission.

For:

- i. Multiple births (beyond Twins) under natural conception; or
- ii. Single, Twins or Multiple birth pregnancy resulted from In Vitro Fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI), Intrauterine Insemination (IUI) and Intracervical Insemination (ICI),



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it needs to fulfill the following criteria prior to submission:

- a) Non-smoker
- b) Client's ANB is 39 and below at entry
- c) Client's pregnancy is at gestation week between:
  - i. 13 to 36 at entry – Single and twins Pregnancy via Assisted Reproductive Technology.
  - ii. 28 to 35 at entry – Multiple births (beyond twins) under natural conception/Multiple Pregnancy via Assisted Reproductive Technology.
- d) Up-to-date O&G check-up must be done and reported as normal by the doctor at gestation week between:
  - i. 13 to 36 at entry – Single and twins Pregnancy via Assisted Reproductive Technology.
  - ii. 28 to 35 at entry – Multiple births (beyond twins) under natural conception/Multiple Pregnancy via Assisted Reproductive Technology.
- e) No history of vanishing syndrome during current pregnancy
- f) Fetal head circumference measurement and estimated fetal weight in latest ultrasound should be normal
- g) No pregnancy complications in current and past pregnancies.
- h) Routine O&G report and pregnancy Screening result (including antenatal Ultrasound) are normal
- i) No other risk factors (e.g. overweight, any other gynaecological disorders etc.)

PACS reserves the rights to reject the application if we are unable to offer acceptable terms on the application.

**Loading criteria:**

**Multiple birth pregnancy (Triplets and more) resulting from natural conception:**

Submission is subject to underwriting. If term can be offered, loading of 50% will be imposed for each additional foetus beyond twins.

**Multiple birth pregnancy (Twins and more) resulting from In Vitro Fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI), Intrauterine Insemination (IUI) and Intracervical Insemination (ICI),**

Submission is subject to underwriting. If terms can be offered, loading of 300% will be imposed.

**Q24 Can the customer choose a different sum assured under the PRUActive LinkGuard for each foetus?**

A24. No. Each foetus must be on the same sum assured.

**Q25 What are the entry requirements for expecting mothers to buy PRUFirst Gift II?**

A25. Between ages 19 to 45 age next birthday and between 13 to 36 weeks of pregnancy.



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**Q26 Can the father be the policyholder for PRUFirst Gift II?**

A26. Yes. You may apply with the father as the policyholder while the mother is the life assured of the PRUFirst Gift II policy.

**Q27 Can customers buy more than 1 PRUFirst Gift II plan?**

A27. No. Only 1 maternity plan is allowed per pregnancy. We will allow the customers to buy another maternity plan for their next pregnancy.

**PRUFirst Gift II (PRUMum)**

**Q28 What are the benefits of PRUMum?**

A28. PRUMum provides financial protection for pregnant women and their newborn babies. It covers the pregnant woman for death, pregnancy complications, hospital care, hospital care accelerator, psychological consultation, postpartum depression, gestational diabetes mellitus and the newborn baby for congenital illness, hospital care, hospital care accelerator and health cover for child benefit.

**Q29 When will the Death Benefit (for Mother) terminate?**

A29. The Death Benefit (for Mother) automatically terminates once the sum assured is paid or when the policy reaches the fourth Policy Anniversary, whichever is earlier.

**Q30 Will the other benefits under PRUMum continue after the Death benefit (for the expectant mother) has been claimed?**

A30. In the event that we have paid out the Death Benefit (for Mother), Pregnancy complication, Hospital Care for mum, Psychological consultation, Postpartum depression, Gestational Diabetes Mellitus automatically terminates while the other benefits under PRUMum continue to cover the child.

**Q31 For the Pregnancy complications, Hospital Care benefit for mum, Postpartum Depression, Gestational Diabetes Mellitus, when will the coverage for these benefits commence and terminate?**

A31. The coverages for these benefits will commence upon the cover start date of the PRUMum plan and automatically terminate once the sum assured is paid or 60 days after childbirth, whichever is earlier.

Other benefits covered under PRUMum (e.g. Congenital Illness, Hospital Care and Hospital Care Accelerator, Health Cover for Child benefit) continue on the life of the child after such automatic termination.



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**Q32 For Congenital Illnesses, Hospital Care and Hospital Care Accelerator benefit for the child, when will the coverage for these benefits commence and terminates?**

A32. The coverages for these benefits will commence upon the birth of the child and these benefits automatically terminates once the sum assured is paid or when the child attains the age of 3 years, whichever is earlier.

Other benefits covered under PRUMum continue after such automatic termination.

**Q33 For Health Cover for Child benefit, when will the coverage commence and terminate?**

A33. The coverage for this benefit will commence from 14 days after birth of the child and will automatically terminate once the benefit is exercised or when the child is more than 90 days old, whichever is earlier.

Other benefits covered under PRUMum continue after such automatic termination.

**Q34 Is there any waiting period under Pregnancy Complications Benefit?**

A34. No. There are no waiting period for Pregnancy Complications Benefit.

**Q35 Is there any survival period under Congenital Illness Benefit?**

A35. No. There are no survival period for the child under Congenital Illness Benefit. The child only needs to be alive at the time of diagnosis before any benefit is payable under the Congenital Illness Benefit.

**Q36 Does PRUMum have any surrender/maturity value?**

A36. There is no surrender/maturity value for PRUMum

**Q37 What are the sum assured options for PRUMum?**

A37. Plan A: \$5,000  
Plan B: \$10,000  
Plan C: \$15,000  
Plan D: \$20,000

The maximum sum assured coverage for assisted pregnancy (Twins and more) and natural pregnancy (Triplets and more) is \$10,000. Only Plan type A (SA \$5,000) and B (SA \$10,000) are allowed. Sum Assured above \$10,000 (Plan type C and D) will be declined.

**Q38 Can customers buy more than 1 PRUMum plan?**

A38. No. Only 1 maternity plan is allowed per pregnancy. We will allow the customers to buy another maternity plan for their next pregnancy.



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### **PRUFirst Gift II (PRUActive LinkGuard)**

**Refer to the Product Pack for PRUActive LinkGuard for detailed information about the product.**

**Q39 Does the PRUActive LinkGuard policy provide coverage for the Mother or the Child?**

A39. PRUActive LinkGuard will provide the coverage on the Mother before the birth of the child, and the coverage will cease upon the birth of the child. Thereafter, when we are notified on the birth of the child within 60 days of the date of birth, we will provide coverage on the child from the date of birth of the child.

**Q40 Why does the PRUActive LinkGuard policy commence on the mother's life first?**

A40. We cannot insure the foetus as a life assured. In addition, it is also important for the mother to have coverage before her delivery.

**Q41 What are the features and supplementary benefits not available under the PRUActive LinkGuard policy when the Mother is the life assured?**

A41. The coverage for all supplementary benefits such as critical illness are not available when the mother is the life assured.

MTA of supplementary benefit is not allowed when the policy coverage has not been transferred to the child.

**Q42 What is the minimum and maximum sum assured for PRUFirst Gift II (PRUActive LinkGuard)?**

A42. The minimum sum assured is \$100,000 and the maximum sum assured is \$500,000 including multiplier benefit.

**Q43 Is alteration of the sum assured allowed after PRUFirst Gift II is incepted?**

A43. No changes in sum assured will be allowed before the birth of the child. After the policy coverage has been transferred to the child, we allow increase and decrease in sum assured subject to the terms and conditions of the current PRUActive LinkGuard policy.

### **NEW BUSINESS**

**Q44 Who is eligible to apply?**

A44. This product is available to all Singaporeans, Permanent Resident of Singapore and Foreigners with valid passes. Foreigners without valid pass are not allowed to purchase this plan. Please refer to PruInfo for our foreigner guidelines.





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**Q45 What are the documents that I need to submit for my client's application if she is carrying twins or if the current pregnancy is through Assisted Reproductive Technology (IVF, ICI, IUI, ICSI)?**

A45. Please submit together with your application:

- 1) Obstetrics & Gynaecology Report
- 2) Pregnancy screening result (including antenatal ultrasound)

For:

- i. Multiple births (beyond Twins) under natural conception; or
- ii. Single, Twins or Multiple birth pregnancy resulted from In Vitro Fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI), Intrauterine Insemination (IUI) and Intracervical Insemination (ICI),

it needs to fulfill the following criteria prior to submission:

- a) Non-smoker
- b) Client's ANB is 39 and below at entry
- c) Client's pregnancy is at gestation week between:
  - i. 13 to 36 at entry – Single and twins Pregnancy via Assisted Reproductive Technology.
  - ii. 28 to 35 at entry – Multiple births (beyond twins) under natural conception/Multiple Pregnancy via Assisted Reproductive Technology.
- d) Up-to-date O&G check-up must be done and reported as normal by the doctor at gestation week between:
  - i. 13 to 36 at entry – Single and twins Pregnancy via Assisted Reproductive Technology.
  - ii. 28 to 35 at entry – Multiple births (beyond twins) under natural conception/Multiple Pregnancy via Assisted Reproductive Technology.
- e) No history of vanishing syndrome during current pregnancy
- f) Fetal head circumference measurement and estimated fetal weight in latest ultrasound should be normal
- g) No pregnancy complications in current and past pregnancies.
- h) Routine O&G report and pregnancy Screening result (including antenatal Ultrasound) are normal
- i) No other risk factors (e.g. overweight, any other gynaecological disorders etc.)

PACS reserves the rights to reject the application if we are unable to offer acceptable terms on the application.

**Q46 Can the customer choose to backdate the policy?**

A46. No. Backdating is not allowed for PRUFirst Gift II.

**Q47 Is financial underwriting applicable to PRUFirst Gift II?**

A47. Yes.



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**Q48 Can the PRUFirst Gift II policy still be incepted if the baby is delivered before submission of requirements are done?**

A48. No. If the baby is delivered before the policy can be incepted, the proposal will be 'non taken up' and premiums paid will be refunded upon notification to Prudential.

If the client fails to notify Prudential and the proposal gets incepted, the policy will be void with premiums paid refunded when such information is made known.

**Q49 Can New Business apply for the O&G report?**

A49. No, the O&G report if required, needs to be obtained and submitted by the customer.

**Q50 How do I know if my customer is eligible to purchase PRUShield under Health Cover for Child benefit?**

A50. When the child is born and PRUMum policy has not ended, your customer can buy a PRUShield plan on the life of the child without medical underwriting, provided:

1. The eligible PRUShield plan must be **PRUShield Plus or PRUShield Standard**, with no supplementary plan e.g. PRUExtra is attached;
2. Customer's PRUMum policy must be in force;
3. The child is not currently hospitalised;
4. The child must be at least 14 days old but not more than 90 days old at the time of the application;
5. The child is born from the same pregnancy that is covered by the PRUMum policy;
6. The person applying for the eligible PRUShield plan for the child must be either the policyowner or the life assured of the PRUMum policy.

Please note that we do not cover congenital illnesses or pre-existing conditions, which refers to any health issue the child had before getting the eligible PRUShield plan.

For example, if a baby was born with a cleft lip, any related expenses to the cleft lip condition will not be covered. Other conditions which are not pre-existing will be considered. All other terms and conditions as stated in the eligible PRUShield policy document will apply.

**Q51 How does the Health Cover for Child benefit apply to expecting mothers with multiple births?**

A51. If your customer has given birth to more than one child from the same pregnancy that is covered by the PRUMum policy, and if the PRUMum policy has not ended, your customer can apply an eligible PRUShield plan without medical underwriting for each child. Refer to Health Cover for Child clause under Features for more details.



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**Q52 What is the application process for PRUShield under Health Cover for Child benefit?**

A52. PRUShield (under Health Cover for Child) application is available for eSubmission in POE.

**Q53 What are the questions that my customers will be asked when applying for PRUShield (under Health Cover for Child)?**

A53 If your customer is eligible to purchase a PRUShield (under Health Cover for Child), POE will display the following questions under Previous Insurance tab:

Question	YES/NO response
1. You have an existing PRUMum policy with us.	YES: next question
Would you like to purchase the PRUShield plan for your child through PRUMum's Health Cover for Child option?	NO: route to full/SIO UW
2. Is your child currently hospitalised?	YES: route to full/SIO UW NO: next question
3. We will not cover any pre-existing conditions or congenital illnesses that the child was born with or had the signs/symptoms of these illnesses before the cover start date of the eligible PRUShield plan.  Are you aware of any pre-existing conditions and/or congenital illnesses that your child was born with or had before applying for this PRUShield plan?  Important: - A pre-existing condition is the existence of any signs or symptoms for which treatment, medication, consultation, advice or diagnosis has been sought or received by the life assured or would have caused an ordinary prudent person to seek treatment, diagnosis or cure, prior to the Cover Start Date of this benefit or the date of reinstatement (if any), whichever is later. - Congenital illnesses or congenital abnormalities refer to birth defects including hereditary conditions or illnesses that the child was born with.	YES: prompt an additional question  NO: next question (acknowledgement)
3.1 (additional question if Q3 is YES)  We will not cover any pre-existing conditions or congenital illnesses that the child was born with or had the signs/symptoms of these illnesses before the cover start date of the eligible PRUShield plan, including the pre-existing condition(s) and/or congenital illness(es) that you declare below. This exclusion applies regardless of your declaration of such pre-existing condition(s) or congenital illness(es). Your declaration on this Proposal Form shall not constitute deemed	Input is mandatory



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<p>acceptance by us.</p> <p>Please specify the exact pre-existing condition(s) or congenital illness(es) that your child was born with, including details of symptoms that your child had before applying for this PRUShield plan. E.g. Down's syndrome, cleft lip, cerebral palsy, congenital heart disease, microencephaly, etc.</p> <div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;"> <p>&lt;free-text box&gt;</p> </div>	
<p>4. Acknowledgement (regardless of Q3 is YES/NO)</p> <p>By answering Yes, you acknowledge all of the following terms and conditions: Your policy will still be issued subject to the fulfilment of the following terms and conditions:</p> <ul style="list-style-type: none"> <li>a) Your PRUMum policy must be in force</li> <li>b) Your child must be at least 14 days old but not more than 90 days old at the time of your application</li> <li>c) Your child is born from the same pregnancy that is covered by the PRUMum policy</li> <li>d) Proposer of this application must be either PRUMum's Proposer or Life Assured</li> <li>e) We will not cover any pre-existing conditions or congenital illnesses that the child was born with or had the signs or symptoms of these illnesses, and these illnesses or signs or symptoms were known before the cover start date of the eligible PRUShield plan, including the pre-existing condition(s) and/or congenital illness(es) that you have declared (if any). This exclusion applies regardless of your declaration of such pre-existing condition(s) or congenital illness(es). Your declaration on this Proposal Form shall not constitute deemed acceptance by us.</li> <li>f) All the terms and conditions as stated in the eligible PRUShield plan's policy document will apply</li> </ul>	<p>YES: completion</p> <p>NO: route to full/SIO UW</p>

**Q54 If my customer is a Public Service Officer or Staff from Selected Company, can my customer still enjoy the respective discount while applying PRUShield (under Health Cover for Child) for the child?**

**A54** Yes, your customer can enjoy the respective discount from Public Service Officer or Staff from Selected Company scheme along with a hassle-free application for PRUShield (under Health Cover for child).

Please note that Servicing Agency Leaders/Financial consultants will need to select "Yes" under "Public Service Officer" or "Staff of Selected Companies" and provide the relevant



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details such as Company name and Corporate Policy number upon submission of the PRUShield – Health Cover for Child (PRUMum) proposal.

