



PRU*multiple crisis cover*

Product Information Pack for Financial Consultants

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PRODUCT FEATURES

1. INTRODUCTION

Medical advancement over the years have led to better survival rates for cancer and other common major illnesses such as heart attack and stroke, etc.

As such, we see a need to ensure that the life assured continues to be financially protected against the risk of death as well as any possible occurrence of another critical illnesses.

PruMultiple Crisis Cover (PMCC) is designed to meet this need. This product is new in the market. It ensures that even after a claim on one of the critical illnesses, the life assured continues to be covered for the other critical illnesses.

The life assured can make 3 claims for 3 different critical illnesses for the covered sum assured during the coverage term. An additional claim benefit is given for Angioplasty such that, in the event that a claim made is for Angioplasty, we pay 10% of the covered sum assured without counting that as one of the three claims the life assured is allowed to make. In other words, the client would be allowed to make up to 4 claims.

Upon successful claim of a critical illness (except Angioplasty and Other Invasive Treatment for Coronary Artery), all future premiums on PMCC be waived.

PMCC is a non-participating, regular premium-paying standalone critical illness plan with a fixed death benefit of \$3,000 and the premium waiver feature embedded.

The product is dominated in Singapore dollars and is written out of the Non-Par fund.

2. BENEFITS

2.1 Death Benefit

If the life assured is covered for this benefit and dies, we pay the sum assured of \$3,000.

2.2 Multiple Crisis Cover Benefit

If a life assured is covered for this benefit and is diagnosed as having any one of the listed critical illnesses ("**Listed Critical Illness**") and survives 30 days from the date of diagnosis, we pay the critical illness benefit. If the life assured does not survive the 30 days and dies, we pay only the Death Benefit

Listed Critical Illness

The Listed Critical Illness must be diagnosed by a doctor registered with the Singapore Medical Council.

For the Multiple Crisis Cover benefit, the Listed Critical Illnesses have been divided into different groups as this will determine the eligibility of the second and third claim.

The list of critical illnesses is the same as those offered by our current critical illness product.



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Group 1 – Major Cancer	Group 2 – Major Organ Failure	Group 3 – Heart-related
<ul style="list-style-type: none"> - Major Cancers 	<ul style="list-style-type: none"> - Aplastic Anaemia - End Stage Liver Failure - End Stage Lung Disease - Fulminant Hepatitis - Kidney Failure - Major Organ / Bone Marrow Transplantation - Primary Pulmonary Hypertension - Progressive Scleroderma 	<ul style="list-style-type: none"> - Coronary Artery By-pass Surgery - Heart Attack - Heart Valve Surgery - Surgery to Aorta
Group 4 – Neuro-Muscular	Group 5 – Infectious	Group 6 – Accident-related
<ul style="list-style-type: none"> - Alzheimer's Disease / Severe Dementia - Benign Brain Tumour - Coma - Motor Neurone Disease - Multiple Sclerosis - Muscular Dystrophy - Parkinson's Disease - Stroke 	<ul style="list-style-type: none"> - Bacterial Meningitis - Encephalitis 	<ul style="list-style-type: none"> - HIV Due to Blood Transfusion and Occupationally Acquired HIV - Major Burns - Major Head Trauma
Group 7 – Sensory loss		
<ul style="list-style-type: none"> - Blindness (Loss of Sight) - Deafness (Loss of Hearing) - Loss of Speech 		

Please refer to Appendix A for the detailed definition of critical illnesses.

The life assured can claim up to 3 different Listed Critical Illnesses at different times throughout the policy term, provided:

- each claim is for a Listed Critical Illness which is from different groups, **except for Group 1 (Major Cancer) claim where we allow up to 2 claims**; and
- the diagnosis of the subsequent Listed Critical Illness is after 1 year from the diagnosis of the preceding Listed Critical Illness.
However, if the subsequent claim is from Group 1 (Major Cancer) or Group 2 (Major Organ Failure) after a previous claim from Group 1 (Major Cancer), the diagnosis of this subsequent Listed Critical Illness must be after a 5-year Cancer-free period from the date of completion of treatment of the preceding Group 1 (Major Cancer) claim.

If the life assured is below 1 year old and is diagnosed with a Listed Critical Illness, as per our normal critical illness plans, there will be a lien imposed. We pay only 20% of the sum assured for critical illness instead of 100%. This claim will be counted as one of the 3 Listed Critical Illness claims the life assured is entitled to.

The “**5-year Cancer-free Period**” must be determined by the life assured's treating oncologist(s) or surgeon(s) for the whole duration of the 5-year period including the provision of reports of the medical examinations and investigations performed (“**Objective Medical Evidence**”) to objectively confirm the cancer-free state. The Cancer-free Period will be deemed as not met if Objective Medical Evidence for the cancer-free state is absent or not available. The 5-year Cancer-free Period shall start on the completion of treatment of the preceding cancer.

2.3 Additional benefit

If the life assured claims for Angioplasty and Other Invasive Treatment for Coronary Artery, we pay 10% of the sum assured subject to a maximum amount of \$25,000.

A claim for Angioplasty and Other Invasive Treatment for Coronary Artery will not:



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- reduce the number of claims for the above Listed Critical Illnesses that the life assured is eligible for; or
- reduce the sum assured of the policy; or
- affect any required intervals between claims for the Listed Critical Illnesses; or
- waive the premium payments so premiums must continue to be paid.

After a successful claim for this additional benefit, we will not pay for any more claims for Angioplasty and Other Invasive Treatment for Coronary Artery.

2.4 Premium Waiver benefit

Once the first Listed Critical Illness claim is approved, all future premium payments for the policy will be waived. Coverage will continue until the policy terminates.

3. POLICY LIMITS

3.1 Age at entry

	PruMultiple Crisis Cover
Minimum Age at Entry	1 ANB (30 days from birth)
Maximum Age at Entry	65 ANB

3.2 Age at expiry

	PruMultiple Crisis Cover
Minimum Age at Expiry	21 ANB
Maximum Age at Expiry	99 ANB

3.3 Policy term

	PruMultiple Crisis Cover
Policy Term	20 - 98 years term

3.4 Sum Assured

Minimum sum assured (SA) of \$10,000, subject to minimum annual premium of \$240.

The maximum Critical Illness SA allowed per life is:

Juvenile (1 ANB – 17 ANB)	\$300,000
Adults (18 ANB – 50 ANB)	\$2 million
Adults (> 50 ANB)	\$1 million

For the purpose of determining the maximum Critical Illness sum assured allowed per life, the sum assured of PMCC will be:

- multiplied by a factor of 1.75, and
- aggregated with all other critical illness benefit.

3.5 Premium term

Same as the Policy Term



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3.6 Frequency of payment

Annual, Semi- Annual, Quarterly and Monthly premium payment modes are allowed.

3.7 Method of Payment

Available via cash, cheque, GIRO and credit card.

Payment by all Singapore-issued credit card (VISA or MASTERCARD only) is only allowed for first premium. For subsequent renewal premium, SCB, Maybank, UOB and DBS/POSB credit cards are allowed. Other banks' credit cards are not allowed.

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

4. POLICY VALUES

4.1 Surrender Values

Not applicable.

4.2 Policy Alteration

Reduction of sum assured before the 1st critical illness claim is allowed. The balance sum assured must be equal to or higher than the minimum sum assured or qualify for minimum premium for this plan.

When sum assured is reduced, the multiple claim effect on the coverage will also be reduced. Eg client who bought SA of \$100K initially will be able to make 3 claims of \$100K each. If they subsequently reduce SA to \$80K, they will only be able to make 3 claims of \$80K each

4.3 Paid-up Values

Not available.

4.4 Surgical and Nursing Loan

Not available.

4.5 Policy Loan

Not available.

5. POLICY CONDITION

5.1 Free Look Provision

Within 14 days from the date of receipt of the policy document, the policy-owner has the right to cancel the policy and receive a full refund of the premiums paid.

The policy is considered delivered and received in the ordinary course of the post, 7 days after the date of posting.

5.2 Guaranteed Renewal

We guarantee that PruMultiple Crisis Cover is renewable throughout the policy term for as long as the required premiums are paid before the end of the grace period during the premium payment term.



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5.3 Non-Guaranteed Premium

Premium rates of PruMultiple Crisis Cover are not guaranteed and the Company reserves the right to vary the premium rates at any time by giving 30 days notice to the policy-owner before doing so.

5.4 Grace Period for Renewal Premium

The policy-owner has up to 30 days grace period for premium payment. The policy will lapse if premium is not received at the end of the grace period.

5.5 Revival Criteria

As per existing practice, revival is subject to normal underwriting and the submission of relevant forms such as revival forms and supplementary proposal form etc.

5.6 Incontestability

Except for fraud or exclusions, the validity of the policy cannot be contested after 2 years from the Cover Start Date of the policy or from the date of any reinstatement.

5.7 Governing Law

This plan is governed by and interpreted according to the laws of the Republic of Singapore. It cannot be transferred to another country.

5.8 Termination

The benefits under the PruMultiple Crisis Cover plan will terminate upon:

- the death of the life assured; or
- non-payment of premiums; or
- the Cover Expiry Date as stated in the Certificate of Life Assurance; or
- the payment of 3 Listed Critical Illness claims.