Terms and conditions under each offer apply.

### **PREMIUM RATES**

**Q55 Is there any increase in premium rates for PRUMum due to the benefit enhancements?**

A55 No, your existing customer does not have to pay additional premiums and there is no change to the illustrated returns, if any, in the policy illustration.

**Q56 What is the Large Sum Assured Discount for PRUFirst Gift II?**

A56 PRUMum Large Sum Assured Discount table is as follows:

Sum Assured	%LSD
\$5,000	N.A
\$10,000	4.00%
\$15,000	6.00%
\$20,000	8.00%

**Q57 Is PRUFirst Gift II eligible for PRUSmart Lady II discount?**

A57 No. It is not eligible for PRUSmart Lady II discounts.

### **POLICY SERVICES**

**Q58 Can the customer choose to alter the Sum Assured of PRUFirst Gift II?**

A58 Alteration of sum assured is not allowed for PRUMum. No changes in PRUActive LinkGuard sum assured will be allowed before the birth of the child. After policy coverage for the PRUActive LinkGuard policy has been changed to the child upon his/her birth, we allow alteration in sum assured subject to the terms and conditions of the current PRUActive LinkGuard policy.



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**Q59 Is Mid-Term Add (MTA) of supplementary benefit(s) allowed?**

A59 Yes. MTA of supplementary benefits are allowed after the policy coverage has been transferred to the child. Do note that terms and conditions of the respective supplementary benefits apply.

**Q60 When will the existing customers be informed about this enhancement?**

A60 The existing customers will be notified through letters along with the addendum which will form part of their existing policy document in batches starting from 11 July 2023 onwards.

**Q61 How do I know if my existing customer with a PRUMum policy issued before 11 July 2023 is eligible to purchase PRUShield under Health Cover for Child benefit?**

A61 Refer to Q50/A50 for the details.

Please note that if your existing customer's child is already more than 90 days old before the effective date of the enhancement, the child will not be eligible for this PRUShield (under Health Cover for Child) option. Your customer can still buy a PRUShield for the child by going through full underwriting health questions.

**Q62 With regards to PRUShield policy, which is issued under Health Cover for Child, can my customer choose to upgrade to a PRUShield plan that covers both private and restructured hospital (like PRUShield Premier)?**

A62 Yes, upgrading is allowed and will be subject to full underwriting as per normal. Please refer to PRUShield terms and conditions for details.

**Q63 With regards to PRUShield policy, which is issued under Health Cover for Child, can my customer choose to mid-term add a supplementary plan e.g. PRUExtra?**

A63 Yes, mid-term addition of a supplementary plan is allowed and will be subject to full underwriting as per normal. Please refer PRUShield terms and conditions for details.

**Notification of child birth**

**Q64 When does the policyholder need to notify the company of the birth of Child to enjoy the Guaranteed Issuance Benefit?**

A64 The policyholder will need to inform the company of the birth of the child within 60 days from the child's date of birth. Otherwise, the PRUActive LinkGuard will terminate upon the expiry of 60 days from the Estimated Due Date (EDD) of the child (as declared in the proposal form) if we have not been notified of the birth of the child by that time.



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**Q65 What is the form to be submitted for the notification on the birth of Child?**

A65 The policyholder will need to submit the Baby Announcement Form and Birth Cert. For Crisis Care/Crisis Protect (PALG) and Early Crisis Care/Early Crisis Protect (PALG), the policy owner will also have to submit the documents required for Mid-Term Add procedures.

**Q66 Where are the forms available?**

A66 The Baby Announcement Form will be sent to the policyholder on the Expected Date of Delivery after the policy is incepted. We will also be sending FCs a reminder (with the Form) on the Expected Date of Delivery.

A copy of the form will also be available for download from the corporate website/SFA Raise.

**CLAIMS**

**Q67 What are the benefits payable for Mother and/or Child before and during delivery, and after delivery?**

A67 The benefits payable is illustrated in the table below:

Mother/Child	During Pregnancy (Before and During Delivery)	After Delivery
a) Mother Dies/ TI b) Child Survives	a) Mother: Claims PALG (Death, TI for 100% of the Sum Assured) & PRUMum (Death Benefit for Mother). PALG Terminates. b) Child: Buy another PALG without U/W within 60 days from date of birth of child.	a) Mother: Claims PRUMum (Only Death Benefit for Mother, provided death occurs prior to cover expiry of PRUMum) b) Child: Continues with PALG and continues PRUMum (Only for Health cover for child*, Congenital illness, Hospital care & Hospital care accelerator benefit up to age 3). PRUMum ownership will transfer to estate of mother.  * Health cover for child is applicable within 14 days to 90 days from the child's day of birth
a) Child Dies b) Mother Survives	a) Child: Claims PRUMum either miscarriage due to accident or still birth under pregnancy complication if criteria is met. b) Mother: Full refund of PALG premiums. PALG terminates.	a) Child: Claims PALG b) Mother: No Claim on PALG. PRUMum (Death Benefit for Mother, Pregnancy complication benefit, Hospital care for mum, Psychological consultation / post-partum depression, GDM and



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		Hospital care accelerator) continues
a) Both Mother & Child Die at the same time <b>OR</b> b) Mother TI & Child die at the same time	a) Mother: Claims PALG (Death, TI for 100% of the Sum Assured) & PRUMum (Death Benefit for Mother). PALG Terminates. b) Child: Claims PRUMum either miscarriage due to accident or still birth under pregnancy complication if criteria is met.	a) Mother: Claims PRUMum (Death Benefit for Mother) b) Child: Claims PALG
a) Mother Dies/ TI b) Twin 1 Dies c) Twin 2 Survives	a) Mother: Claims PALG (Death, TI for 100% of the Sum Assured) & PRUMum (Death Benefit for Mother) PALG Terminates. b) Twin 1: Claims PRUMum either miscarriage due to accident or still birth under pregnancy complication if criteria is met. c) Twin 2: Buy another PALG without U/W within 60 days from date of birth of child. Child continues with PRUMum (Only for Congenital Illness & Hospital Care benefit, up to age 3). PRUMum ownership will transfer to estate of mother.	a) Mother: Claims PRUMum (Only Death Benefit for Mother, provided death occurs prior to cover expiry of PRUMum) b) Twin 1: Claims PALG c) Twin 2: Continues with PALG and continues PRUMum (Health cover for child*, Congenital illness, Hospital care & Hospital care accelerator benefit, up to age 3). PRUMum plan ownership will transfer to estate of mother  * Health cover for child is applicable within 14 days to 90 days from the child's day of birth
a) Twin 1 Dies b) Twin 2 Dies c) Mother Survives	a) Twin 1: Claims PRUMum either miscarriage due to accident or still birth under pregnancy complication if criteria is met. b) Twin 2: Claims PRUMum either miscarriage due to accident or still birth under pregnancy complication if criteria is met. c) Mother: Full refund of PALG premiums. PALG terminates.	a) Twins: Claims PALG b) Mother: No Claim on PALG. PRUMum (Death Benefit for Mother, Pregnancy complication benefit, Hospital care for mum, Psychological consultation / post-partum depression, GDM and Hospital care accelerator) continues
a) Both Mother & Twins Die at the same time	a) Mother: Mother: Claims PALG (Death, TI for 100% of the Sum Assured) and PRUMum (Death Benefit for Mother). PALG Terminates. b) Twins: Claims PRUMum either miscarriage due to accident or still birth under pregnancy	a) Mother: Claims PRUMum (Death Benefit for Mother) b) Twins: Claims PALG





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	complication if criteria is met.	
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**Q68 What happens to the PRUActive LinkGuard policy should the child dies before or during delivery?**

A68 In the event the child dies before or during delivery, we will refund the premiums paid under the PRUActive LinkGuard policy and the PRUActive LinkGuard policy terminates thereafter. The FCs' persistency will not be affected by this claim termination.

**Q69 What happens to the PRUActive LinkGuard policy should the Mother dies before or during delivery?**

A69 In the event the mother dies before or during delivery of the child but the child survives, we will pay the Death Benefit (and this includes the multiplier benefit) from the PRUActive LinkGuard policy and the policy terminates. In this case, the PRUActive LinkGuard policy on the child's life will not commence. However, we will allow another PRUActive LinkGuard policy to be purchased on the life of the child, without evidence of good health but with evidence of insurable interest (i.e. evidence of the relationship between the biological father and the child or such other relationship as may attract insurable interest in accordance with any prevailing applicable laws or regulations), provided the policy is purchased within 60 days from the date of birth of the child.

**Q70 How will the claim be assessed upon diagnosis of the new conditions for existing customers for PRUMum?**

A70 We will base on the new condition's date of diagnosis or hospitalisation admission date whichever is applicable, to determine the claim pay-out.

If the new condition's date of diagnosis or the hospitalisation admission date, whichever is applicable is after the enhancement launch date, the claim will be payable subject to the fulfilment of other terms and conditions stated in the respective updated clause in the policy document.



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**Q71 How will the claim be assessed for the PRUShield under Health Cover for Child?**

A71 We will refer to the terms and conditions as stated in the eligible PRUShield policy document that you will receive upon PRUShield policy issuance to assess the claims. Please note that we will not cover any pre-existing conditions or congenital illnesses that the child was born with or had the signs or symptoms of these illnesses, and these illnesses or signs or symptoms were known before the cover start date of the eligible PRUShield plan.

Upon the lodgement of a claim, PACS PRUShield Claims team will review and conduct due diligent investigation if deems necessary to determine whether the claim would be covered or not.

a) For the congenital condition, where symptoms and diagnosis would be apparent and obvious at birth, we would reserve the right to reject the claim.

For example:

Condition 1: Cleft Lip			
Buying PRUShield via PRUMum (Health Cover for Child)		Buying PRUShield directly (full UW)	
UW	Claims	UW	Claims
Incepted without exclusion	Will not pay for any benefits which are directly or indirectly related to the cleft lip  However, the child will still be considered for other conditions unrelated to the cleft lip	Incepted with exclusion on cleft lip related conditions	Will not pay for any benefits which are directly or indirectly related to the cleft lip  However, the child will still be considered for other conditions unrelated to the cleft lip
Condition 2: Down's Syndrome			
Buying PRUShield via PRUMum (Health Cover for Child)		Buying PRUShield directly (full UW)	
UW	Claims	UW	Claims
Incepted without exclusion	Will not pay for any benefits which are directly or indirectly related to the down's syndrome  However, the child will still be considered for other	Rejected	Not Applicable



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	conditions unrelated to the down's syndrome		
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b) For all other congenital conditions where the nature of the symptoms and diagnosis are not apparent and obvious at birth, we would reserve our rights to request for medical evidence from the doctor to assist us in the claim review.

For example:

<b>Condition 3: Coarctation of the aorta (a congenital heart defect involving a narrowing of the aorta)</b>			
<b>Buying PRUShield via PRUMum (Health Cover for Child)</b>		<b>Buying PRUShield directly (full UW)</b>	
<b>UW</b>	<b>Claims</b>	<b>UW</b>	<b>Claims</b>
Incepted without exclusion	Will not pay for any benefits which are directly or indirectly related to the coarctation of the aorta	- Declined if child has coarctation of the aorta without surgery, or symptomatic or have complication after surgery	- Not Applicable
	However, the child will still be considered for other conditions unrelated to the coarctation of the aorta	- Postponed	- Not Applicable
		- Accepted as standard if no symptom or complication after surgery, depending on the duration from last surgery	- The child will be covered by PRUShield as a Standard Life

## **MARKETING SUPPORT**

**Q72 Will there be brochures for PRUFirst Gift II?**

**A72** Yes. The electronic brochure will be made available and you can direct your customers to Prudential's corporate website at [www.prudential.com.sg](http://www.prudential.com.sg).



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**Q73 Will there be a new version of SQS? When will it be available?**

A73 Yes. There will be a new version of SQS on PRUONE Express and it will be available on 15 November 2023.

**SALES ADVISORY STANDARDS**

**Q74 What do I need to take note of when completing the PruPlanner for this product?**

A74 The financial goals required for PRUFirst Gift II are Death, Total and Permanent Disability and Male/Female Related Illness.

To assess overselling of Wealth Protection needs for PRUFirst Gift II, it will be based on the coverage on the mother's life at the point of sales, i.e.

- a) The Death coverage is the total of:
  - Sum Assured of PRUMum and
  - Multiplier Benefit of PRUActive LinkGuard.
- b) The Total and Permanent Disability coverage is the Multiplier Benefit of Total & Permanent Disability of PRUActive LinkGuard.
- c) The Male / Female Related Illness coverage is the Sum Assured of PRUMum.

If the relevant coverage exceeds the customer's relevant shortfall, the FC needs to highlight to the customer on the detriment / implication that may arise, and document a justification to explain the basis of recommendation, the customer's awareness and agreement with the deviation.

*Note: For PRUFirst Gift II (Twins), as there are two PRUActive LinkGuard policies, Death and Total and Permanent Disability coverages under BOTH PRUActive LinkGuard policies will have to be taken into account in the calculation.*

For more information on PruPlanner documentation, please refer to The Guide to PruPlanner Documentation and FAQ to the Guide to PruPlanner Documentation, which are available in PruRaise >> PruInfo >> Competence and Compliance >> Sales Advisory Materials.

**TRAINING**

**Q75 Is the PRUFirst Gift II training session compulsory?**

A75 In order to give advice and market PRUFirst Gift II, you are required to complete the e-Learn module and pass the course-end assessment for PRUMum and PRUActive LinkGuard.



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Re-training is not required for the benefits enhancement. If you have completed the e-Learn module and passed the course-end assessment before the enhancement launch date, you do not need to go for the training again.

### **Multiple Births**

**Q76 What is the maximum PRUFirst Gift II (PRUMum) sum assured coverage for multiple births assisted pregnancy (Twins and more) and natural pregnancy (Triplets and more)?**

A76 The maximum sum assured coverage for assisted pregnancy (Twins and more) and natural pregnancy (Triplets and more) is \$10,000. Only Plan type A (SA \$5,000) and B (SA \$10,000) are allowed. Sum Assured above \$10,000 (Plan type C and D) will be declined.

**Q77 What is the loading required for assisted pregnancy (Twins and more)?**

A77 Submission is subject to underwriting. If term can be offered, loading of 300% will be imposed on PRUFirst Gift II (PRUMum). There will be no loading on PRUFirst Gift II (PRUActive LinkGuard).

**Q78 What is the loading required for natural pregnancy (Triplets and more)?**

A78 Submission is subject to underwriting. If term can be offered, loading of 50% on PRUFirst Gift II (PRUMum) will be imposed for each additional foetus beyond twins. There will be no loading on PRUFirst Gift II (PRUActive LinkGuard).

**Q79 What is the process to submit PRUFirst Gift II for multiple birth pregnancy (Triplets and more)?**

A79 Manual submission is only allowed for PRUFirst Gift II multiple birth pregnancy. Please send the request to [Product.at.pru@prudential.com.sg](mailto:Product.at.pru@prudential.com.sg), a manual policy illustration will be sent back to the FCs. The submission is subject to medical underwriting. We will either offer terms with loading imposed or decline such cases. To help with the generation of the PIs, please send the request with the following information:

**1) Policy Owner:**

- Name
- Age next birthday

**2) Life Assured:**

- Name
- Age next birthday

**3) PRUFirst Gift II (PRUMum):**

- Plan type (A or B)



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**4) PRUFirst Gift II (PRUActive LinkGuard):**  
- PRUActive LinkGuard Sum Assured

**5) Number of foetus in the pregnancy**

After obtaining the Manual PI, please download the hardcopy PRUFirst Gift II/PRUMum proposal form via PruInfo | New Business | Proposal forms (English) and complete for submission via Pru Business Centre.



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# PRUFirst Gift II

## MARKET COMPARISONS

### 1. INTRODUCTION

PRUFirst Gift II plan is specially designed for expectant mothers who are into their 13th to 36th week of pregnancy.

It is made up of two policies at any point in time during the term of the plan before it reaches the 4th policy anniversary – a PRUMum policy and a PRUActive LinkGuard policy. The PRUMum policy terminates upon the 4th Policy Anniversary. Please refer to PRUActive LinkGuard Product pack for a detail comparison on PRUActive LinkGuard.

We have made comparisons on the features of similar products offered in the market. This will give you a clearer picture of the features and positioning of PRUMum.

1. PACS – PRUMum
2. Company A – Plan M2B
3. Company SL – Plan MC
4. Company H – Plan EM
5. Company G – Plan GMC
6. Company N – Plan M360

For this competitive analysis, we have included comparisons on both the features and premiums, based on the following levels of coverage and policy terms:

- Profile: Female, non-smoker
- Ages: 30
- Sum Assured: \$10,000
- Premium Term: Single Premium

#### Important Notes:

- *The information presented is strictly confidential and for internal use only and cannot be reproduced, amended or circulated in whole or in part to anyone, including policyholders and potential prospects, for whatever purpose or reason.*
- *You should refer to respective product policy documents for exact wordings and details.*
- *This comparison does not include information on all similar products. PACS does not guarantee that all aspects of the products that have been illustrated. You may wish to conduct your own comparison for products that are listed in [www.comparefirst.sg](http://www.comparefirst.sg).*



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## 2. PRUMUM VS. COMPETITORS

Company	PACS	Co. A	Co. SL	Co. H	Co. G	Co. N
Product Name	PRUMum	M2B	MC	EM	GMC	M360
<b>Entry Age</b>	19 – 46 Age Next Birthday	18 – 45 Age Last Birthday	18 – 45 Age Next Birthday	18 – 45 Age Nearest Birthday	18 – 45 Age Next Birthday	17 – 44 Age Last Birthday
<b>Application Period (Gestation Week)</b>	13 – 36 weeks	13 – 36 weeks	13 – 36 weeks	13 – 36 weeks	13 – 40 weeks	13 – 35 weeks
<b>Sum Assured</b>	\$5,000/ \$10,000/ \$15,000/ \$20,000	\$5,000/ \$10,000/ \$25,000	\$5,000 to \$20,000	\$5,000 to \$30,000	\$5,000/ \$10,000	Minimum \$5,000
<b>Benefit for Mother</b>						
<b>Death Benefit</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>Pregnancy Complication</b>	17 conditions	14 conditions	10 conditions	15 conditions	19 conditions	10 conditions
<b>Hospital Care</b>	26 conditions	23 conditions	18 conditions	24 conditions	27 conditions	8 conditions
<b>Hospital Care Accelerator</b>	Yes	Yes	No	No	No	No
<b>Other Benefits</b>	- Psychology Consultation - Postpartum Depression - Gestational diabetes	- Early Delivery by C - Sec - Childbirth Medical Negligence - No Claim Rewards	No	- Early Delivery by C - Sec	- Psychology Consultation - Gestational diabetes - GIO 2nd policy	No
<b>Benefit for Child</b>						
<b>Congenital Illness</b>	25 conditions	25 conditions	23 conditions	26 conditions	26 conditions	23 conditions

Prudential Assurance Company Singapore (Pte) Ltd  
Information is accurate at the time of print on 15 November 2023





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Company	PACS	Co. A	Co. SL	Co. H	Co. G	Co. N
<b>Hospital Care</b>	22 conditions	19 conditions	5 conditions	15 conditions	46 conditions	7 conditions
<b>Hospital Care Accelerator</b>	Yes	No	No	No	No	No
<b>Other Benefits</b>	No	No	- Outpatient phototherapy - Stem cell treatment - Developmental Delay	No	- Juvenile Conditions - Major Organ	- Outpatient phototherapy - Stem cell treatment
<b>Health Cover for Child</b>	Yes, on permanent feature basis (applicable to the eligible base plans)	Yes, on campaign basis (applicable to the eligible base plans and riders)	No	Yes, on permanent feature basis (applicable to the eligible base plans and riders)	No	No
<b>Premium Comparison Based on \$10,000 SA</b>						
30ANB	\$748.80	\$920.00	\$638.00	\$798.00	\$758.00	\$781.10

Summary on features comparison:

- PRUMum offers 4 sum assured option for the customer to choose from.
- With application period as early as 13 weeks, an expecting mum can be protected early into her pregnancy with one of the most comprehensive maternity coverages.
- A first in the market to offer coverage for psychotherapy treatment and postpartum depression.
- Option to purchase an eligible PRUShield for the child without medical underwriting, under specified conditions.

### 3. PRUACTIVE LINKGUARD VS. COMPETITORS

Please refer to PRUActive LinkGuard Product pack for a detail comparison on PRUActive LinkGuard.



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## PRUFirst Gift II

### Sales & Marketing Proposition

**PRUFirst Gift II is a bundle of a PRUMum and a PRUActive LinkGuard policy.**

PRUMum is a term product specially catered to the expectant mothers who are into their 13 to 36 weeks of pregnancy seeking financial protection for herself and their newborn babies.

PRUActive LinkGuard provides financial protection against death, disability and terminal illness for the mother until the time when her child is born. She is entitled to the death benefit's sum assured and includes the multiplier benefit.

Once her child is born, cover on the mother's life ends and cover on the life of her child starts with no medical underwriting to give her child insurance protection for life.

Here are some **Marketing Propositions**, which you may find useful for promoting **PRUFirst Gift II**:

<b>No medical underwriting required for child</b>	Once the child is born, cover on the life of the child starts with no medical underwriting to give the child insurance protection for life
<b>Covers for child</b>	Protect your child by providing him or her with insurance coverage

### PRUMum

<b>Peace of mind</b>	Provide expectant mothers with comprehensive coverage against pregnancy complications and an option to protect their baby's healthcare needs by signing up with a PRUShield Plus or PRUShield Standard plan within 14 to 90 days from birth without medical underwriting, under specified conditions.
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### PRUActive LinkGuard

<b>Multiplier Benefit</b>	PRUActive LinkGuard provides double coverage (2X sum assured) against death, total and permanent disability (TPD), terminal illness (TI) and/ or Crisis Care/Early Crisis Care before age 50, with flexibility to extend it beyond age 50.
<b>Optional Pre-Critical Illness Coverage</b>	<p>PRUActive LinkGuard provides option to boost coverage against 56 critical illnesses with Crisis Care or Crisis Protect, and against 35 pre-critical illness with Early Crisis Care or Early Crisis Protect.</p> <p>Upon a Pre-Critical Illness or Critical Illness claim, Crisis Care/Early Crisis</p>



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	Care pays out the benefit by drawing down from the death coverage while the payout under Crisis Protect/Early Crisis Protect is additional and does not reduce the death coverage.
<b>A comprehensive plan to address your child's protection needs</b>	<p>PRUActive LinkGuard is a comprehensive protection plan that covers Death, Disability and Terminal Illness</p> <p>Customers can also choose to add Crisis Care/Crisis Protect and Early Crisis Care/Early Crisis Protect to address their pre-critical illness and critical illness coverage needs as the incidence of illnesses such as cancer increases. Clients can use the lump sum payout to replace their income as they take time off to recover.</p>
<b>Flexibility to keep up with the changing needs at different life stages</b>	<p>PRUActive LinkGuard allows the policyholder to:</p> <ul style="list-style-type: none"> <li>• Vary sum assured</li> <li>• Do unlimited free fund switches</li> <li>• Change the regular premium distribution</li> <li>• Withdraw units from the account</li> <li>• Make a top-up with Investment Booster (Lump sum) and Investment Booster (Regular)</li> <li>• Add supplementary benefits</li> </ul>
<b>Affordability</b>	The minimum premium for PRUActive LinkGuard is set at \$75 per month, subject to minimum basic sum assured of \$100,000

Here are the **Customer Segments** that may be suitable for **PRUFirst Gift II**:

<b>Expectant mothers from age 19 to 45 (Age Next Birthday)</b>	<p>PRUFirst Gift II would meet the protection needs of these expectant mothers who are seeking protection with:</p> <p>Comprehensive coverage against pregnancy complications Lifetime Death, Terminal Illness and Total and Permanent Disability coverage for her child without medical underwriting if the policy is transferred to her child 60 days of the child's birth date.</p>
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## Appendix A

### PRUMum

#### What are the benefits?

We provide the following benefits:

##### For the life assured (the mother):

- a) **Death benefit** – pays the sum assured for your type of plan if the life assured dies.
- b) **Pregnancy complications** – pays the sum assured for your type of plan if the life assured is diagnosed with any one of the covered pregnancy complications.
- c) **Hospital care benefit** – pays 2% of the sum assured for your type of plan, per day if the life assured is hospitalised with any one of the respective lists of covered conditions. Includes the **Hospital care accelerator** benefit that pays 100% of the sum assured if the life assured is hospitalised for a continuous period of 30 days or warded in the intensive care unit for at least one day.
- d) **Psychological consultation** – pays \$100 a session (up to two sessions) if the life assured requires psychological or psychiatric consultation.
- e) **Postpartum depression** – pays 5% of the sum assured for your type of plan if the life assured is diagnosed with postpartum depression.
- f) **Gestational diabetes mellitus** – pays 10% of the sum assured for your type of plan if the life assured is diagnosed with gestational diabetes mellitus.

##### For the child:

- g) **Congenital illness** – pays the sum assured for your type of plan when the child is diagnosed with any of the covered congenital illnesses.
- h) **Hospital care benefit** – pays 2% of the sum assured for your type of plan per day, up to a maximum of 50% of the sum assured for your type of plan, if the child is hospitalised with any one of the respective lists of covered conditions. Includes the **Hospital care accelerator benefit** that pays 50% of the sum assured if the child is warded in the neonatal intensive care unit or intensive care unit for at least three continuous days.
- i) **Health Cover for Child** – you can buy a **PRUShield** plan that only provides coverage in a restructured hospital, on the life of the child. If applied within 14 to 90 days from the child's birth, the plan can be bought without medical underwriting, under specified conditions.

There are four plan types with their respective sums assured, that you can choose.

PRUMum	Plan A	Plan B	Plan C	Plan D
Sum Assured	\$5,000	\$10,000	\$15,000	\$20,000

#### Death benefit

We will pay the sum assured for your type of plan if the life assured dies during the term of the PRUMum policy. If that happens, all the benefits for the life assured automatically ends while the other benefits under PRUMum continue.

This benefit automatically ends once we pay the sum assured or when the policy reaches the fourth policy anniversary, whichever is earlier.

#### Pregnancy Complications

We pay the pregnancy complications sum assured for your type of plan when the life assured is diagnosed with any one of the following pregnancy complications:

1. Abruptio placentae
2. Amniotic fluid embolism
3. Antepartum and intrapartum haemorrhage
4. Choriocarcinoma
5. Disseminated intravascular coagulation
6. Ectopic pregnancy
7. HELLP syndrome
8. Incompetent cervix leading to preterm birth
9. Miscarriage due to an accident
10. Placenta increta or percreta
11. Postpartum haemorrhage requiring hysterectomy
12. Severe acute fatty liver of pregnancy
13. Severe pre-eclampsia or eclampsia
14. Still birth
15. Termination of pregnancy due to a life-threatening condition
16. Uterine rupture
17. Vasa previa

This benefit automatically ends when we pay the sum assured or 60 days from the birth of the baby, whichever is earlier. However, the other benefits covered under PRUMum continue after the benefit ends.

Even if the life assured has multiple births, we pay this benefit once only.

**Multiple births** mean giving birth to more than one baby from a single pregnancy, like twins, triplets or more.

**Abruptio Placentae** is the separation of the normally implanted placenta after the 20th week of gestation and prior to the birth of the foetus, resulting in life threatening foetal distress and/ or maternal shock. The diagnoses of Abruptio Placentae must be confirmed by a gynaecologist or obstetrician, supported with medical evidence of Abruptio Placentae necessitating an emergency Caesarian section.

**Amniotic Fluid Embolism** is a syndrome in which, following the leakage of amniotic fluid into the maternal circulation, there is the sudden development of acute respiratory distress and shock. The diagnosis must be confirmed by a consultant physician and supported with medical evidence of any combination of respiratory distress, cardiovascular collapse and disseminated intravascular coagulation.

**Antepartum and intrapartum haemorrhage** refer to severe bleeding from or into the female genital tract, occurring anytime from 24 weeks of pregnancy until before the birth of the baby or during the birth of the baby, leading to potentially life-threatening maternal or foetal complications.

**Choriocarcinoma** means a highly malignant neoplasm derived from placental syncytial trophoblasts which form irregular sheets and cords, with neoplastic cells invading blood vessels. The diagnosis must be made by an appropriate medical specialist and confirmed by histological evidence.

**Disseminated intravascular coagulation** means a life-threatening complication of pregnancy, consisting of a systemic thrombo-hemorrhagic disorder, that is characterised by generalised bleeding and end organ damage. The diagnosis must be confirmed by a gynaecologist or obstetrician as disseminated intravascular coagulation and supported by laboratory tests showing a combination of significant thrombocytopenia, pro-coagulant activation, fibrinolytic activation and inhibitor consumption.

**Ectopic pregnancy** is the development of a fertilised ovum outside of the uterine cavity (ovary, fallopian tube, abdominal cavity).

The ectopic pregnancy must be confirmed by an appropriate medical specialist and have been terminated by laparotomy or laparoscopic surgery.

**Incompetent cervix leading to preterm birth** is the diagnosis of an incompetent cervix where weak cervical tissue causes an extremely preterm delivery before the completion of 31 weeks.

The unequivocal diagnosis of incompetent cervix leading to preterm birth must be confirmed by an appropriate medical specialist using a vaginal ultrasound and with confirmation of the preterm delivery.

**HELLP syndrome (Haemolysis, elevated liver enzymes, low platelet count)** is a severe complication of a pregnancy as diagnosed by an obstetrician with evidence of Haemolysis, Elevated Liver enzymes and Low Platelets, which results in foetal death.

**Miscarriage due to accident** is when the life assured sustains an accidental injury and as a result, suffers miscarriage within 24 hours after a road traffic accident and from week 13 of pregnancy. The miscarriage should not be attributed to any natural causes and/or sickness relating to pregnancy or childbirth.

**Placenta increta or percreta** refers to the abnormal adherent of the placenta to the myometrium resulting in severe haemorrhage requiring surgical removal of the placenta.

The diagnosis of placenta increta or placenta percreta must be established via histological evidence and confirmed by an appropriate specialist.

**Postpartum haemorrhage requiring hysterectomy** is the ongoing bleeding secondary to an unresponsive and atonic uterus, a ruptured uterus, or a large cervical laceration extending into the uterus requiring surgical intervention in the form of hysterectomy. Confirmation of undergoing hysterectomy is required.

**Severe acute fatty liver of pregnancy** is a severe acute fatty liver occurring during pregnancy and associated with acute liver failure where all of the following diagnostic conditions must be met:

- bilirubin is persistently elevated above 150 umol/L (10 mg/dL) for a period of at least 5 days; and
- there is associated hepatic encephalopathy.