5.9 Making a Claim

The life assured or, in the case of the life assured's death, the legal representative must send us:

- notification of the death of the life assured;
- a completed claim form;
- the current Certificate of Life Assurance;
- evidence that the person is entitled to receive the payment (e.g. letters of administration or probate);
- evidence of the age of the life assured (e.g. birth certificate or identity card);
- medical report from the last doctor who treated the life assured at his expense; and
- death certificate

We reserve the right to ask the life assured or life assured's legal representative to provide, at his/her own expense, more documents or evidence to help in the assessment of the claim.

In the case of claiming Multiple Crisis Cover Benefit, the life assured must send us as soon as practicable:

- notification of the diagnosis of the critical illness; and
- a completed claim form; and
- the current Certificate of Life Assurance; and
- evidence of the age of the life assured (e.g. birth certificate or identity card); and
- medical report including clinical, radiological, histological and laboratory evidences from your doctor at your own expense.

We reserve the right to ask the life assured to provide, at his/her own expense, more documents or evidence to help in the assessment of the claim.



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The life assured must give us all the requirements within 6 months from the date of diagnosis or else we cannot consider the claim.

We reserve the right to appoint a Registered Medical Practitioner to re-examine the life assured.

5.10 Changes to Policy Benefits and Conditions

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

6. EXCLUSIONS

We do not pay in any of the following circumstances:

- Any benefit for any critical illness 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 of the date of reinstatement (if any).
- the life assured is diagnosed as having a heart attack or major cancer within 90 days of the cover start date of this benefit or of the date of reinstatement (if any)
- a doctor has recommended coronary artery by-pass surgery or angioplasty and other invasive treatment of coronary artery to the life assured for coronary artery disease within 90 days of the cover start date of this benefit or of the date of reinstatement (if any)
- the life assured is diagnosed before age 6 as having a critical illness caused by a congenital or inherited disorder
- the life assured is diagnosed before age 2 as having deafness
- the life assured is diagnosed with another Listed Critical Illness within 1 year from the diagnosis of a prior Listed Critical Illness
- the life assured is diagnosed with a Listed Critical Illness from Group 1 (Major Cancer) or Group 2 (Major Organ Failure) within the 5-year Cancer-free Period from the preceding Major Cancer claim
- the life assured is diagnosed as having a critical illness caused by:
 - self-inflicted injuries while sane or insane; or
 - AIDS, AIDS-related complex or infection by HIV except due to blood transfusion or occupationally acquired HIV; or
 - the use of unprescribed drugs where such drugs are required by law to be prescribed by a Registered Medical Practitioner ; or
 - an activity under Special Exclusion shown on the Certificate of Life Assurance; or
 - participation or attempted participation in an unlawful act

7 UNDERWRITING GUIDELINES

7.1 Underwriting

A factor of 1.75 will be applied to the sum assured of PMCC for both financial and medical underwriting.

7.2 Impaired Lives

For substandard lives, the following table is applicable:

Coverage	Main Plans
PruMultiple Crisis Cover	Up to +150%



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7.3 Nationality

PruMultiple Crisis Cover is available to all Singaporeans, Singapore permanent residents and foreigners with valid passes.

8 PREMIUM CALCULATION

8.1 Premium Rates

Premium rates will be based on the age and the benefit term of the policy. Premiums rates are not guaranteed. These rates may be adjusted based on future experience.

8.2 Large Sum Assured Discount (for all occupation classes)

Large Sum Discount per \$1,000 of Sum Assured

Sum Assured	Discount Per \$'000 Sum Assured
\$99,999 and below	\$ 0.00
\$100,000 - \$199,999	\$ 0.10
\$200,000 - \$299,999	\$ 0.20
\$300,000 - \$399,999	\$ 0.30
\$400,000 - \$499,999	\$ 0.40
\$500,000 - \$999,999	\$ 0.50
\$1,000,000 and above	\$ 0.60

8.3 Frequency Factors for Different Premium Paying Mode

Premium Payable	Yearly	Half-yearly	Quarterly	Monthly
Frequency Factor	1	0.505	0.255	0.085

8.4 PruPrestige and PruSmart Lady Discount

These two types of discounts are also available for PruMultiple Crisis Cover.



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FREQUENTLY ASKED QUESTIONS

Product Features

Q1: What is PruMultiple Crisis Cover (PMCC)?