**Severe Pre-Eclampsia or eclampsia.** Severe Pre-eclampsia refers to hypertension developing after 20 weeks of pregnancy with a systolic blood pressure of 160mmHg or more and/or diastolic blood pressure of 110 mmHg recorded in 2 successive measurements of at least 4 hours apart as well as proteinuria of more than 3+ on random urine sample or >2.5 g in a 24-hour urine specimen.

Eclampsia refers to the development of grand mal seizures in a woman with preeclampsia and in the absence of other neurologic conditions that could account for the seizure. The diagnosis of pre-eclampsia or eclampsia must be confirmed by a gynaecologist or obstetrician.

**Still birth** refers to the birth of a baby after 28 weeks gestation, who has not, at any time after being expelled completely from the life assured, breathed or showed any sign of life. Elective termination of pregnancy and abortion are specifically excluded.

**Termination of pregnancy due to a life-threatening condition** refers to the death of the foetus (unborn baby) after thirteen (13) weeks of pregnancy as a result of a sudden unforeseen and involuntary event or termination of pregnancy as a direct consequence of a life-threatening condition for the life assured, and must not be due to a voluntary or malicious act

**Uterine rupture** refers to the rupture of the uterus during pregnancy or childbirth that requires a hysterectomy or results in foetal death.

**Vasa previa** is a condition in which foetal blood vessels cross or run near the internal opening of the uterus, which leads to a caesarean section.

The diagnosis of vasa previa must be established via transvaginal ultrasound evidence confirmed by a gynaecologist or obstetrician.

Vasa previa as a result of in vitro fertilisation is specifically excluded.

### **Hospital care for the life assured**

We pay 2% of the sum assured for your type of plan for each day the life assured is hospitalised for any one of the following pregnancy-related conditions:

1. Complications of lactational mastitis
2. Inpatient psychiatric treatment
3. Post-natal anaemia
4. Puerperal pyrexia
5. Pulmonary embolism
6. Repair of 4<sup>th</sup> degree perineal tear
7. Septic pelvic thrombophlebitis
8. Surgical site infection following caesarean section
9. Uterine infection or transfusion due to retained placenta following childbirth
10. Any of the covered pregnancy complications (listed in clause above)

We will pay this benefit up to 100% of the sum assured for your type of plan per policy. This benefit automatically ends once the limit is reached or 60 days from the birth of the baby, whichever is earlier. However, the other benefits covered under PRUMum continue after this benefit ends.

**Complications of lactational mastitis** refers to hospitalisation for treatment of lactational mastitis with incision and drainage surgery within 60 days of childbirth. The diagnosis must be confirmed by an appropriate medical specialist.

Treatment with simple needle aspiration is specifically excluded.

**Inpatient psychiatric treatment** is when the life assured is diagnosed with peripartum psychosis as per the DSM-5 criteria and hospitalised. The diagnosis must be confirmed by a psychiatrist registered with the Singapore Medical Council.

Admission for postpartum depression or any other pre-existing mental disorders including but not limited to bipolar disorders, depression and schizophrenia are excluded from this benefit.

**Post-natal anaemia** refers to hospitalisation for treatment of postpartum anaemia with blood transfusion during the period 1 to 4 weeks after childbirth. The anaemia must be evidenced by Hb levels < 70 g/l prior to transfusion.

The diagnosis must be confirmed by an appropriate medical specialist.

**Puerperal pyrexia** refers to admission to the Intensive Care Unit in a hospital for treatment of infection causing puerperal pyrexia (fever). Symptoms and signs of this condition will include high fever, abdominal pain, hypotension and shock. The diagnosis must be confirmed by an appropriate medical specialist.

**Pulmonary embolism** refers to hospitalisation for treatment of confirmed pulmonary embolism which is characterised by chest pain, difficulty in breathing and low arterial oxygen level. The diagnosis of pulmonary embolism must be confirmed by medical specialist with appropriate investigations which may include D-dimer test, CT pulmonary angiography and ventilation perfusion scan.

**Repair of a fourth-degree perineal tear** refers to the repair under general anaesthetic of a fourth-degree perineal tear sustained during childbirth. Surgery must have been done and the diagnosis must be confirmed by an appropriate medical specialist.

**Septic pelvic thrombophlebitis** is this condition that happens after childbirth when an infected blood clot (thrombus) causes inflammation (phlebitis) in the pelvic vein.

The diagnosis must be confirmed by an appropriate medical specialist and supported by imaging finding such as ultrasound, CT scan or MRI. The life assured must also receive inpatient treatment with antibiotics and anticoagulation.

**Surgical site infection following caesarean section** refers to the infection of the caesarean section surgical site following childbirth. The life assured should be hospitalised for at least two days for treatment.

The life assured must be treated with incision and drainage (of abscess) at the surgical site and intravenous antibiotics.

The diagnosis must be confirmed by an appropriate medical specialist.

**Uterine infection or transfusion due to retained placenta following childbirth** is the surgical removal of and subsequent complications for a retained placenta after a term vaginal delivery.

Surgery must have been done and complications must be treated inpatient with intravenous antibiotics or a transfusion for excessive blood loss.

The diagnosis must be confirmed by an appropriate medical specialist.

Surgery or other treatment for incomplete uterine evacuation following miscarriage or termination of pregnancy is excluded.

### **Hospital care accelerator**

We pay up to 100% of the sum assured for your type of plan when the life assured is hospitalised:

- for a continuous period of 30 days in one hospital admission; or
- in the intensive care unit for at least one day

The hospitalisation should happen within the period the life assured was in her 13<sup>th</sup> week of pregnancy until 60 days from the birth of the baby. We will only consider hospitalisation in Singapore-registered hospitals.

This hospital care accelerator benefit is paid out from the same sum assured as that of the hospital care for the life assured benefit. If the hospital care benefit was claimed previously, the amount we pay under this benefit will be the original sum assured less the claim amount previously paid out.

This benefit automatically ends once the benefit sum assured is paid out or 60 days from the birth of the baby, whichever is earlier. The hospital care benefit for the life assured automatically ends. However, the other benefits covered under PRUMum continue after this benefit ends.

### **Psychological consultation**

We pay \$100 for each session (up to two sessions) that the life assured has to go for psychological or psychiatric consultation.



This benefit automatically ends once the limit is reached or 60 days from the birth of the baby, whichever is earlier. However, the other benefits covered under PRUMum continue after this benefit ends.

### **Postpartum depression condition**

We pay 5% of the sum assured for your type of plan when the life assured is diagnosed with postpartum depression.

This benefit automatically ends once the limit is reached or 60 days from the birth of the baby, whichever is earlier. However, the other benefits covered under PRUMum continue after this benefit ends.

**Postpartum depression** is a mood disorder in the life assured which develops as a reaction from the pregnancy and newborn baby. Postpartum depression must be diagnosed by a registered psychiatrist. The diagnosis should be made within the first 60 days from birth of the baby.

### **Gestational diabetes mellitus**

We pay 10% of the sum assured for your type of plan when the life assured is diagnosed with any one of the conditions related to gestational diabetes mellitus:

- 1) Gestational diabetes mellitus resulting in foetal macrosomia and neonatal hypoglycaemia
- 2) The life assured developing type II diabetes mellitus six to eight weeks after giving birth.
- 3) Pregnancy complications accompanied by gestational diabetes mellitus.

This benefit automatically ends once the limit is reached or 60 days from the birth of the baby, whichever is earlier. However, the other benefits covered under PRUMum continue after this benefit ends.

**Gestational diabetes mellitus resulting in foetal macrosomia and neonatal hypoglycaemia** refers to Gestational Diabetes Mellitus (GDM) which is diabetes that is diagnosed for the first time during pregnancy that meets any of the following values for GDM screening test results:

- Fasting Plasma Glucose 5.1 - 6.9 mmol/L
- 1-hour Plasma Glucose  $\geq$  10.0 mmol/L following a 75 gram oral glucose load
- 2-hour Plasma Glucose 8.5 - 11.0 mmol/L following a 75 gram oral glucose load

This benefit will be paid if the life assured is confirmed to be diagnosed with Gestational Diabetes Mellitus and fulfils the following conditions:

- gives birth to a baby with foetal macrosomia defined as a baby having a birthweight of at least 4500gm regardless of gestational age; and
- neonatal hypoglycaemia where the newborn is documented to have a plasma glucose level of less than 1.65 mmol/L (30 mg/dL) in the first 24 hours of life.

Diagnosis of gestational diabetes and related outcomes must be confirmed by specialists in the relevant field.

Those with pre-existing diabetes is specifically excluded.

### **The life assured developing type II diabetes mellitus six to eight weeks after giving birth.**

The first diagnosis of Diabetes Mellitus during pregnancy which persisted after delivery.

Diagnosis of Diabetes Mellitus type 2 must be made by a physician based on the following criteria:

- Symptoms of Diabetes Mellitus plus a random plasma glucose concentration of at least 200 mg per dL (11.1 mmol per L);
  - A fasting plasma glucose level of at least 8 hours of 126 mg per dL (7.0 mmol per L) or higher;
  - A two-hour plasma glucose level of 200 mg per dL or more during an oral glucose tolerance test;
- or
- HbA1c above 6.5%

In this regard, the life assured must be examined and diagnosed for diabetes based on at least two of the above criteria, such diagnosis must be confirmed and tested in a laboratory at least twice.

Type 1 Diabetes Mellitus is specifically excluded.

**Pregnancy complications accompanied by gestational diabetes mellitus.**

Gestational Diabetes Mellitus (GDM) is diabetes that is diagnosed for the first time during pregnancy that meets any of the following values for GDM screening test results:

- Fasting Plasma Glucose 5.1 - 6.9 mmol/L
- 1-hour Plasma Glucose  $\geq$  10.0 mmol/L following a 75gram oral glucose load
- 2-hour Plasma Glucose 8.5 - 11.0 mmol/L following a 75gram oral glucose load

Diagnosis of gestational diabetes and related outcomes must be confirmed by specialists in the relevant field.

Those with pre-existing diabetes is specifically excluded.

For Pregnancy complications, refer to clause above.

**Congenital illness**

We pay the congenital illness benefit sum assured for your type of plan if the child is diagnosed by a registered medical practitioner as having any one of the congenital illnesses listed below.

We can ask for a medical examination to be carried out by a medical practitioner registered with the Singapore Medical Council if we decide the medical reports you give us are not enough for our purposes.

1. Absence of two limbs
2. Anal atresia
3. Atrial septal defect with surgery
4. Biliary atresia
5. Cerebral palsy
6. Cleft palate / cleft lip
7. Club foot
8. Coarctation of the aorta
9. Congenital blindness
10. Congenital cataract
11. Congenital deafness
12. Congenital diaphragmatic hernia
13. Congenital dislocation of the hip
14. Congenital hypertrophic pyloric stenosis
15. Development dysplasia of the hip
16. Down's syndrome
17. Infantile hydrocephalus
18. Patent ductus arteriosus with surgery
19. Retinopathy of prematurity
20. Spina bifida
21. Tetralogy of fallot
22. Tracheoesophageal fistula or oesophageal atresia
23. Transposition of the great vessels
24. Truncus arteriosus
25. Ventricular septal defect with surgery

This benefit automatically ends once we pay the sum assured or when the child (see note below) reaches three years old, whichever is earlier. However, the other benefits covered under PRUMum continue after this benefit ends.

Note: If the life assured has multiple births, this benefit will apply to each child separately. This means that if all the children born within the same pregnancy, have any of the congenital illnesses, we will pay the sum assured for your type of plan for each child. If the claim is made on one child only, this benefit continues to be available for the other child or children born within the same pregnancy.

We pay only if:

- the congenital illness is diagnosed within three years from the date of delivery of the child; and
- the child with the congenital illness is alive at the time when the diagnosis of the congenital illness is confirmed.

**Absence of Two Limbs** refers to the absence of 2 arms (above the wrist), 2 legs (above the ankle) or an arm (above the wrist) and a leg (above the ankle) from birth.

**Anal Atresia** is an anatomical malformation involving the absence of the anus or the absence of the canal between the rectum and anus. The diagnosis must be made by a medical specialist and surgery must have been performed to correct the abnormality.

**Atrial Septal Defect with surgery** means a hole in the partition (septum) between the left and right atrium (upper chambers) of the heart permitting abnormal circulation from the left side of the heart to the right side. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and invasive surgery must have been performed to correct the condition.

**Biliary atresia** is the congenital absence of or abnormally narrowed or blocked bile ducts leading to disorder or disease of the liver.

For the benefit to be payable, all the following should be satisfied.

- Presence of jaundice for 2-3 weeks after birth or appearance of jaundice after 2 weeks of birth;
- Marked increase of direct bilirubin as evidenced by laboratory report;
- Evidence of biliary atresia on imaging scans or liver biopsy;
- Diagnosis is confirmed by an appropriate medical specialist; and
- Surgery – portoenterostomy or liver transplantation must be performed.

All other causes of neonatal jaundice or liver disease are excluded.

**Cerebral Palsy** is a persisting, non-progressive disorder of movement resulting from damage to the brain before, during or after birth. The diagnosis of cerebral palsy must be confirmed by a medical specialist.

**Cleft Palate/Cleft Lip and Palate** is the diagnosis of Cleft Palate and/or Cleft Lip by a medical specialist. Surgery must have been performed to correct the abnormality.

Payment will be made for cases with cleft palate, or cleft lip and cleft palate. We will not pay claims for those with cleft lip only.

**Club Foot** is a congenital abnormality of the lower extremity which consists of plantar flexion, inversion of the heel hindfoot and forefoot and adduction of the forefoot. The benefit will only be paid if the condition is bilateral.

**Coarctation of the aorta** is a congenital heart defect involving a narrowing of the aorta. The diagnosis must be confirmed by a cardiologist supported by an echocardiogram and invasive surgery must be performed to correct the condition.

**Congenital Blindness** is the complete absence of the sense of sight in both eyes from birth. The diagnosis must be confirmed by a medical specialist.

**Congenital cataract** means clouding of the lens of both eyes that is present at birth. Benefits shall only be payable if cataract removal surgery has been performed.

**Congenital Deafness** is the complete absence of the sense of hearing from birth. The diagnosis must be confirmed by a medical specialist.

**Congenital Diaphragmatic Hernia** is medically necessary treatment taken for a congenital malformation of the diaphragm resulting in the protrusion of abdominal contents through a development defect of the diaphragm into the chest cavity. The diagnosis must be made by a medical specialist supported by the characteristic chest radiograph finding of herniated abdominal contents into the thorax.

Surgery must have been performed to correct the abnormality.

**Congenital Dislocation of the Hip** is the displacement of the femoral head from the acetabulum of the pelvis. The diagnosis must be made by a medical specialist and surgery must have been performed to correct the abnormality.

**Congenital hypertrophic pyloric stenosis** refers to a congenital disorder in which the pylorus is thickened causing obstruction of the gastric outlet (to the duodenum) and leading to projectile vomiting.

The diagnosis must be confirmed by an appropriate medical specialist and surgery must have been performed to correct the abnormality.

**Development dysplasia of the hip** is also known as congenital hip dysplasia. It is characterised by the abnormal development of one or more components of a baby's hip joint so that the head of the femur is easily manipulated out of the hip socket.

The diagnosis must be confirmed by appropriate medical specialist and surgery must be performed to correct the abnormality.

**Down's Syndrome (also known as Trisomy 21 or Mongolism)** means a specific chromosomal abnormality, specifically an autosomal aberration, identified by an extra chromosome 21 and characterised by muscular hypotonicity, microcephaly, brachycephaly and a flattened occiput. Such diagnosis shall be based solely on the accepted currently applicable criteria of Down's Syndrome after full examination by the appropriate medical specialist practitioner.

**Infantile Hydrocephalus** is the excessive and life-threatening accumulation of cerebrospinal fluid within the cerebral ventricles, which in the opinion of a consultant neurologist, necessitates the insertion of an extra-cranial shunt.

**Patent ductus arteriosus with surgery** refers to the surgical correction for the failure of closure of ductus arteriosus (a foetal vessel connecting the pulmonary artery with the aorta).

The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and invasive surgery must have been performed to correct the abnormality.

**Retinopathy of Prematurity** requiring laser, cryotherapy or other forms of surgical treatment is covered. Confirmation of treatment by ophthalmologist and proof of actual undergoing of the laser, cryotherapy or surgical procedure is required.

**Spina Bifida** means defective closure of the spinal column due to a neural tube defect with a resultant meningocele or meningocele and associated neurological deficit.

**Tetralogy of Fallot** means an anatomic abnormality with severe or total right ventricular outflow tract obstruction and a ventricular septal defect allowing right ventricular unoxygenated blood to

bypass the pulmonary artery and enter the aorta directly. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and invasive surgery must have been performed to correct the condition.

**Trachea-oesophageal fistula or oesophageal atresia** refers to:

- Congenital oesophageal atresia (EA) represents a failure of the oesophagus to develop as a continuous passage. Instead, it ends as a blind pouch.
- Tracheo-oesophageal fistula (TEF) represents an abnormal opening between the trachea and oesophagus. EA and TEF can occur separately or together.

The diagnosis must be confirmed by an appropriate medical specialist and supported with radiologic evidence. Surgery must have been performed to correct the abnormality.

**Transposition of the Great Vessels** means complete transposition of the aorta and pulmonary artery such that the right ventricle of the heart pumps blood from the systemic veins into the aorta and the left ventricle pumps blood from the pulmonary veins into the pulmonary artery. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram, and invasive surgery must have been performed to correct the condition.

**Truncus arteriosus** is a congenital disorder characterised by a single great vessel (truncus) which arises over a ventricular septal defect.

The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram. Invasive surgery must have been performed to correct the abnormality.

**Ventricular Septal Defect with surgery** is a hole in the partition (septum) between the left and right ventricle (lower chambers) of the heart permitting the abnormal circulation from the left side of the heart to the right side. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and invasive surgery must have been performed to correct the condition.

### **Hospital care for the child**

We pay 2% of the sum assured for your type of plan for each day the child is hospitalised in Singapore for any one of the following conditions:

1. Bronchitis
2. Dengue haemorrhagic fever
3. Inpatient hospitalisation due to Hand, foot and mouth disease
4. Incubation immediately after birth for more than three consecutive days
5. Other infectious diseases
6. Phototherapy for severe neonatal jaundice
7. Pneumonia
8. Premature birth

We will pay the hospital care benefit up to 50% of the sum assured for your type of plan.

This hospital care benefit automatically ends once the limit is reached or when the child reaches three years old, whichever is earlier. However, the other benefits covered under the PRUMum continue after this benefit ends.

If the life assured has multiple births, this benefit will apply to each child separately. This means we will pay the hospital care benefit up to 50% of the sum assured for your type of plan for each child born within the same pregnancy. If the claim is made on one child only, this benefit continues to be available for the other child or children born within the same pregnancy.

**Bronchitis** means when the insured child is admitted into an intensive care unit (ICU) or high dependency unit (HDU) in a hospital for at least one day as a result of bronchitis. The diagnosis must be confirmed by an appropriate medical specialist.

**Dengue haemorrhagic fever** means when the insured child is admitted into an intensive care unit (ICU) or high dependency unit (HDU) in a hospital as a result of severe type of dengue virus infection characterised by high fever, haemorrhagic phenomena, hepatomegaly and circulatory failure.

The diagnosis must be confirmed by an appropriate medical specialist.

Non-haemorrhagic dengue fever is excluded.

**Incubation of the newborn baby for more than three consecutive days** immediately following birth is the medically necessary incubation of the newborn baby in the Neonatal Intensive Care Unit (NICU) for more than three consecutive days following birth. The benefit is only payable for births in Hospitals.

**Inpatient hospitalisation due to Hand, Foot and Mouth Disease** is when the child is hospitalised as a result of Hand, Foot and Mouth Disease which must be diagnosed by a physician.

**Phototherapy for severe neonatal jaundice** refers to cases requiring hospitalisation for treatment with phototherapy within 60 days after birth and the presence of neonatal jaundice must be confirmed and supported with relevant blood tests results including but not limited to total serum bilirubin levels of  $> 250 \mu\text{mol/L}$  (micromol/litre). The treating paediatrician must confirm the requirement of phototherapy as Medically Necessary.

**Pneumonia** The insured child is admitted into an intensive care unit (ICU) or high dependency unit (HDU) in a hospital for at least one day as a result of pneumonia.

The diagnosis must be confirmed by an appropriate medical specialist.

**Premature birth requiring neonatal ICU** is the birth of the insured child with a gestation period shorter than 37 weeks requiring medically necessary confinement in a neonatal intensive care unit (NICU) or high dependency unit (HDU) in a hospital.

The diagnosis must be confirmed by an appropriate medical specialist.

**Other infectious diseases** include:

1. **Severe measles** - A multi-systemic viral infection caused by Measles virus. For the purpose of this Policy the measles infection must be confirmed by a treating Physician and the condition must have resulted in one of the following complications – pneumonia, encephalitis, convulsions or hepatitis.
2. **Severe hand foot and mouth disease** - A viral syndrome associated with exanthemenanthem caused by Coxsackie A17 and Enterovirus 71. For the purpose of this Policy, only severe hand, foot and mouth disease 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.

3. **Chikungunya fever** - The definite diagnosis of Chikungunya fever must be confirmed with the positive isolation of Chikungunya Virus and associated with any one of the following severe complications confirmed by the treating Specialist:
  - a. myocarditis;
  - b. ocular disease (uveitis, retinitis);

- c. hepatitis;
- d. severe bullous lesions; or
- e. neurologic disease, such as meningoencephalitis, Guillian-Barré syndrome, myelitis or cranial nerve palsies.

**4. Typhoid fever** - The definite diagnosis of Typhoid Fever must be confirmed with positive culture of *Salmonella typhi* from blood (by the Widal test (titer  $\geq 1/320$ ) and/or the Tubex test (+4)) or stool sample and associated with any one of the following complications confirmed by the treating Specialist:

- a. internal bleeding;
- b. intestinal perforation; or
- c. severe neuropsychiatric symptoms namely delirium or psychosis.

**5. Rabies** - An infection by Rabies virus associated with all of these following signs and symptoms of Rabies namely muscle fasciculations, delirium, psychosis, seizures and aphasia. We will not pay for this condition of Rabies if the child undergoes only the prophylactic post exposure vaccination, without having developed the aforementioned symptoms.

**6. Zika virus** - The clinical diagnosis of Zika Virus Infection must be established and confirmed with the positive isolation of Zika virus and certified by an Infectious Disease Specialist and requiring hospitalisation for at least 1 day.

**7. MERS-CoV** - In the presence of active respiratory symptoms and definitive diagnosis of MERS-CoV as confirmed by the following validated test in a reference laboratory and certified by an Infectious Disease Specialist and requiring hospitalisation for at least one day.

A positive detection of MERS CoV RNA via reverse-transcription polymerase chain reaction (RT-PCR) assay validated by the Communicable Disease Centre (CDC), with confirmation in a reference laboratory, from:

- a. At least two specific genomic targets, or
- b. A single positive target with sequencing of a second target.

**8. Ebola** - The clinical diagnosis of Ebola Virus Infection must be established and confirmed with the positive isolation of Ebola virus and certified by an Infectious Disease Specialist and requiring hospitalisation for at least 1 day.

**9. SARS** - In the presence of active respiratory symptoms and definitive diagnosis of SARS-CoV as confirmed by any one of the following validated tests in a reference laboratory and certified by an Infectious Disease Specialist and requiring hospitalisation for at least one day.

Isolation in cell culture of SARS-CoV from a clinical specimen, with confirmation using a test validated by the Communicable Disease Centre (CDC) or equivalent health protection agency.

A positive detection of SARS-CoV RNA via reverse transcriptase polymerase chain reaction (RT-PCR) assay validated by the CDC, with confirmation in a reference laboratory, from:

- a. At least two clinical specimens from different sources or
- b. At least two clinical specimens collected from the same source on 2 different days.

**10. Influenza A – Avian influenza A (H7N9 and A(H5N1))** - The definite diagnosis of Avian Influenza must be confirmed with the positive isolation of A(H7N9) or A(H5N1) virus using the appropriate diagnostic test and certified by an Infectious Disease Specialist and requiring hospitalisation for at least 1 day.

**11. Nipah virus encephalitis** - Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by Nipah virus infection requiring hospitalisation for at least 3 days. The diagnosis must be confirmed by a positive isolation of the virus via reverse

transcriptase polymerase chain reaction (RT-PCR) and certified by a consultant neurologist or Infectious Disease Specialist.

Encephalitis in the presence of HIV infection is specifically excluded.

**12. Japanese encephalitis** - The definite diagnosis of Japanese Encephalitis must be confirmed with positive culture of Japanese Encephalitis Virus (JEV) from cerebrospinal fluid and certified by a consultant neurologist or Infectious Disease Specialist and requiring hospitalisation for at least 1 day.

**13. Creutzfeldt-Jakob disease** - A neurological disease, fatal spongiform encephalopathy accompanied by signs and symptoms of:

- a. uncontrolled muscular spasm or tremor;
- b. severe progressive dementia;
- c. cerebellar dysfunction; and
- d. athetosis.

The diagnosis must be made by a consultant neurologist 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) and requiring hospitalisation for at least 1 day.

**14. Malaria** - The definite diagnosis of Malaria must be confirmed with light microscopy with a parasitaemia of  $\geq 100,000$  parasites/mL of blood and certified by the Specialist in the relevant field and requiring hospitalisation for at least 1 day.

**15. Dengue haemorrhagic fever** - It covers Dengue Haemorrhagic Fever Stage 3 or Stage 4, based on the World Health Organisation 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<sup>3</sup>), haemoconcentration (haematocrit 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:
  - hypotension (less than 80 mm Hg) or narrow pulse pressure (20 mm Hg or less), and
  - evidence of tissue hypoperfusion such as cold, clammy skin, oliguria, or a metabolic acidosis.

### **Hospital care accelerator for the child**

We pay up to 50% of the sum assured for your type of plan when the child is hospitalised in the neonatal intensive care unit or intensive care unit for at least three continuous days. We will only consider hospitalisation in Singapore-registered hospitals.

This hospital care accelerator benefit is paid out from the same sum assured as that of the hospital care for the child benefit. If the hospital care benefit for the child was claimed previously, the amount we pay under this benefit will be 50% of the original sum assured less the claim amount previously paid out.

This benefit automatically ends once the benefit sum assured is paid out or when the child is three years old, whichever is earlier. However, the other benefits covered under PRUMum continue after this benefit ends.



### Health Cover for Child

When the child is born and the PRUMum policy has not ended, you can buy a PRUShield plan on the life of the child, without medical underwriting, provided:

- The eligible PRUShield plan must be one that only provides coverage in a restructured hospital. We will let you know which plans are available under this health cover option when you apply to buy the eligible PRUShield plan.
- Your child is not currently hospitalised
- Your child must be at least 14 days old but not more than 90 days old at the time of your application.
- Your child is born from the same pregnancy that is covered by the PRUMum policy. If you have given birth to more than one child from the same pregnancy, and if the PRUMum policy has not ended, you can apply for each child, an eligible PRUShield plan without medical underwriting.
- The person applying for the eligible PRUShield plan for the child must be either the policyowner or the life assured of the PRUMum policy.
- We will not cover any pre-existing conditions or congenital illnesses that the child was born with or had the signs or symptoms of these illnesses, and these illnesses or signs or symptoms were known before the cover start date of the eligible PRUShield plan.
- All the terms and conditions as stated in the eligible PRUShield plan's policy document will apply.

A **pre-existing condition** is the existence of any signs or symptoms for which the child received treatment, medication, consultation, advice or diagnosis or would have caused an ordinary sensible person to get treatment, diagnosis or a cure, before the cover start date or date of reinstatement (if any) of the eligible PRUShield plan.

We must receive the application for the eligible PRUShield plan when the child is between 14 days to 90 days from the date of birth. If we receive the application before 14 days or beyond 90 days from the child's date of birth, the application will be subject to full underwriting.

If there is any request for an upgrade of the eligible PRUShield plan to one that provides coverage in a private hospital or any addition of a supplementary plan (like PRUExtra), your request will be subject to full underwriting.

We can change the terms and conditions as this depends on whether the eligible PRUShield plans are available.

### What is not covered?

We do not pay in any of the following circumstances:

- Any benefit that is due directly or indirectly to a pre-existing condition.
- A deliberate act like taking intoxicating liquor, drugs or poison, suicide or attempted suicide or intentional self-injury while sane or insane;
- AIDS, AIDS-related complex or infection by HIV;
- Using unprescribed drugs if the drugs are required by law to be prescribed by a registered medical practitioner;
- The illness of the life assured or life assured's child arises directly or indirectly due to any complication resulting from fertility treatments excluding In-Vitro Fertilisation (IVF), Intracytoplasmic Sperm Injection (ICSI), Intrauterine Insemination (IUI) and Intracervical Insemination (ICI).
- An activity under special exclusion and special terms and conditions shown in your certificate of life assurance;
- Pregnancy complications:
  - if the death of the foetus is due to abortion;
  - if the life assured opts for elective termination of pregnancy other than for medical reasons.

### When does the policy end?

The benefits under your PRUMum policy will end:

- When the life assured dies and this results in the foetus' death;
- On the policy anniversary just before the life assured turns 51 years old;
- When we pay the claims on all the benefits; or
- On the cover end date as shown in your certificate of life assurance, whichever event happens first.

### Definitions of the common terms

**Hospital** means a facility which:

- a) is a licensed, lawfully operating institution registered as a hospital with the Ministry of Health in Singapore or, in the case of a hospital overseas, is registered with its local health authority;
- b) is open at all times;
- c) is operated mainly to diagnose and treat disabilities on an inpatient basis and at the patient's expense;
- d) has organised facilities for major surgery;
- e) has a staff of one or more doctors on call at all times;
- f) has 24-hour nursing services by or under the supervision of registered nurses;
- g) is not just a skilled nursing facility, clinic, place for treating alcoholism or drug abuse, nursing home, rest home, convalescent home, home for the aged, place for treating mental disorders or a similar establishment; and
- h) keeps a daily medical report for each patient, which is accessible to our medical advisers.

You can find the lists of Singapore restructured hospitals on our website  
< [www.prudential.com.sg](http://www.prudential.com.sg).>

A **lapsed policy** is one that has ended because its premiums have not been paid or the amounts owed to us under the policy are more than its surrender value.

**Medically necessary** means a treatment which, in the opinion of a specialist doctor, is appropriate and consistent with the symptoms, findings, diagnosis and other relevant clinical circumstances of the related illness. The treatment must be provided in line with generally accepted medical practice in Singapore.

**Policy year** means a year from the first premium due date of your policy or a year from an anniversary of the first premium due date.

A **pre-existing condition** is the existence of any signs or symptoms for which the life assured received or asked for treatment, medication, consultation, advice or diagnosis or would have caused an ordinary sensible person to get treatment, diagnosis or a cure, before the cover start date or date of reinstatement (if any) of this benefit.