A1: PruMultiple Crisis Cover is a term plan that provides financial protection against critical illnesses. The life assured can claim up to three times for different critical illnesses diagnosed at different times during the term of the policy. Upon the first successful Listed Critical Illness claim, all future premiums will be waived. PMCC also pays a sum assured of \$3,000 if the life assured dies.

Q2: Why is it available only as a standalone plan?

A2: If it was attached as a rider to a main plan, any Total and Permanent Disability (TPD) or Terminal Illness (TI) claim under the main plan will also mean that the main plan will terminate once the claim is made. Therefore, the intention to provide “three times” critical illness coverage will be defeated. A standalone plan will not be subject to any termination of the main plan due to such claims.

Q3: Why are we launching PruMultiple Crisis Cover?

A3: PruMultiple Crisis Cover is intended as part of Prudential's range of innovative products in line with the company's strategy to be a health expert. PMCC aims to provide sufficient protection in the event of critical illness, especially if it happens again and involves long period of rehabilitation. The plan allows the customer to bounce back after a critical illness.

Under normal critical illness products, the customer will unlikely to be covered for subsequent critical illness. He is likely not able to buy another new critical illness cover. PMCC will ensure that the life assured continues to be covered for critical illness without the need to pay premium.

Q4: What are the main benefits of PruMultiple Crisis Cover?

A4: PruMultiple Crisis Cover offers the following benefits:

- a) Death benefit; and
- b) Multiple Crisis Cover benefit; and
- c) Premium Waiver benefit

Q5: What does the benefits cover?

A5: a) Death benefit

A sum assured of \$3,000 is payable in one lump sum upon death of the life assured.

b) Multiple Crisis Cover benefit

The life assured can claim up to 3 different Listed Critical Illnesses at different times throughout the policy term, provided:

- each claim is for a Listed Critical Illness which is from different groups, except for Group 1 (Major Cancer) claim where we allow up to 2 claims; and
- the diagnosis of the subsequent Listed Critical Illness is after 1 year from the diagnosis of the preceding Listed Critical Illness. However, if the subsequent claim is from Group 1 (Major Cancer) or Group 2 (Major Organ Failure), after a previous claim from Group 1 (Major Cancer), the diagnosis of this subsequent Listed Critical Illness must be after a “5-year Cancer-free period” from the date of completion of treatment of the preceding Group 1 (Major Cancer) claim.



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If the life assured claims for Angioplasty and Other Invasive Treatment for Coronary Artery, we pay 10% of the sum assured subject to a maximum amount of \$25,000.

A claim for Angioplasty and Other Invasive Treatment for Coronary Artery will not:

- reduce the number of claims for the above Listed Critical Illnesses that the life assured is eligible for; or
- reduce the sum assured of the policy; or
- affect any required intervals between claims for the Listed Critical Illnesses; or
- waive the premium payments so premiums must continue to be paid.

After a successful claim for this additional benefit, we will not pay for any more claims for Angioplasty and Other Invasive Treatment for Coronary Artery.

c) Premium Waiver benefit

Once the first Listed Critical Illness claim is approved, ALL future premium payments for the policy will be waived. Coverage will continue until the policy terminates.

Q6: What are the critical illnesses that PMCC cover?

A6: The critical illnesses covered under PMCC are the same 30 critical illnesses covered under the normal critical illness plans. Angioplasty and Other Invasive Treatment for Coronary Artery is not included in the table as it is an additional benefit ie on top of the 3 critical illness claims.

Please refer to the table for the Listed Critical Illnesses that PMCC covers.

Group 1 – Major Cancer	Group 2 – Major Organ Failure	Group 3 – Heart-related
- Major Cancers	- Aplastic Anaemia - End Stage Liver Failure - End Stage Lung Disease - Fulminant Hepatitis - Kidney Failure - Major Organ / Bone Marrow Transplantation - Primary Pulmonary Hypertension - Progressive Scleroderma	- Coronary Artery By-pass Surgery - Heart Attack - Heart Valve Surgery - Surgery to Aorta
Group 4 – Neuro-Muscular	Group 5 – Infectious	Group 6 – Accident-related
- Alzheimer's Disease / Severe Dementia - Benign Brain Tumour - Coma - Motor Neurone Disease - Multiple Sclerosis - Muscular Dystrophy - Parkinson's Disease - Stroke	- Bacterial Meningitis - Encephalitis	- HIV Due to Blood Transfusion and Occupationally Acquired HIV - Major Burns - Major Head Trauma
Group 7 – Sensory loss		
- Blindness (Loss of Sight) - Deafness (Loss of Hearing) - Loss of Speech		

Q7: How does the multiple claim work?