A **registered medical practitioner** is any person properly qualified with a degree in western medicine to practise medicine, and is licensed by the appropriate medical authority of the country they live in to practise medicine within the scope of his licensing and training. This cannot be you, the life assured or a family member of either.

**Underwriting** means the process by which an insurance company examines risk and determines whether it will accept the risk or not, classifies those accepted and determines the appropriate rate for the cover provided.

**We** means Prudential Assurance Company Singapore (Pte) Limited.

**You** means the policyowner shown on your certificate of life assurance.

# Appendix B

## Definitions of Critical Illnesses

### 1 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 life assured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor.

The following are excluded:

- Non-organic diseases such as neurosis and psychiatric illnesses; and
- Alcohol related brain damage.

### 2 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 the left main stem, left anterior descending, circumflex and right coronary artery.

Diagnostic angiography is excluded.

### 3 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.

### 4 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.

### 5 Coma

A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all 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.

## **6 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.

## **7 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."

## **8 End Stage Kidney Failure**

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

## **9 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.

## **10 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<sub>1</sub> 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<sub>2</sub> ≤ 55mmHg); and
- Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

## **11 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.

## **12 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 the Company.

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

## **13 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 the Company's 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.

## **14 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 Life Assured to perform (whether aided or unaided) at least 3 of the 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.

#### **15 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.

#### **16 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.

#### **17 Loss of Independent Existence**

A condition as a result of a disease, illness or injury whereby the Life Assured is unable to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living", for a continuous period of 6 months. This condition must be confirmed by the company's 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.

#### **18 Major Burns**

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Assured's body.

#### **19 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, leukaemia, 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:
  - Pre-malignant;
  - Non-invasive;
  - Carcinoma-in-situ (Tis) or Ta;
  - Having borderline malignancy;
  - Having any degree of malignant potential;

- Having suspicious malignancy;
- Neoplasm of uncertain or unknown behaviour; or
- 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.

## **20 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.

## **21 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.

## **22 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.

## **23 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.



**24 Muscular Dystrophy**

The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least 3 of the 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.

**25 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 catheterisation or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

**26 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.

**27 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.

**28 Paralysis (Irreversible Loss of Use of Limbs)**

Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

**29 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 an approved hospital. This condition has to be medically documented for at least one month.

**30 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 3 months.

The diagnosis must be confirmed by a consultant neurologist or specialist in the relevant medical field.



### **31 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.

### **32 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.
- 

### **33 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.

### **34 Severe Encephalitis**

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in permanent neurological deficit which must be documented for at least 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.

### **35 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 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.

### 36 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

Within the above definitions, "**Accident**" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause.

The following two terms can be found in some of the above definitions, and their meanings are as follows:

#### 1. Permanent Neurological Deficit

Permanent means expected to last throughout the lifetime of the Life Assured.

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 Life Assured. Symptoms that are covered include numbness, paralysis, localised 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.

#### 2. Activities of Daily Living (ADLs)

- (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.

*Source: the above Critical Illness definitions are adopted from the Life Insurance Association's standard definitions (Version 2019).*

## Definitions of the additional critical illnesses

### 1 Acute Necrohaemorrhagic 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:

- (a) The necessary treatment is surgical clearance of necrotic tissue or pancreatectomy; and
- (b) 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.

### 2 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.

### 3 Creutzfeld-Jacob disease

The occurrence of Creutzfeld-Jacob Disease or Variant Creutzfeld-Jacob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform at least three (3) of the following six (6) "Activities of Daily Living".

Activities of Daily Living:

- (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.

Disease caused by human growth hormone treatment is excluded.

### 4 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:

- 1) Hypergammaglobulinaemia
- 2) the presence of at least one of the following auto-antibodies:
  - a. Anti-nuclear Antibody;
  - b. Anti-smooth muscle antibodies;
  - c. Anti-actin antibodies;
  - d. Anti-LKM-1 antibodies;
  - e. Anti-LC1 antibodies; or
  - f. Anti-SLA/LP antibodies
- 3) Liver biopsy confirmation of the diagnosis of auto-immune hepatitis

This only covered if the life 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.

### 5 Ebola

Infection with the Ebola virus where the following conditions are met:

- (a) presence of the Ebola virus has been confirmed by laboratory testing;
- (b) there are ongoing complications of the infection persisting beyond thirty (30) days from the onset of symptoms;
- (c) the infection does not result in death; and
- (d) provided that at the time of Unequivocal Diagnosis there exists no effective cure.

## **6 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.

## **7 Idiopathic 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 of at least eight (8) hours per day. Lung function test consistently showing FVC  $\leq 50\%$  and DLCO  $\leq 35\%$  of predicted value.

The Unequivocal Diagnosis must be confirmed with lung biopsy and by a Specialist in respiratory medicine.

## **8 Infective endocarditis**

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- a) Positive result of the blood culture proving presence of the infectious organism(s);
- b) 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
- c) The diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a registered medical practitioner who is a cardiologist

## **9 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.

## **10 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.

#### **11 Multiple root avulsions of brachial plexus**

The complete and permanent loss of use and sensory functions of an upper extremity caused by avulsion of 2 or more nerve roots of the brachial plexus through accident or injury. Complete injury of 2 or more nerve roots should be confirmed by electrodiagnostic study done by a physiatrist or neurologist.

#### **12 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.

#### **13 Pheochromocytoma**

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines that has required the actual undergoing of surgery to remove the tumour. The Diagnosis of Pheochromocytoma must be confirmed by a registered medical practitioner who is an endocrinologist and supported by a histopathological examination.

#### **14 Progressive supranuclear palsy**

Progressive Supranuclear Palsy occurring independently of all other causes and resulting in a permanent neurological deficit, which is directly responsible for a permanent inability to perform at least three (3) of the following six (6) "Activities of Daily Living".

Activities of Daily Living:

- (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.

The Diagnosis of Progressive Supranuclear Palsy must be confirmed by a Physician who is a neurologist.

#### **15 Severe cardiomyopathy**

The unequivocal diagnosis of Cardiomyopathy which have resulted in the presence of permanent and irreversible physical impairments of at least Class IV of the New York Heart Association (NYHA) classification of Cardiac Impairment and which is defined and assessable only after the provision of maximal medical therapy according to treatment practice guidelines for at least 6 months.

The diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance.

The NYHA Classification of Cardiac Impairment (Source: "Current Medical Diagnosis and Treatment - 39th Edition"):

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.

## **16 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 (1) bowel segment resection.

The diagnosis must be based on histopathological features and confirmed by a specialist in the relevant field.

## **17 Severe Eisenmenger's syndrome**

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\*;
- 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 cardiac impairment means that the patient is symptomatic during ordinary daily activities despite the use of medication and dietary adjustment, and there is evidence of abnormal ventricular function on physical examination and laboratory studies.

## **18 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.

## **19 Severe myasthenia gravis**

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, 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

## **20 Severe ulcerative colitis**

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

- (i) The entire colon is affected with severe bloody diarrhoea;
- (ii) The necessary treatment is total colectomy and ileostomy; and
- (iii) The Unequivocal Diagnosis must be based on histopathological features and confirmed by a Medical Practitioner who is a gastroenterologist.

## Appendix C

### Definitions of the Special Benefit Medical Conditions and Juvenile Medical Conditions

#### 1) Diabetic Complications

Diabetic Complications is Diabetic Retinopathy with the need to undergo laser treatment certified to be absolutely necessary by an ophthalmologist with support of Fluorescent Fundus Angiography report and vision is measured at 6/18 or worse in the better eye using a Snellen eye chart.

A definite diagnosis of diabetic nephropathy by a nephrologist and is evident by eGFR less than 30 ml/min/1.73 m<sup>2</sup> with ongoing proteinuria greater than 300mg/24 hours.

The actual undergoing of amputation of a leg / foot / toe / arm / hand / finger to treat gangrene that has occurred because of a complication of diabetes.

#### 2) 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 femur, wrist or vertebrae. These fractures must directly cause the life assured's inability to perform (whether aided or unaided) at least one (1) of the following six (6) "Activities of Daily Living" for a continuous period of at least six (6) months.

Activities of Daily Living:

- 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 satisfactory level of personal hygiene;
- vi) Feeding – the ability to feed oneself once food has been prepared and made available

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.

#### 3) Severe Rheumatoid Arthritis

Severe Rheumatoid Arthritis means widespread joint destruction with major clinical deformity of three or more of the following joint areas: hands, wrists, elbows, spine, knees, ankles and/or 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.

#### 4) Benign tumour requiring surgical excision

Benign tumour requiring surgical excision is an actual undergoing of a complete surgical excision of a solid tumour and such tumour is confirmed by histopathological



examination in writing by a registered pathologist as a non-cancerous benign tumour of the following organs:

- 1) Heart
- 2) Liver
- 3) Lung
- 4) Pancreas
- 5) Pericardium
- 6) Ureter
- 7) Adrenal Gland
- 8) Bone
- 9) Conjunctiva
- 10) Kidney
- 11) Nerve in cranium or spine
- 12) Pituitary gland
- 13) Small intestine
- 14) Testis
- 15) Breast
- 16) Ovary
- 17) Penis
- 18) Uterus (cover endometrial polyps only)
- 19) Nasopharyngeal
- 20) Esophagus
- 21) Oral Cavity
- 22) Gallbladder

The decision for excision of tumour must be recommended in writing by a Specialist which the tumour is considered to have a suspicion of malignancy according to appropriate medical evidence after full and appropriate investigations and must be in accordance with accepted medical protocols and based on clinical, imaging and any histopathological evidence. All related documentations regarding the need for the complete excision of tumour must be provided to us.

Where there is any doubt about the indication for a complete excision of tumour, we reserve the right to obtain an independent opinion from a Specialist.

The following conditions are specifically excluded:

- surgery for ovarian cysts including but not limited to simple cysts, endometrial cysts (endometriomas) of the ovary,
- surgery for removal of tumours in organs not listed above or surgery for removal of gall bladder, gall stones, kidney stones, benign hormone secreting tumours of the adrenal glands, and
- surgery for the following causes in all organs:
- High grade dysplasia, lipoma, haemangioma, non-solid tumours including simple cysts; or
- Tumours which were clearly established as benign or of low malignant potential on radiological criteria or biopsy; or
- Partial excision of tumour or other procedures including open or closed biopsies, needle aspiration biopsy or cytology, aspiration, embolization or any procedure to reduce tumour size.

**Solid Tumour** means an abnormal mass of tissue, which is not a cyst and generally does not contain liquid.

## 12.1 Juvenile Medical Conditions

We cover the following Juvenile Medical Conditions:

### 1) Glomerulonephritis with Nephrotic Syndrome

A confirmed diagnosis of glomerulonephritis with nephrotic syndrome by a qualified paediatrician acceptable to the Company and who should confirm that a treatment regimen appropriate to the clinical presentation has been followed throughout the period

to which syndrome relates. The syndrome must have continued for a period of at least 6 months with or without intervening periods of remission.

**2) Haemophilia A and Haemophilia B**

The Insured must be suffering from severe hemophilia A (VIII deficiency) or hemophilia B (IX deficiency) with factor VIII or factor IX activity levels less than one percent (1%). Diagnosis must be confirmed by a qualified haematologist acceptable to the Company.

**3) Insulin Dependent Diabetes Mellitus**

Insulin dependent diabetes mellitus as characterised by the continuous dependence on exogenous insulin for the preservation of life as diagnosed by a consultant paediatrician. Evidence of insulin dependence for a minimum of six (6) months will be required before a claim is considered.

**4) Kawasaki Disease with heart complications**

The diagnosis of Kawasaki disease by a consultant paediatrician or cardiologist. There must be echocardiographic evidence of cardiac involvement manifested by dilation or aneurysm formation in the coronary arteries present for at least six (6) months after the initial acute episode.

**5) Osteogenesis Imperfecta**

The Insured must be diagnosed as a type III Osteogenesis Imperfecta confirmed by the occurrence of all of the following conditions:

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

Diagnosis of Osteogenesis Imperfecta must be confirmed by a qualified physician.

**6) Rheumatic Fever with valvular impairment**

A confirmed diagnosis by a qualified paediatrician acceptable to the Company of acute rheumatic fever according to the Jones criteria for its diagnosis. There must be involvement of 1 or more heart valves and at least mild valve incompetence attributable to rheumatic fever as confirmed by quantitative investigations of the valve function by a qualified cardiologist acceptable to the Company.

Jones Criteria for Diagnosis of Rheumatic Fever:

A firm diagnosis requires that two major or one major and two minor criteria are satisfied, in addition to evidence of recent streptococcal infection.

Major Criteria

- Carditis
- Polyarthritits
- Chorea
- Erythema marginatum
- Subcutaneous Nodules

Minor Criteria

- Fever
- Arthralgia
- Previous rheumatic fever or rheumatic heart disease
- Acute phase reactions: ESR / CRP / Leukocytosis
- Prolonged PR interval

Evidence of preceding streptococcal infection – any one of the following is considered adequate evidence of infection:

- Increased antistreptolysin O or other streptococcal antibodies

- Positive throat culture for Group A beta-hemolytic streptococci
- Positive rapid direct Group A strep carbohydrate antigen test
- Recent scarlet fever.

**7) Still's Disease**

A form of juvenile chronic arthritis characterised by high fever and signs of systemic 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 leucocytosis, increased acute phase proteins and sero-negative tests for Antinuclear Antibodies (ANA) and Rheumatoid Factor (RF). A Claim for this benefit will be admitted only if the diagnosis is confirmed by a paediatric rheumatologist and the condition has to be documented for at least 6 months.

**8) Wilson's Disease**

A potentially fatal disorder of copper toxicity characterised by progressive liver disease and/or neurologic deterioration due to copper deposit. The diagnosis must be confirmed by a Specialist Medical Practitioner and the treatment with a chelating agent must be documented for at least 6 months.

**9) Attention-Deficit Hyperactivity Disorder (ADHD)**

A childhood-onset neurodevelopmental condition, which has resulted in marked impairment in social or occupational functioning with symptoms of both inattention and hyperactivity-impulsivity.

Benefit is payable upon meeting all of the following criteria:

- a. Conclusive diagnosis of ADHD using standardised tests including DSM-5 criteria by a multi-disciplinary team of developmental paediatrician, child psychologist, and clinical psychologist.
- b. The child is currently on stimulants therapy without interruption for a period of at least six (6) months after diagnosis as prescribed and recommended by the multidisciplinary team of developmental paediatrician, child psychologist, and clinical psychologist.

Symptoms of ADHD attributable to the physiological effects of a substance or other medical or mental conditions are specifically excluded. For this condition to be payable, a waiting period of 1 year applies from the policy issue date or reinstatement date, whichever is later.

**10) Autism Spectrum Disorder (ASD)**

A severe developmental disorder of childhood characterised by qualitative impairment in reciprocal social interaction and in communication, language and social development.

Benefit is payable upon meeting all of the following criteria:

1. Conclusive diagnosis of Autism Spectrum Disorder (ASD) with the use of standardised tests including DSM-5 by a multi-disciplinary team of developmental paediatrician, child psychologist, and clinical psychologist.
2. The ASD must be certified to be of the severe type where the child has marked intellectual disability (IQ <50 ) along with either significant permanent motor deficits and/or epilepsy disorder.
3. The child is currently on pharmacologic and non-pharmacologic treatment regime for ASD as prescribed and recommended by the multidisciplinary team of developmental paediatrician, child psychologist, and clinical psychologist. Alternative interventions including but not limited to homeopathy, EEG, biofeedback, and neurofeedback are not considered under non-pharmacologic treatment for ASD.
4. The child is currently enrolled in a qualified specialised centre in Singapore to manage the child's ASD-related issues as recommended by the paediatrician or psychologist.

## 11) Dyslexia

Dyslexia is a language-based learning disability. It is characterised by difficulties in interpreting the sound (phonological) components of language. All three of the following criteria must be present and diagnostic of a dyslexia:

- Written evidence or report by a Singapore certified Educational Psychologist stating the diagnosis of Dyslexia which require intervention - reading, writing and spelling.
- Written confirmation of having Dyslexia by the school that the juvenile is attending.
- Must be enrolled and placed under Band A in a recognized Dyslexia literacy program certified by Ministry of Education (MOE) in Singapore.

## Definitions of the Pre-critical Medical Conditions

Critical illness category	Pre-critical medical conditions	Definition
1 - Alzheimer's Disease / Severe Dementia	<b>Moderately severe Alzheimer's Disease or Dementia</b>	<p>A definite diagnosis of Alzheimer's disease or dementia due to irreversible organic brain disorders by a consultant neurologist. The Mini-mental exam score must be less than 20 out of 30 or an equivalent of this score using other Alzheimer's tests. There must also be permanent clinical loss of the ability to do all the following:</p> <ul style="list-style-type: none"><li>- Remember;</li><li>- Reason; and</li><li>- Perceive, understand, express and give effect to ideas.</li></ul> <p>This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"><li>- Non-organic diseases such as neurosis and psychiatric illnesses; and</li><li>- Alcohol related brain damage</li></ul>
	<b>Surgery removal of pituitary tumour (by open craniotomy)</b>	<p>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 a consultant endocrinologist. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. Surgical removal of the pituitary by transphenoidal hypophysectomy is excluded.</p> <p>Removal of the following are excluded:</p> <ul style="list-style-type: none"><li>- Cysts;</li><li>- Abscess;</li><li>- Angioma;</li></ul>
2 – Benign Brain Tumour	<b>Surgical removal of pituitary tumour; or</b>	<p>The actual undergoing of surgical removal of pituitary tumour necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour. 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.</p>

Critical illness category	Pre-critical medical conditions	Definition
	<b>Surgery for subdural haematoma</b>	<ul style="list-style-type: none"> <li>- Granulomas;</li> <li>- Vascular Malformations;</li> <li>- Haematomas; and</li> <li>- Tumours of the spinal cord and skull base</li> </ul> <p>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 absolutely necessary by a specialist in the relevant field.</p>
<b>3 – Blindness (Irreversible Loss of Sight)</b>	<b>Loss of sight in one eye</b>	<p>Permanent and irreversible loss of sight in one 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 3/60 or worse in one eye using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in one eye.</p> <p>The blindness must be confirmed by an ophthalmologist. Blindness resulting from alcohol or drug misuse will be excluded.</p>
	<b>Optic Nerve Atrophy with low vision</b>	<p>The unequivocal diagnosis of optic nerve atrophy affecting one or both eyes. There must also be permanent and irreversible loss of sight to both eyes to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in the better eye using a Snellen eye chart. The optic nerve atrophy and degree of visual loss of sight must be certified by an ophthalmologist. Optic nerve atrophy resulting from alcohol or drug misuse will be excluded.</p>
<b>4 - Coma</b>	<b>Coma for 48 hours</b>	<p>Coma that persists for at least 48 hours. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> <li>(a) no response to external stimuli for at least 48 hours,</li> <li>(b) the use of life support measures to sustain life, and</li> <li>(c) Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.</li> </ul> <p>Coma resulting directly from alcohol or drug abuse is excluded. Medically induced coma also does not fulfil this definition.</p>
	<b>Severe Epilepsy</b>	<p>Severe epilepsy confirmed by all of the following:</p> <ul style="list-style-type: none"> <li>(a) Diagnosis made by a consultant neurologist by the use of electroencephalography (EEG), magnetic resonance imaging (MRI), position emission tomography (PET) or any other appropriate diagnostic test that is available,</li> <li>(b) 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</li> <li>(c) The Life Assured must have been taking at</li> </ul>

Critical illness category	Pre-critical medical conditions	Definition
		<p>least 2 prescribed anti-epileptic (anti-convulsant) medications for at least 6 months on the recommendation of a consultant neurologist.</p> <p>Febrile or absence (petit mal) seizures alone will not satisfy the requirement of this definition.</p>
<b>5 – Coronary Artery By-pass Surgery</b>	<b>Port Access or Key hole Cardiac Surgery</b>  <b>Laser Revascularisation or Enhanced External Counterpulsation Device Insertion</b>	<p>(i) The actual undergoing for the first time of Coronary Artery Bypass Grafting or Coronary arterectomy performed by port access procedures to correct the narrowing or blockage of one or more coronary arteries not amenable to other surgical or percutaneous techniques; or</p> <p>(ii) The actual undergoing for the first time of Transmyocardial Laser Revascularisation or Enhanced External Counterpulsation for the treatment of intractable angina not responsive to medical treatment.</p> <p>For (i) and (ii) above: All other intravascular procedures or MIDCAB procedures are excluded. All percutaneous intravascular techniques are excluded.</p> <p>The diagnosis of significant coronary artery obstruction and the necessity of the above procedures must be certified by a Specialist and must also be supported by angiographic evidence.</p> <p>When Early Stage Other Serious Coronary Artery Disease or Intermediate Stage Other Serious Coronary Artery Disease has been claimed under the Early Crisis Care or Early Crisis Protect benefit of this policy, the benefit Port Access or Key hole Cardiac Surgery will no longer be payable.</p>
<b>6 – Deafness (Irreversible Loss of Hearing)</b>	<b>Partial loss of hearing; or</b>  <b>Cavernous sinus thrombosis surgery</b>  <b>Cochlear implant surgery</b>	<p>Permanent binaural hearing loss with the loss of at least 60 decibels in all frequencies of hearing as a result of illness or accident. The hearing loss must be established by an Ear, Nose, Throat (ENT) specialist and supported by an objective diagnostic test to indicate the quantum loss of hearing.</p> <p>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.</p> <p>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 an Ear, Nose, Throat (ENT) specialist.</p>

<b>Critical illness category</b>	<b>Pre-critical medical conditions</b>	<b>Definition</b>
<b>7 – End Stage Kidney Failure</b>	<b>Surgical removal of one kidney; or</b>	The complete surgical removal of one 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 nephrologist. Kidney donation is excluded.
	<b>Chronic Kidney Disease</b>	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 15 ml/min/1.73m <sup>2</sup> body surface area, persisting for a period of 6 months or more.
<b>8 – End Stage Liver Failure</b>	<b>Liver surgery</b>	Partial hepatectomy of at least one entire lobe of the liver that has been found necessary as a result of illness or accident as suffered by the life assured.  Liver disease secondary to alcohol and drug abuse are excluded.
	<b>Liver Cirrhosis</b>	Cirrhosis of Liver with a HAI-Knodell Score of 6 and above as evident by liver biopsy. The diagnosis liver cirrhosis must be unequivocally confirmed by a hepatologist and based on the histological findings of the liver biopsy.  Liver disease secondary to alcohol and drug abuse are excluded.
<b>9 – End Stage Lung Disease</b>	<b>Severe Asthma; or</b>	Evidence of an acute attack of Severe Asthma with persistent status asthmaticus that requires hospitalisation and assisted ventilation with a mechanical ventilator for a continuous period of at least 4 hours on the advice of a respiratory physician;
	<b>Insertion of a Veno-cava filter</b>	The surgical insertion of a veno-cava filter after there has been documented proof of recurrent pulmonary emboli. The need for the insertion of a veno-cava filter must be certified to be absolutely necessary by a specialist in the relevant field.
	<b>Surgical removal of one lung</b>	Complete surgical removal of the entire right or left lung as a result of an illness or an accident of the Life Assured. Partial removal of a lung is not included in this benefit.
<b>10 – Fulminant Hepatitis</b>	<b>Biliary Tract reconstruction surgery</b>	Biliary tract reconstruction surgery involving choledochoenterostomy (choledochojejunostomy or choledochoduodenostomy) for the treatment of biliary tract disease that is not amenable to other surgical or endoscopic procedures. The procedure must be considered to be the most appropriate treatment by a specialist in hepatobiliary disease.  This benefit is not payable if the procedure is done as a means to treat the consequences of gall stone disease or cholangitis.
	<b>Chronic Primary</b>	This benefit is payable for chronic primary

Critical illness category	Pre-critical medical conditions	Definition
	<b>Sclerosing Cholangitis</b>	<p>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.</p> <p>Biliary tract sclerosis or obstruction as a consequence of biliary surgery, gall stone disease, infection, cancer, inflammatory bowel disease or other secondary precipitants is excluded.</p>
<b>11 – Heart Attack of Specified Severity</b>	<b>Cardiac pacemaker insertion; or</b>  <b>Pericardectomy</b>  <b>Cardiac defibrillator insertion; or</b>  <b>Early Cardiomyopathy</b>	<p>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 as absolutely necessary by a consultant cardiologist.</p> <p>The undergoing of a pericardectomy or undergoing of any surgical procedure requiring keyhole cardiac surgery as a result of pericardial disease. Both these surgical procedures must be certified to be absolutely necessary by a consultant cardiologist.</p> <p>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 consultant cardiologist.</p> <p>The unequivocal diagnosis of Cardiomyopathy which have resulted in the presence of permanent physical impairments of at least Class III of the New York Heart Association (NYHA) classification of Cardiac Impairment. The diagnosis must be confirmed by a consultant cardiologist. Cardiomyopathy that is directly related to alcohol misuse is excluded.</p> <p>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.</p>
<b>12 – HIV Due to Blood Transfusion and Occupationally Acquired HIV</b>	<b>HIV due to Assault, Organ Transplant or Occupationally Acquired HIV</b>	<p>A) Infection with the Human Immunodeficiency Virus (HIV) through an organ transplant, provided that all of the following conditions are met:</p> <ul style="list-style-type: none"> <li>- The organ transplant was Medically Necessary or given as part of a medical treatment;</li> </ul>



Critical illness category	Pre-critical medical conditions	Definition
		<ul style="list-style-type: none"> <li>- The organ transplant was received in Singapore after the Cover Start Date, date of endorsement or date of reinstatement of this supplementary contract, whichever is the later; and</li> <li>- 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.</li> </ul> <p>B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from a physical or sexual assault occurring after the Cover Start Date, date of endorsement or date of reinstatement of this Supplementary Contract, whichever is the later, provided that all the following conditions are met:</p> <ul style="list-style-type: none"> <li>- The incident must be reported to the appropriate authority and that a criminal case must be opened;</li> <li>- Proof of the assault giving rise to the infection must be reported to the Company within 30 days of the assault taking place;</li> <li>- Proof that the assault involved a definite source of the HIV infected fluids;</li> <li>- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented assault. This proof must include a negative HIV antibody test conducted within 5 days of the assault.</li> </ul> <p>C) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accidental incident occurring after the Cover Start 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 with the requirement that appropriate care is being exercised, provided that all the following conditions are met:</p> <ul style="list-style-type: none"> <li>- Proof that the incident has been reported to the appropriate authority;</li> <li>- Proof of the accident giving rise to the infection must be reported to the Company within 30 days of the accident taking place;</li> <li>- Proof that the accident involved a definite source of the HIV infected fluids;</li> <li>- 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.</li> </ul>

HIV infection resulting from any other means including consensual sexual activity or the use

Critical illness category	Pre-critical medical conditions	Definition
		<p>of intravenous drug is excluded.</p> <p>This benefit will not apply under either section A, B or C where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.</p>
<b>13 – Idiopathic Parkinson's Disease</b>	<b>Early and moderately severe Parkinson's Disease</b>	<p>The unequivocal diagnosis of idiopathic Parkinson's disease by a consultant neurologist.</p> <p>The diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> <li>(a) The disease cannot be controlled with medication,</li> <li>(b) Signs of progressive impairment, and</li> <li>(c) Inability of the Life Assured to perform (whether aided or unaided) at least 2 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.</li> </ul> <p>Activities of Daily Living:</p> <ul style="list-style-type: none"> <li>(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;</li> <li>(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;</li> <li>(iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;</li> <li>(iv) Mobility - the ability to move indoors from room to room on level surfaces;</li> <li>(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;</li> <li>(vi) Feeding - the ability to feed oneself once food has been prepared and made available.</li> </ul> <p>Drug-induced or toxic causes of Parkinsonism are excluded.</p> <p>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.</p>
<b>14 – Irreversible Aplastic Anaemia</b>	<b>Reversible Aplastic Anaemia</b>	<p>Acute reversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with any one of the following:</p> <ul style="list-style-type: none"> <li>- Blood product transfusion;</li> <li>- Marrow stimulating agents;</li> <li>- Immunosuppressive agents; or</li> <li>- Bone marrow transplantation.</li> </ul> <p>The diagnosis must be confirmed by a haematologist.</p>
	<b>Myelodysplastic Syndrome or</b>	<p>Diagnosis of Myelodysplastic Syndrome (MDS) or Myelofibrosis must be confirmed by a</p>

<b>Critical illness category</b>	<b>Pre-critical medical conditions</b>	<b>Definition</b>
	<b>Myelofibrosis</b>	<p>haematologist as a result of marrow biopsy.</p> <p>Continuing and ongoing supportive care with blood transfusion and/or chemotherapy must be an indefinite requirement as certified by the haematologist.</p> <p>Myelofibrosis and MDS in the presence of HIV infection is excluded.</p>
<b>15 – Irreversible Loss of Speech</b>	<b>Loss of Speech due to Permanent or Temporary Tracheostomy</b>	<p>The actual undergoing of tracheostomy for the treatment of lung disease or airway disease or as a ventilatory support measure following major trauma or burns.</p> <p>The Life Insured must have been under the care of a medical specialist. The tracheostomy must have been performed for the purpose of saving life. The benefit is only payable if the tracheostomy is required to remain in place and functional for a period of three months.</p>
	<b>Loss of Speech due to Vocal Cord Paralysis</b>	<p>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.</p> <p>All psychiatric-related causes are excluded.</p> <p>The inability to speak must be established for a continuous period of twelve (12) months. This diagnosis must be supported by an ENT specialist.</p>
<b>16 – Loss of independent existence</b>	<b>Loss of independent existence (early stage)</b>	<p>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</p>
	<b>Loss of independent existence (intermediate stage)</b>	<p>A condition as a result of a disease, illness or injury whereby the life insured is unable to perform (whether aided or unaided) at least 2 of the following 6 "Activities of Daily Living", for a continuous period of 6 months.</p> <p>Activities of Daily Living:</p> <ul style="list-style-type: none"> <li>(ii) 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;</li> <li>(iii) Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;</li> <li>(iv) Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa;</li> <li>(v) Mobility- the ability to move indoors from room to room on level surfaces;</li> <li>(vi) Toileting- the ability to use the lavatory or</li> </ul>

Critical illness category	Pre-critical medical conditions	Definition
		<p>otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;</p> <p>(vii) Feeding- the ability to feed oneself once food has been prepared and made available. This condition must be confirmed by our approved doctor. Non-organic diseases such as neurosis and psychiatric illnesses are excluded.</p> <p>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.</p>
<b>17 – Major Burns</b>	<b>Mild severe burns</b>	Second degree (partial thickness of the skin) burns covering at least 20% of the surface of the life assured's body; or
	<b>Moderately severe burns</b>	Third degree (full thickness of the skin) burns covering at least 50% of the face of the Life Assured.
<b>18 – Major Cancer</b>	<b>Carcinoma in situ of specified organs</b>	<p>Carcinoma in situ of the following sites: Breast, uterus, ovary, fallopian tube, vulva, vagina, cervix uteri, colon, rectum, penis, testis, lung, liver, stomach, nasopharynx or bladder.</p> <p>Carcinoma in situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.</p> <p>Clinical diagnosis of Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II, and CIN III (severe dysplasia without carcinoma in situ) does not meet the required definition and are specifically excluded. Carcinoma in situ of the biliary system is also specifically excluded.</p>
	<b>Early Prostate Cancer</b>	Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification.
	<b>Early Thyroid Cancer</b>	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.