A7: The life assured is entitled to make up to 3 critical illnesses claims throughout the policy term provided the critical illnesses are in different group classification (except for Group 1 – Major Cancer) and the diagnosis of a subsequent critical illness (excluding Angioplasty and Other Invasive Treatment for Coronary Artery) is **1 year** after the diagnosis of the immediately preceding critical illness claim



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However, there are exceptions:

a) Angioplasty and Other Invasive Treatment for Coronary Artery), which pays out 10% of the covered sum assured, subject to a maximum amount of \$25,000, is a “bonus” benefit where:

- A claim in this group does not reduce the number of claim that the life assured is eligible for
- A claim in this group does not stop the premium payment of the benefit
- Note that repeat claim of Angioplasty is not allowed
- A claim in this group is not subjected to the 1 year waiting period between subsequent claims

b) We allow 2 claims from Group 1 (Major Cancers), provided that there is a 5-year Cancer-Free period between the 2 claims within this category and from Group 1 to Group 2 (Major Organ Failure).

if your subsequent claim is from Group 1 (Major Cancer) or Group 2 (Major Organ Failure) after a previous claim from Group 1 (Major Cancer), the diagnosis of this subsequent Listed Critical Illness must be after a 5-year Cancer-free period from the date of completion of treatment of the preceding Group 1 (Major Cancer) claim.

Q8: Why are the critical illnesses grouped this way?

A8: The 29 critical illnesses are divided into 7 groups based on the respective organ functions and the likelihood of an illness being related or caused by another illness. We have also grouped the critical illnesses such that the three major critical illness – “Major Cancers”, “Heart Attack” and “Stroke” are grouped in separate categories.

Q9: How does the cancer claim work?

A9: We allow up to 2 “Major Cancers” claims. These cancer claims will still form part of the 3 critical illnesses under this plan. However, there must be a 5-year Cancer-free period between the 1st cancer treatment is completed and before the occurrence of the 2nd cancer claim, or diagnosis of a subsequent illness in Group 2. The second claim for “Major Cancers” can be a recurrence of the first cancer or a metastasis from the first cancer.

Q10: What is the “5-year Cancer-free period”?

A10: The “**5-year Cancer-free Period**” must be determined by the life assured’s treating oncologist(s) or surgeon(s) for the whole duration of the 5-year period including the provision of reports of the medical examinations and investigations performed to objectively confirm the cancer-free state (“**Objective Medical Evidence**”). The Cancer-free Period will be deemed as not met if Objective Medical Evidence for the cancer-free state is absent or not available. The 5-year Cancer-free Period shall start on the date of completion of treatment of the preceding cancer.

Q11: Will juveniles be covered?

A11: Yes, juveniles are covered. However, if the life assured is below 1 year old and is diagnosed with a Listed Critical Illness, we pay only 20% of the sum assured for critical illness instead of 100%. This claim will be counted as one of the 3 Listed Critical Illness claims that the life assured is entitled to.

Q12: Can the parent add Payer Security III when they buy PMCC for their child?

A12: Yes. Payer Security III can be added to juvenile policies at the point of inception. Mid term add of Payer Security III is not allowed.

Q13: What is the main difference between PMCC against our current critical illness plans?

A13: PMCC provides up to 3 critical illness claims while our current critical illness plans (ie Crisis Cover III, Crisis Cover Extra or Crisis Cover Provider) only provides 1 critical illness claim.



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After a critical illness claim, PMCC continues to cover for subsequent critical illness claim and/or death claim, while the current critical illness plans will terminate.

PMCC also comes with embedded Premium Waiver benefit but the current critical illness plans does not.

PMCC is a standalone plan and therefore customers can buy critical illness cover without the need for a basic main plan.

Policy Limits

Q14: How long is the premium paying term for PMCC?

A14: The premium is payable throughout the policy term. However, once there is a critical illness claim (except Angioplasty and Other Invasive Treatment for Coronary Artery), ALL future premiums will be waived.

Q15: What are the policy terms available for PMCC?

A15: This plan is available for policy terms from 20 to 98 years, subject to coverage up to age 99.

Claims

Q16: If the life assured also have an existing Crisis Cover III plan and now buys a PMCC, can he claim from both plans or choose only one to claim from?

A16: Upon a critical illness claim, the life assured will be paid from both the existing Crisis Cover III plan and the PMCC. Crisis Cover III will then terminate since it is been fully claimed, while PMCC will continue to cover for the next critical illness, or death claim.

Q17: If a life assured had made a claim for left breast cancer. After 5 years from the date of completion of treatment of the 1st cancer claim, she is diagnosed with right breast cancer. Can she claim the 2nd cancer?

A17: Yes. She can claim subject to the 5-year Cancer-free period.

Premium / Renewal of Benefits

Q18: Are the PMCC premium rates guaranteed?

A18: No, the premium rates are not guaranteed. We reserve the right to vary the premium at any time in the future. However, we will give policyholders 30 days' written notice before doing so.

Q19: Does the PMCC come with non-guaranteed bonuses/dividends?

A19: No. PMCC is a non-participating term plan that does not share in any surpluses.

New Business

Q20: Can foreigners buy PMCC?

A20: PruMultiple Crisis Cover is available for foreigners with valid passes.

Q21: Can a new prospect who has recovered fully from a critical illness buy a PMCC cover?

A21: No, the prospect will be declined.



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Q22: What is the maximum sum assured per life?

A22: For the purpose of determining the maximum Critical Illness sum assured allowed per life, the sum assured of PMCC will be:

- multiplied by a factor of 1.75, and
- aggregated with all other critical illness benefit.

Q23: Why is the sum assured aggregation 1.75 times instead of 1?

A23: This is because PMCC pays up to 3 claims ie 300% of the sum assured.

General

Q24: Will there be brochures/posters for PMCC?

A24: Yes, there will be brochures for PMCC from 2 February 2009.

Q25: Where else can my client refer to if he wants to have more information before meeting up with me?

A25: Your client may visit our website at www.prudential.com.sg to obtain more information. The website will be updated from 2 February 2009.

Q26: Will there be a new version of SQS? When will it be available?

A26: Yes, there will be a new version of SQS. The PWS and Online SQS will be available for download on 2 February 2009.

Q27: Will the PruInfo be updated with the PMCC?

A27: Yes, it will be updated from 2 February 2009.

Competitive Analysis

Q28: Is PMCC competitive as compared to what is offered in the market?

A28: PMCC is the FIRST in the market to offer 3 critical illness claims. There is a product in the market that appears similar but is actually not comparable in terms of features and benefits.

The plan is HSBC VitalCare and VitalVantage. This plan pays for 2 critical illness if the rider is attached. The 2nd critical illness cannot have any relation to the 1st critical illness claim. There is also no premium waiver benefit.

(See section under Market Comparisons in the Product Pack for more details)

PruSmart Lady and PruPrestige Discount

Q29: Are PruSmart Lady and PruPrestige Discount available for PMCC?

A29: PMCC is eligible for both PruSmart Lady and PruPrestige discounts.



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1. MARKET COMPARISON

PruMultiple Crisis Cover is the FIRST in the market to offer 3 critical illness claims. There is a product offered by HSBC that looks similar but is actually not comparable in terms of features and benefits.

We made comparison of PMCC with HSBC's product.

We looked at:

- Product features

2. SCOPE

The company and products included in this comparison are:

- PACS - PruMultiple Crisis Cover (Standalone)
HSBC - VitalCare (Standalone) and Vital Vantage (Rider)

3. PMCC VS COMPETITOR

a) Comparison of Product Features

Company	PACS	HSBC
Plan Name	PruMultiple Crisis Cover	VitalCare and VitalVantage
Coverage	Death, 30 critical illnesses	Death, Disability, 30 critical illnesses
Multiple critical illness claims	Allows up to 3 critical illness claims	1 time – VitalCare (Standalone) 2 times – VitalCare + VitalVantage (if rider is attached)
Claims for similar critical illness	Cover critical illness that are the same/ related to the 1 st critical illness provided they are from different groups.	Does not cover critical illness that are the same/ related to the 1 st critical illness claim and any vascular-related illness where the 1 st critical illness was also a vascular-related illness. Whether a claim is related is at the sole discretion of the insurer.
Waiting period for subsequent claims	1 year from the diagnosis of the preceding Listed Critical Illness <u>Exception for Group 1 or Group 2 claim after a Group 1 claim:</u> A 5-year Cancer-free period from the date of completion of treatment of the preceding Group 1	1 year from the date of diagnosis of the 1 st critical illness
Expiry of subsequent claims	2 nd and 3 rd critical illness cover will continue regardless of when the 1 st critical illness was diagnosed	2 nd critical illness coverage will terminate if the 1 st critical illness is diagnosed after 65anb



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Coverage for Angioplasty and Other Invasive Treatment for Coronary Artery	Yes. 10% of the sum assured subject to a maximum amount of \$25,000	N.A.
Premium after 1 st critical illness	Upon the first successful critical illness claims (except Angioplasty), all future premiums will be waived	Upon first critical illness claim, a new premium will be payable for the Extended CI benefit based on prevailing premium rates on attained ANB
Sum Assured	100% of Sum Assured for all 3 claims	1 st claim - 100% of sum assured 2 nd claim – maximum of 80% of sum assured
Policy term	20 – 98 years, up to age 99	VitalCare (Standalone) i) 5 years term, yearly renewable; or ii) up to age 65; or iii) up to age 99
Age of Entry	1 – 65 ANB	VitalCare : 1 – 60 ANB VitalVantage : 17 – 60 ANB
Age of Expiry	Till age 99	Till age 99
Standalone/Rider	Standalone plan	VitalCare – Standalone VitalVantage – Rider

4. SUMMARY

Coverage

PMCC is offering customers coverage for 3 critical illness claims plus an additional cover for Angioplasty and Other Invasive Treatment for Coronary Artery. VitalCare + VitalVantage only cover 2 critical illness claims with a number of conditions (eg the 2nd claim cannot be related to the 1st claim, lower sum assured for 2nd claim, age limit on 1st claim).

PMCC is also offering customers claims for 2 occurrence of cancer. This is definitely a benefit that allows customer to have a greater peace of mind. HSBC does not cover relapse of cancer ie even for unrelated cancer.

Continued protection

For PMCC, customers can be assured that they are covered for up to 3 claims as long as the policy is in-force. There is no concern about no coverage for 2nd critical illness if the 1st critical illness occurs after a cut-off age. Moreover, after the 1st claim under PMCC, all future premium payments for the policy will be waived. Coverage will continue until the policy terminates. For the HSBC plan, premiums payment needs to continue even after the 1st claim.

Premiums

We will not be comparing the premiums between the 2 plans as the features/benefits are not comparable.



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PRU *multiple crisis cover*

SALES & MARKETING PROPOSITIONS

Critical illnesses occur much more frequently than we realize but fortunately, it is not always a terminal situation. The survival rate for critical illness is rapidly improving and it improves even more if critical illnesses such as heart disease or cancer are treated at an early stage.

We recognize the need for customers to have enhanced protection, therefore we are launching PruMultiple Crisis Cover – a plan that provides multiple critical illness claims, together with protection against death.

Key Propositions

Here are some Marketing Propositions that you may find useful.

Critical illnesses claims of up to THREE times	The life assured can make up to three critical illness claims. This will give the life assured assurance that they will be covered in the future even after a critical illness claim when they need the protection more than ever.
Coverage up to TWO instances of cancer	PMCC allows the life assured to make up to 2 cancer claims, giving them added protection when they need it most (including relapse of the same cancer).
Peace of mind after each claim	The plan pays out an equal lump sum amount that is equivalent to the sum assured upon each successful claim. This amount can be used by the life assured to pay medical bills, or to use the money to cover the loss of income.
Peace of mind after 1st claim	Upon the first successful claim of a critical illness, PMCC will waive ALL future premiums. This will allow the life assured to concentrate on getting his health back on track without additional worry.



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Key Market Segments

Here are some Market Segments that you may want to target.

Clients who are concerned with their insurability after a critical illness episode	<p>For most critical illness coverage, it will be terminated once a critical illness claim has been filed. This leaves the life assured with no coverage.</p> <p>Coverage after the critical illness episode often result in the application being declined, postponed, exclusions imposed or loading with extra premium.</p> <p>PMCC now enables these clients of insurance coverage up to 3 critical illness without evidence of insurability and no change of benefits and sum assured after a claim.</p>
Clients with no critical illness coverage	<p>Unforeseeable incidences could result in massive medical bills when intensive treatments and hospitalization are required. These are events that we have to accept and must be prepared for in life.</p>
Clients who do not want to buy a traditional plan to be covered for critical illness	<p>Critical illness plans are often added on as rider to the main plan. However, there may be clients who do not want to purchase a traditional or linked plan or already have sufficient death coverage.</p> <p>PMCC, being a standalone plan, can meet the needs of these clients by giving them the amount of critical illness coverage that they want.</p>
Clients aged between 30 – 45	<p>Clients within this age group are more well-informed of the need for critical illness cover.</p> <p>Their primary concern may not be on death benefit but on their ability to cover unexpected expenses should they meet with a critical illness, and their medical expenses need not be funded from their savings.</p> <p>Having coverage for multiple claims will definitely appeal to them as they can now be assured of coverage even after 1 critical illness claim.</p>
Young Children	<p>In the event of a critical illness claim, they may no longer be insurable in the future for critical illness cover. Therefore, such a plan will give the child long-term critical illness coverage at an affordable cost.</p>



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APPENDIX A

DEFINITION OF CRITICAL ILLNESSES

1 **Alzheimer's Disease / Severe Dementia**

Deterioration or loss of intellectual capacity 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 Limited Advance Payment benefit equal to 10% of the Lump Sum Advance Payment subject to a S\$25,000 maximum shall be paid if the insured actually undergoes balloon angioplasty or similar intra arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered Medically Necessary by a consultant cardiologist.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

This benefit shall cease upon payment of one Limited Advance Payment.

Diagnostic angiography is excluded.

This illness is covered under Additional benefit for PruMedical Crisis Cover.

3 **Aplastic Anaemia**

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist.

4 **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.

5 **Benign Brain Tumour**

A benign tumour in the brain where all of the following conditions are met:

- It is life threatening;
- It has caused damage to the brain;
- 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.



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The following are excluded:

- Cysts;
- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland or spinal cord.

6 Blindness (Loss of Sight)

Total and irreversible loss of sight in both eyes as a result of illness or accident. The blindness must be confirmed by an ophthalmologist.

7 Coma

A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the following:

- No response to external stimuli for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

Coma resulting directly from alcohol or drug abuse is excluded.

8 Coronary Artery By-pass Surgery

The actual undergoing of open-chest 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.

9 Deafness (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".

10 Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.

Encephalitis caused by HIV infection is excluded.

11 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.

12 End Stage Lung Disease

End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:

- FEV₁ test results which are consistently less than onelitre;
- Permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO₂ ≤ 55mmHg); and
- Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.



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13 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;
- necrosis involving entire lobules, leaving only a collapsed reticular framework;
- rapid deterioration of liver function tests;
- deepening jaundice; and
- hepatic encephalopathy.

14 Heart Attack

Death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. This diagnosis must be supported by three or more of the following five criteria which are consistent with a new heart attack:

- History of typical chest pain;
- New electrocardiogram (ECG) changes proving infarction;
- Diagnostic elevation of cardiac enzyme CK-MB;
- Diagnostic elevation of Troponin (T or I);
- Left ventricular ejection fraction less than 50% measured 3 months or more after the event.

15 Heart Valve Surgery

The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered Medically Necessary by a consultant cardiologist.

16 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;
- 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; and
- The insured does not suffer from Thalassaemia Major or Haemophilia.

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 of the accident giving rise to the infection must be reported to the Company within 30 days of the accident taking place;
- 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.

17 Kidney Failure

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.



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18 Loss of Speech

Total and irrecoverable 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.

19 Major Burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Assured's body.

20 Major Cancers

A malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. This diagnosis must be supported by histological evidence of malignancy and confirmed by an oncologist or pathologist.

The following are excluded:

- Tumours showing the malignant changes of carcinoma-in-situ and tumours which are histologically described as pre-malignant or non-invasive, including, but not limited to: Carcinoma-in-Situ of the Breasts, Cervical Dysplasia CIN-1, CIN-2 and CIN-3;
- Hyperkeratoses, basal cell and squamous skin cancers, and melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3, unless there is evidence of metastases;
- Prostate cancers histologically described as TNM Classification T1a or T1b or Prostate cancers of another equivalent or lesser classification, T₁N₀M₀ Papillary micro-carcinoma of the Thyroid less than one cm in diameter, Papillary micro-carcinoma of the Bladder, and Chronic Lymphocytic Leukaemia less than RAI Stage 3; and
- All tumours in the presence of HIV infection.

21 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 unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The following are excluded:

- Spinal cord injury; and
- Head injury due to any other causes.

22 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.

23 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.

24 Multiple Sclerosis

The definite occurrence of Multiple Sclerosis. The diagnosis must be supported by all of the following:

- Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis;
- Multiple neurological deficits which occurred over a continuous period of at least 6 months; and
- Well documented history of exacerbations and remissions of said symptoms or neurological deficits.

Other causes of neurological damage such as SLE and HIV are excluded.



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25 Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist. The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 6 “Activities of Daily Living” for a continuous period of at least 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 a satisfactory level of personal hygiene;
- (vi) Feeding - the ability to feed oneself once food has been prepared and made available.

26 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;
- signs of progressive impairment; and
- inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 6 “Activities of Daily Living” for a continuous period of at least 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 a satisfactory level of personal hygiene;
- (vi) Feeding - the ability to feed oneself once food has been prepared and made available.

Drug-induced or toxic causes of Parkinsonism are excluded.

27 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 (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.



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28 Progressive Scleroderma

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

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fascitis; and
- CREST syndrome.

29 Stroke

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, cerebral embolism and cerebral thrombosis. This diagnosis must be supported by all of the following conditions:

- Evidence of permanent neurological damage 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; and
- Ischaemic disorders of the vestibular system.

30 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.

Source: the above Critical Illness definitions are adopted from LIA's MU 37/03