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	<b>Early Bladder Cancer</b>	Bladder cancer histologically described using the TNM Classification as T1N0M0 (including Papillary microcarcinoma of bladder).
	<b>Early Chronic Lymphocytic Leukaemia</b>	Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. CLL RAI stage 0 or lower is excluded.
	<b>Early Melanoma</b>	Invasive melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3. Non-invasive melanoma histologically described as "in-situ" is excluded.
	<b>Gastro-intestinal Stromal Tumour (GIST)</b>	All Gastro-intestinal Stromal Tumours histologically classifies as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs which are treated with surgery or chemotherapy as recommended by an oncologist.
	<b>Carcinoma in situ of specified organs treated with Radical Surgery</b>	<p>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 of the following organs: breast (mastectomy), prostate (prostatectomy), corpus uteri (hysterectomy), ovary (oophorectomy), fallopian tube (salpingectomy), colon (colectomy) or stomach (gastrectomy). 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. Clinical diagnosis does not meet this standard.</p> <p>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. All grades of cervical intraepithelial neoplasia (CIN) and prostatic intraepithelial neoplasia (PIN) are specifically excluded.</p> <p>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.</p> <p>Carcinoma in situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/ or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma in situ</p>

Critical illness category	Pre-critical medical conditions	Definition
		must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.
<b>19 – Major Head Trauma</b>	<b>Facial reconstructive surgery; or</b>	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 misshapen) performed by a specialist in the relevant field to correct disfigurement as a direct result of an accident that occurred after the Cover Start Date of the policy. 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 and/or cosmetic nose surgery are all excluded.
	<b>Intermediate stage Major Head Trauma</b>	Undergoing an open craniotomy as a consequence of accidental major head trauma for the treatment of depressed skull fractures or intracranial injury. The operation must be supported by evidence of an operation report.  Burr hole surgery is excluded from this benefit.  Major head trauma due to self-inflicted injuries, participation or attempted participation in an unlawful act, alcohol or drug abuse are excluded.
<b>20 – Major Organ / Bone Marrow Transplantation</b>	<b>Small bowel transplant; or</b>	The receipt of a transplant of at least one metre of small bowel with its own blood supply via a laparotomy resulting from intestinal failure;
	<b>Corneal transplant</b>	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.
	<b>Major Organ/Bone Marrow Transplant (on waitlist)</b>	This benefit covers those who are on an official organ transplant waiting list for the receipt of a transplant of: (i) Human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or (ii) One 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.
<b>21 – Motor Neurone Disease</b>	<b>Early Motor Neurone Disease</b>	Refers to 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

Critical illness category	Pre-critical medical conditions	Definition
		sclerosis. A neurologist must make the definite diagnosis of a motor neurone disease and this diagnosis must be supported by appropriate investigations.
<b>22 – Multiple Sclerosis</b>	<b>Early Multiple Sclerosis</b>	<p>There must be a definite diagnosis of Multiple Sclerosis confirmed by a neurologist. The diagnosis must be supported by all of the following:</p> <ul style="list-style-type: none"> <li>a) Investigations that unequivocally confirm the diagnosis to be Multiple Sclerosis; and</li> <li>b) Well documented history of exacerbations and remissions of neurological signs.</li> </ul> <p>Other causes of neurological damage such as SLE and HIV are excluded.</p>
	<b>Mild Multiple Sclerosis</b>	<p>There must be a definite diagnosis of Multiple Sclerosis confirmed by a neurologist. The diagnosis must be supported by all of the following:</p> <ul style="list-style-type: none"> <li>a) Investigations that unequivocally confirm the diagnosis to be Multiple Sclerosis;</li> <li>b) Multiple neurological deficits which occurred over a continuous period of at least 3 months; and</li> <li>c) Well documented history of exacerbations and remissions of neurological signs.</li> </ul> <p>Other causes of neurological damage such as SLE and HIV are excluded.</p>
<b>23 – Muscular Dystrophy</b>	Moderately severe Muscular Dystrophy;	<p>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 Life Assured to perform (whether aided or unaided) at least 2 of the following 6 “Activities of Daily Living” for a continuous period of at least 6 months:</p> <p>Activities of Daily Living:</p> <ul style="list-style-type: none"> <li>(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;</li> <li>(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;</li> <li>(iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;</li> <li>(iv) Mobility - the ability to move indoors from room to room on level surfaces;</li> <li>(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;</li> <li>(vi) Feeding - the ability to feed oneself once</li> </ul>

Critical illness category	Pre-critical medical conditions	Definition
		<p>food has been prepared and made available.</p> <p>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.</p>
	<b>Spinal Cord Disease or Injury resulting in Bowel and Bladder Dysfunction</b>	<p>Spinal cord disease or cauda equina injury resulting in permanent bowel dysfunction and bladder dysfunction requiring permanent urinary self-catheterisation or a permanent urinary conduit. The diagnosis must be supported by a consultant neurologist. The bowel and bladder dysfunction requiring self-catheterisation or urinary conduit must be confirmed to be present for at least six (6) months to be eligible for a claim under this benefit.</p>
<b>24 – Open Chest Heart Valve Surgery</b>	<b>Percutaneous Valve Surgery</b>	<p>Percutaneous valve surgery refers to percutaneous valvuloplasty, percutaneous valvotomy and percutaneous valve replacement where the procedure is performed totally via intravascular catheter-based techniques. Any procedure on heart valves that involves opening or entering the chest by any thoracotomy incision is excluded.</p>
	<b>Percutaneous Valve Replacement or Device Repair</b>	<p>This benefit is payable where a heart valve is replaced or repaired by the deployment of a permanent device or prosthesis by percutaneous intravascular techniques not involving a thoracotomy. Percutaneous balloon valvuloplasty and other percutaneous repair procedures where no new valve or any percutaneous device or prosthesis is deployed are excluded.</p>
<b>25 – Open Chest Surgery to the Aorta</b>	<b>Minimally invasive surgery to Aorta; or</b>	<p>The actual undergoing of surgery via minimally invasive or intra-arterial techniques to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as evidenced by a cardiac echocardiogram or any other appropriate diagnostic test that is available and confirmed by a consultant cardiologist. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.</p>
	<b>Large asymptomatic aortic aneurysm</b>	<p>Large symptomatic 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.</p>
<b>26 – Other Serious Coronary Artery Disease</b>	<b>Early Stage Other Serious Coronary Artery Disease</b>	<p>The narrowing of the lumen of at least two (2) coronary arteries by a minimum of sixty percent (60%), as proven by a coronary arteriography regardless of whether or not any form of coronary artery surgery has been performed. Coronary arteries herein refer to the left main stem, left anterior descending, circumflex and right coronary artery.</p>



Critical illness category	Pre-critical medical conditions	Definition
		Any non-invasive methods of determining coronary artery stenosis are not acceptable.
	<b>Intermediate Stage Other Serious Coronary Artery Disease</b>	The narrowing of the lumen of at least three (3) coronary arteries by a minimum of sixty percent (60%), as proven by a coronary arteriography regardless of whether or not any form of coronary artery surgery has been performed. Coronary arteries herein refer to the left main stem, left anterior descending, circumflex and right coronary artery. Any non-invasive methods of determining coronary artery stenosis are not acceptable.
<b>27 – Paralysis (Irreversible Loss of Use of Limbs)</b>	<b>Loss of Use of One Limb</b>	Total and irreversible loss of use of one (1) entire limb (above elbow or above knee) due to illness or accident persisting for a period of at least 6 weeks. This condition must be confirmed by a specialist in the relevant field.  Loss of use of limb due to self-inflicted injuries, alcohol or drug abuse are excluded.
	<b>Loss of Use of One Limb requiring Prosthesis</b>	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 specialist in the relevant field.  Loss of use of limb due to self-inflicted injuries, alcohol or drug abuse are excluded.
<b>28 – Persistent vegetative state (Apallic syndrome)</b>	<b>Akinetic Mutism</b>	Organic brain damage which results in a person being unable to talk or move despite the fact that they appear 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 an 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
	<b>Locked in syndrome</b>	Condition in which a person 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 an approved hospital. This condition has to be medically documented for a continuous period at least one 1 month.
<b>29 – Poliomyelitis</b>	<b>Peripheral Neuropathy</b>	This refers to severe peripheral motor neuropathy resulting in significant motor

Critical illness category	Pre-critical medical conditions	Definition
		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.
	<b>Poliomyelitis (Intermediate Stage)</b>	<p>The occurrence of Poliomyelitis where the following conditions are met:</p> <ul style="list-style-type: none"> <li>- Poliovirus is identified as the cause</li> <li>- Paralysis of the respiratory muscles supported by ventilator for a continuous period of minimum 96 hours</li> </ul>
<b>30 – Primary Pulmonary Hypertension</b>	<b>Early Pulmonary Hypertension</b>	<p>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.</p> <p>The NYHA Classification of Cardiac Impairment:</p> <p>Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.</p> <p>Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.</p> <p>Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</p> <p>Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p> <p>The diagnosis must be established by cardiac catheterisation by a consultant cardiologist.</p>
	<b>Secondary Pulmonary Hypertension</b>	<p>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 diagnosis must be established by cardiac catheterisation by a consultant cardiologist.</p> <p>The NYHA Classification of Cardiac Impairment:</p> <p>Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.</p> <p>Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.</p> <p>Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</p> <p>Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest</p>

Critical illness category	Pre-critical medical conditions	Definition
<b>31 – Progressive Scleroderma</b>	<b>Early Progressive Scleroderma</b>	<p>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.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>- Localised scleroderma (linear scleroderma or morphea);</li> <li>- Eosinophilic fasciitis; and</li> <li>- CREST syndrome</li> </ul>
	<b>Progressive Scleroderma with CREST syndrome</b>	<p>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 telangiectasia (dilated capillaries) and Raynaud's Phenomenon causing artery spasms in the extremities.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>- Localised scleroderma (linear scleroderma or morphea); and</li> <li>- Eosinophilic fasciitis.</li> </ul>
<b>32 – Severe Bacterial Meningitis</b>	<b>Bacterial Meningitis with full recovery</b>	<p>Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord which requires hospitalisation. This diagnosis must be confirmed by:</p> <ul style="list-style-type: none"> <li>- The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and</li> <li>- A consultant neurologist.</li> </ul> <p>Bacterial Meningitis in the presence of HIV infection is excluded.</p>
	<b>Bacterial meningitis with reversible neurological deficit</b>	<p>The Infection resulting in inflammation of the membranes of the brain or spinal cord resulting in reversible neurological deficit.</p> <p>This diagnosis must be confirmed by:</p> <ol style="list-style-type: none"> <li>(1) Proof of meningeal infection must be provided to us by the results of a lumbar puncture and the offending organism must be identified; and</li> <li>(2) A consultant neurologist.</li> </ol> <p>Meningitis in the presence of HIV infection is excluded.</p>
<b>33 – Severe Encephalitis</b>	<b>Viral Encephalitis with full recovery</b>	<p>Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection requiring hospitalisation.</p>

Critical illness category	Pre-critical medical conditions	Definition
		<p>The diagnosis must be confirmed by a consultant neurologist and supported with appropriate investigations proving acute viral infection of the brain.</p> <p>Encephalitis caused by HIV infection is excluded.</p>
	<b>Moderate Viral Encephalitis with full recovery</b>	<p>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 recover to its normal functional state prior to the viral infection within 6 weeks after first date of diagnosis of viral encephalitis. The diagnosis must be confirmed by a consultant neurologist and supported with appropriate investigations proving acute viral infection of the brain.</p> <p>Encephalitis caused by HIV infection is excluded.</p>
<b>34 – Stroke with Permanent Neurological Deficit</b>	<b>Brain aneurysm surgery; or</b>	The actual undergoing of surgical craniotomy to repair either an intracranial aneurysm or to remove an arterio-venous malformation. The surgical intervention must be certified to be absolutely necessary by a consultant neurologist. Endovascular repair or procedures are not covered.
	<b>Cerebral shunt insertion</b>	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 consultant neurologist.
	<b>Carotid artery surgery</b>	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.
<b>35 – Systemic Lupus Erythematosus with Lupus Nephritis</b>	<b>Mild Systemic Lupus Erythematosus</b>	<p>A multisystem, multifactorial, autoimmune disorder which is characterised by the development of auto-antibodies directed against various self-antigens. All of the following criteria must be met to qualify for this benefit:</p> <ol style="list-style-type: none"> <li>1. Confirmation of the final diagnosis by a certified doctor specialising in Rheumatology and Immunology.</li> <li>2. Medical evidence from the treating specialist that there has been involvement of at least three (3) of the following internal organs: kidneys, brain, heart (or pericardium), lungs (or pleura), and joints. Joint involvement is defined as the presence of polyarticular inflammatory arthritis. For the purpose of this</li> </ol>

Critical illness category	Pre-critical medical conditions	Definition
		benefit, skin involvement is not considered one of the specified organs.
		3.The Insured is prescribed and is currently on systematic lupus immunosuppressive therapy for multiple organ involvement for at least 6 months under the direction of a specialist.
		Other forms such as discoid lupus and those forms with haematological involvement alone are specifically excluded.
	<b>Moderately Severe Systemic Lupus Erythematosus (S.L.E) with Lupus Nephritis</b>	<p>An autoimmune illness in which tissues and cells are damaged by deposition of pathogenic autoantibodies and immune complexes and damage of the kidney function.</p> <p>The diagnosis of S.L.E. with Lupus Nephritis will be based on the following conditions:</p> <p>(1) Clinically there must be at least 4 out of the following presentations suggested by The American College of Rheumatology.</p> <ol style="list-style-type: none"> <li>1.1. Malar rash</li> <li>1.2. Discoid rash</li> <li>1.3. Photosensitivity</li> <li>1.4. Oral ulcers</li> <li>1.5. Arthritis</li> <li>1.6. Serositis</li> <li>1.7. Renal Disorder</li> <li>1.8. Leukopenia (&lt;4,000/mL), or Lymphopenia (&lt;1,500/mL), or Haemolytic anaemia, or Thrombocytopenia (&lt;100,000/mL)</li> <li>1.9. Neurological disorder</li> </ol> <p>and</p> <p>(2) 2 or more of the following tests being positive</p> <ol style="list-style-type: none"> <li>2.1. Anti-nuclear Antibodies</li> <li>2.2. L.E. cells</li> <li>2.3 Anti-DNA</li> <li>2.4 Anti-Sm (Smith IgG Autoantibodies)</li> </ol> <p>and</p> <p>(3) There is lupus nephritis causing impaired renal function with a creatinine clearance rate of 50 ml per minute or less.</p> <p>We reserve the right to change this definition from time to time to reflect the changes in qualitative or quantitative medical categorisation of this illness so as to give effect to the original intent of this definition.</p>

Within the above definitions, "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause.