



PRU *Active Life III,
Crisis Care (PAL III) and
Early Crisis Care (PAL III)*

Product Information Pack for
Financial Consultants / Representatives

CONTENTS

1

Product Features

2

Frequently Asked Questions

3

Market Comparisons

4

Sales and Marketing Propositions

5

Appendix



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

PRUActive Life III, Crisis Care (PRUActive Life III) and Early Crisis Care (PRUActive Life III)

PRUActive Life III

1 INTRODUCTION

PRUActive Life III was most recently launched in January 2022 for price competitiveness as follows:

- 1) Reduced premium for all PAL III policies
 - Ages 1 – 39 is reduced between 9% to 20%
 - Age 40 and above is reduced between 1% to 3%
- 2) Reduced premium for all Early Crisis Care (PAL III) riders by 15%
- 3) Over total premiums paid guaranteed surrender value has reduced
- 4) Over total premiums paid total surrender value remains unchanged or increased

There were no changes to Crisis Care (PAL III) pricing.

The following enhancements were also made PRUActive Life III, Crisis Care (PAL III) and Early Crisis Care (PAL III):

- Extended max entry age from 60anb to 70anb
- Extended Accelerated Disability benefit expiry age from 70anb to whole of life
- Removed min prem criteria
- New Family Waiver benefit

This enhancement is on Early Crisis Care (PAL III) with no change in premiums as follows:

- 1) Enhanced Carcinoma In Situ definition**
- 2) Higher maximum payout for early stage claim**
- 3) Removal of Premium Waiver benefit**
- 4) Introduction of Pre-Critical Medical Conditions**

There are no change to PAL III and Crisis Care (PAL III).

2 PRODUCT FEATURES

PRUActive Life III (PAL III) is a participating limited premium whole life plan with premium payment term options from 5 to 35 years. This packaged plan provides financial protection against Death, Terminal Illness and Total and Permanent Disability

This product is designed to provide customers with a multiplied assurance during the time when they needed it most, while keeping premiums affordable. It also allows customers to add a Multiplier benefit of 2x, 3x, 4x or 5x of the sum assured with Multiplier Benefit expiry ages 65, 70, 75 or 80 years.

Customers can also choose to add Crisis Care (PAL III) and Early Crisis Care (PAL III) supplementary benefits to receive financial protection against Critical Illness and Early Stage Medical Conditions.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

Multiplier Benefit table for PRUActive Life III

Multiplier benefit Expiry Age	Multiplier benefit for Death / Terminal Illness / Disability / Critical Illness before the Multiplier benefit Expiry Age or Cover End Date ⁺
65 years	200%
	300%
	400%
	500%
70 years	200%
	300%
	400%
	500%
75 years	200%
	300%
	400%
	500%
80 years	200%
	300%
	400%
	500%

⁺ Whichever event occurs first

3 LAUNCH DATE

PAL III was launched on 20 January 2022

This enhanced Early Crisis Care (PAL III) is launched on 03 October 2023

4 BENEFITS

4.1 Death Benefit

If the Multiplier benefit has been added and the life assured dies before the selected Multiplier benefit expiry age, we pay the higher of:

- the sum assured for death shown in your certificate of life assurance and all the bonuses[^] that we have added to your policy; or
 - the Multiplier benefit*,
- less any amounts you owe us.

If the Multiplier benefit was not added, or the life assured dies from the Multiplier benefit expiry age and above, we pay the sum assured for death shown in your certificate of life assurance and all the bonuses that we have added to your policy, less any amounts you owe us.

[^] The bonuses stated above are NOT guaranteed.

* The Multiplier benefit in your PRUActive Life III policy is the relevant percentage of the sum assured for death shown in your certificate of life assurance. You would have selected the relevant percentage and Multiplier benefit expiry age when you applied for the policy.

Your whole policy automatically ends once a claim for this benefit is paid.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

4.2 Accelerated Terminal Illness Benefit

If the Multiplier benefit has been added and the life assured is diagnosed as having a Terminal Illness before the selected Multiplier benefit expiry age, we pay the higher of:

- the sum assured for Terminal Illness shown in your certificate of life assurance plus bonuses[^] that we have added to your policy (if applicable). If the sum assured of the Terminal Illness benefit is lower than the sum assured of the Death benefit, then the bonuses will be pro-rated to the sum assured of the Terminal Illness benefit; or
 - the Multiplier benefit*
- less any amounts you owe us.

If the Multiplier benefit was not added, or the life assured is diagnosed as having a Terminal Illness from the Multiplier benefit expiry age and above, we pay the sum assured for Terminal Illness shown in your certificate of life assurance and all the bonuses that we have added to your policy, less any amounts you owe us.

If the sum assured of the Terminal Illness benefit is lower than the sum assured of the Death benefit, then the bonuses will be pro-rated to the sum assured of the Terminal Illness benefit.

[^] The bonuses stated above are NOT guaranteed.

*The Multiplier benefit in your PRUActive Life III policy is the relevant percentage of the sum assured for Terminal Illness shown in your certificate of life assurance. You would have selected the relevant percentage and Multiplier benefit expiry age when you applied for the policy.

We pay if the life assured is diagnosed as suffering from Terminal Illness. “**Terminal Illness**” is defined as a condition which, in the opinion of a Registered Medical Practitioner and subject to the acceptance of our appointed doctor, is highly likely to lead to death within 12 months.

What do we pay for Accelerated Disability Benefit?

If the Multiplier benefit has been added and the life assured is shown in your certificate of life assurance to be covered for this benefit and becomes totally and permanently disabled before the cover end date, we pay the disability benefit as shown in the table.

Age* at date of Disability	We pay
below 1 year	20% of the Multiplier benefit and the policy ends.
From one year old to before the cover end date	<p>(before the Multiplier benefit expiry age), the higher of:</p> <ul style="list-style-type: none">- the sum assured for Accelerated Disability shown in your certificate of life assurance plus bonuses[^] that we have added to your policy (if this applies). If the sum assured of the Accelerated Disability benefit is lower than the sum assured of the Death benefit, the bonuses will be pro-rated to the sum assured of the Accelerated Disability benefit; or- the Multiplier benefit ** <p>less any amounts you owe us.</p> <p>If the Multiplier benefit was not added, or the life assured becomes Totally and Permanently Disabled from the Multiplier benefit expiry age and above, we pay the sum assured for Accelerated Disability shown in your certificate of life assurance and all the bonuses that we have added to your policy, less any amounts you owe us. If the sum assured of the Accelerated Disability</p>



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

benefit is lower than the sum assured of the Death benefit, the bonuses will be pro-rated to the sum assured of the Accelerated Disability benefit.

We will pay this benefit six months after the confirmed onset of total and permanent disability (the Deferment Period) by a registered medical practitioner.

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

- total and permanent blindness in both eyes as confirmed by an ophthalmologist; or
- 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 physical loss of any one limb at or above the wrist or ankle but not just a hand or foot.

We will pay the Accelerated Disability benefit up to \$2,000,000. If your Accelerated Disability benefit 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
 - when the life assured dies,
- whichever event happens first.

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 and Terminal Illness benefits 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).

* age at their last birthday

^ The bonuses stated above are not guaranteed.

** The Multiplier benefit in your PRUActive Life III policy is the relevant percentage of the sum assured for Accelerated Disability shown in your certificate of life assurance. You would have selected the relevant percentage and Multiplier benefit expiry age when you applied for the policy.

For a life assured whose age is from 28 days to 15 years old, we pay when the life assured is totally and permanently disabled as a result of which they 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 whose age is from 16 to 65 years, we pay when the life assured is totally and permanently disabled as a result of which they:

- cannot take part in any occupation, business or activity which pays an income; or
- suffer total and permanent 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 whose age is from 66 years to 70 years, we pay when the life assured is totally and permanently disabled as a result of which they:



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

- suffer total and permanent 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, or
- are unable to perform (whether with help or without help) at least three of the following six Activities of Daily Living for at least six months in a row.

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.

For a life assured whose age is from 71 years to before the cover end date of this benefit, we pay when the life assured is totally and permanently disabled as a result of which they:

- suffer total and permanent 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.

The above is the definition of 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 and the life assured was under 28 days of age;
- 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; or
- travelling on a non-commercial airline except military aircraft; or
- an activity under special exclusions and special terms and conditions shown in your certificate of life assurance.

What happens after a claim?

Once we pay an Accelerated Disability claim, the Accelerated Disability benefit ends. In addition:

- a) If the sum assured of the Death benefit is the same as the sum assured of the Accelerated Disability benefit, the policy and all its benefits, including the Accelerated Terminal Illness and Crisis Care (PRUActive Life III) (if added to the plan) benefits, will end.
- b) If the sum assured of the Death benefit is more than the sum assured of the Accelerated Disability benefit, we will reduce the sum assured of the Death benefit to an amount equal to the difference



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

between the sum assured of the Death benefit and the sum assured of the Accelerated Disability benefit. You can continue the policy for this Death benefit and any other supplementary benefits (except those that have ended under c, d, e and f of this section) by paying the necessary premiums.

- c) If the sum assured of the Accelerated Terminal Illness benefit is more than the sum assured of the Accelerated 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 Accelerated Disability benefit. This applies as long as you continue to pay the necessary premiums for both the Death and Accelerated Terminal Illness benefits.
- d) If the sum assured of the Accelerated Terminal Illness benefit is less than or equal to the sum assured of the Accelerated 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 Accelerated Disability benefit.
- e) If the sum assured of the Crisis Care (PRUActive Life III) benefit (if added to the plan) is more than the sum assured of the Accelerated Disability benefit, we will reduce the sum assured of the Crisis Care (PRUActive Life III) benefit to an amount equal to the difference between the sum assured of the Crisis Care (PRUActive Life III) benefit and the sum assured of the Accelerated Disability benefit. This applies as long as you continue to pay the premiums for both the Death and Crisis Care (PRUActive Life III) benefits.
- f) If the sum assured of the Crisis Care (PRUActive Life III) benefit (if added to the plan) is less than or equal to the sum assured of the Accelerated Disability benefit, the Crisis Care (PRUActive Life III) benefit will end. In this case, we will not pay for the Crisis Care (PRUActive Life III) benefit if we have paid the Accelerated Disability benefit.

4.3 Buy Another Policy Benefit

If the policy was purchased on standard terms, (i.e. not given Offer of Conditional Acceptance where the life assured was offered special terms and conditions for acceptance of the proposal for life assurance) the policyholder can buy another policy, subject to the conditions below, without evidence of good health when the life assured experiences any of the following life events:

- marriage; or
- becomes a parent / delivers a baby; or
- adoption of a child through legal means.
- death of a spouse;
- divorce;
- marriage of his/her child;
- his/her child entering primary school; or
- his/her child entering secondary school.

However, this benefit can only be exercised twice in the lifetime of the life assured, meaning on two separate life events.

The type of policy that the life assured can buy depends on the available products at the time of the life events. We reserve the right to vary the types of policy the life assured can buy at the time of the life events.

The new policy must:

- be purchased within 3 months from the date of the relevant life event; and



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

- have a term that is equal to or less than the remaining term of his/her original policy; and
- have a sum assured that is not more than:
 - \$150,000; or
 - 25% of the multiplier benefitwhichever is lower. This sum assured limit is applicable to each life event, irrespective of the number of policies with this benefit that he/she may have.

The life assured can only do this if:

- the life assured is under 50 years of age; and
- the life assured has paid all the premiums due under his/her policy; and
- the life assured has not made a Disability, critical illness (including the pre-critical medical conditions and Special benefit) or Terminal Illness claim on any policy that he/she has with us.

4.4 Kinship Booster Benefit

The life assured get to enjoy a Kinship Booster Benefit on the basic sum assured of his/her own PRUActive Life III policy when an immediate family member buys a PRUActive Life III policy.

This Kinship Booster Benefit will add an extra 10% of the basic sum assured to the death and terminal illness benefits of the life assured's own policy only, up to a maximum of \$100,000 with the following conditions.

The life assured:

- must be below 55 years old when his/her immediate family bought his/her policy,
- bought the policy on standard terms,
- have paid all the premiums due under his/her policy,
- have not made any claim on his/her PRUActive Life III policy,
- must show proof of the immediate family relationship.

Immediate family members include parents, husband or wife and children by birth or adoption. Siblings can also be considered immediate family members provided that they are agreeable to produce their Birth certificates as proof of relationship.

The Kinship Booster Benefit does **not**:

- apply to the Multiplier benefit; and
- have any surrender value.

Each PRUActive Life III policy will enjoy one Kinship Booster Benefit only.

To enjoy this benefit:

- The life assured of the existing policy must submit the Kinship Booster Benefit application to apply for the benefit
- After receiving the application form, we will add this extra sum assured the following month after the immediate family's PRUActive Life III policy has passed the 14-day free-look period

Once added to the policy, the 10% benefit will be applicable till cover expiry date

The 10% additional basic sum assured is a flat rate and will not increase or decrease with policy size and is rounded up to the nearest 500

We do not pay this 10% extra sum assured for any claims under the disability, Crisis Care (PAL) and Early Crisis Care (PAL) benefits.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

Only available for all plans under the PRUActive Life series, namely PRUActive Life and PRUActive Life III. PruLife Multiplier Flex policies are not qualified.

4.5 Premium Defer benefit

The Premium Defer benefit allows you to postpone paying premiums for two years or the remaining premium term, whichever is shorter, if the surrender value of the policy is at least 100% of two years' premiums.

We will provide you with an interest-free policy loan that will pay your premiums for two years or the remaining premium term, whichever is shorter. This will mean that your surrender value will not be affected although you have not been paying your premiums. However, if we make any payment to you under your policy during this premium deferment period, we will first deduct any interest-free policy loan amounts granted to you under this Premium Defer benefit.

After the premium deferment period, you will have to pay back this interest-free loan amount. If the loan is not paid back at the end of the premium deferment period, interest will be charged.

We charge a yearly interest rate on the loan amount starting from the end of the premium deferment period. This interest rate may change and accrues on a daily basis. On each policy anniversary of your policy, we add the previous year's interest to the loan amount and charge interest on the total until the loan is repaid.

We can change the interest rate but will give you three months' written notice if we do so.

The loan amount and interest will be amounts you owe us. You can repay the loan at any time. We deduct the loan amount and interest from any payment we make under your policy.

If the total amount you owe us under your policy is more than the surrender value, your policy will end immediately.

If you already have a policy loan or automatic premium loan under your policy, that will continue to incur interest and will affect the surrender value.

You can only use this benefit only once for each PRUActive Life III policy.

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.

4.6 Family Waiver benefit

Under the Family Waiver benefit, when an immediate family of the life assured dies, we waive the premiums of your PRUActive Life III policy and its supplementary benefits for up to a period of up to one year.

The immediate family of the life assured includes the spouse or legal children. Legal children refer to the biological, stepchildren or adopted children of the life assured, including any future child or children that the life assured may have after the cover start date of the policy. This does not include any unborn children.

This benefit will only be activated on a claim with the life assured showing proof of the immediate family relationship.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

We will waive up to 12 months of premiums from the next premium due date following the date of death of the immediate family of the life assured. and if the claim is approved. If the end of the premium payment term is less than 12 months from the date of death of the life assured's immediate family, we will waive the premiums from the next premium due date up to the end of the premium term only.

We will not refund any premiums which were due and paid before the premium waiver start date.

You can claim this benefit only once for each PRUActive Life III policy.

We can review the supplementary benefits allowed under this benefit.

If your PRUActive Life III policy is part of the PRUFirst Promise plan, this benefit will apply to the mother when she is the life assured. When the policy is under the child's life, then this benefit will apply to the child, provided there was no claim previously.

If the benefit was activated and premiums are being waived, they will continue to be waived for a period of up to one year even if during that premium waiver period the policy is transferred to the child. As the benefit was claimed under the mother and it can only be claimed once it will end and not be available under the child in the future.

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.

5 POLICY LIMITS

5.1 Age at Entry

	Minimum	Maximum
PRUActive Life III	1 anb	70 anb

5.2 Age at Expiry

	Death Benefit	Terminal Illness Benefit	Accelerated Disability Benefit	Crisis Care (PAL III) Benefit	Early Crisis Care (PAL III) Benefit
Policy term	Whole Life	Whole Life	Whole Life	Whole Life	Whole Life

5.3 Premium Term

5 to 35 years

5.4 Policy Term

Whole life

5.5 Size of Policy

Size of Policy	Death Benefit	Terminal Illness Benefit	Accelerated Disability Benefit	Crisis Care (PAL III) Benefit	Early Crisis Care (PAL III) Benefit
----------------	---------------	--------------------------	--------------------------------	-------------------------------	-------------------------------------



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

1 – 16 anb	Min	\$10,000 sum assured (SA)	\$10,000 SA	\$10,000 SA
	Max	\$1million multiplier benefit	\$1million multiplier benefit or multiplier benefit of PAL III, whichever is lower	\$350,000 multiplier benefit or multiplier benefit of Crisis Care (PAL III), whichever is lower
17 – 60 anb	Min	\$10,000 SA	\$10,000 SA	\$10,000 SA
	Max	Subject to financial underwriting and Country Limit	Subject to financial underwriting and Country Limit or multiplier benefit of PAL III, whichever is lower	\$350,000 multiplier benefit or multiplier benefit of Crisis Care (PAL III), whichever is lower

If the policy has no Multiplier Benefit, then the limit will apply on the sum assured

5.6 Mode of Payment

Annually, Half-Yearly, Quarterly or Monthly.

5.7 Method of Payment

Regular Premium payment.

Available via cheque, GIRO and credit card.

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

For subsequent renewal premium:

Credit Card Issuing Bank ("Bank"), pls tick ✓ one

<input type="checkbox"/> SCB	<input type="checkbox"/> UOB	<input type="checkbox"/> CITIBANK
<input type="checkbox"/> DBS/POSB	<input type="checkbox"/> MAYBANK	<input type="checkbox"/> OCBC

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

6 POLICY VALUES

6.1 Surrender Values

The policy acquires a surrender value after 36 months of premiums have been paid and in-forced for 36 months.

6.2 Policy Loan

A policy loan may be taken against the surrender value of the policy. The maximum loan amount is set at 90% of the surrender value at the time the loan is taken up. An interest rate, currently at 5.25% p.a. will be charged on the loan amount from the date of the loan. Interest accrues on a daily basis.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

The company reserves the right to vary the interest rate but will not do so before giving 3 months' written notice to the customer.

6.3 Automatic Premium Loan

In the event of non-payment of premium, the policy will not terminate so long as the surrender value of the policy is sufficient to enable Prudential to pay one or more premium. The policy will lapse once the Surrender Value is insufficient to advance the due premium.

An interest rate currently at 5.25% per annum will be charged on the loan amount starting from the date of the loan. Interest accrues on a daily basis. The company reserves the right to vary the interest rate but will not do so before giving 3 months' written notice to the customer.

Example:

Mode of Payment = Annual

Annual Premium Due = \$2,400

Surrender Value = \$2,000

Mode of Payment change to Monthly:

Premium Due = \$200 ($\$2,400 \times 0.085$)

Surrender Value of \$2,000 will be used to fund the monthly premium due until it expires before lapsing the policy.

6.4 Paid-Up Value

Paid-up values will be based on total surrender value and they will not participate in future bonuses. On paid-up, death, Total & Permanent Disability and Terminal Illness benefit continue. All supplementary benefits such as Early Crisis Care (PAL III) benefit will end.

Multiplier Benefit still applies based on paid-up sum assured.

Minimum paid-up value is \$1,000 sum assured.

6.5 Bonus Surrender

Any attaching reversionary bonuses can be surrendered for cash after 36 months of premiums have been paid and in-force for 36 months. Partial cashing of bonus is allowed.

6.6 Surgical & Nursing Loan

If the policy has a surrender value, the customer can apply for an interest-free loan to pay for medical expenses incurred as a result of a surgical operation performed on the life assured.

The customer can only apply for the loan if he cannot claim the medical expenses from another source.

The customer can apply for more than one loan but each loan amount must be at least \$200 and the total of all loans cannot be higher than:

- 10% of the sum assured for death benefit; or
- the total premiums paid excluding additional premiums paid for health or hazardous activities and additional premiums paid for supplementary benefits; or
- the surrender value of the policy.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

The customer cannot apply for a loan if the surgical operation arises directly or indirectly out of one of the following:

- dental treatment
- AIDS condition
- cosmetic surgery
- pregnancy, miscarriage or childbirth

They can repay the loan at any time. We deduct the loan amount owing to us from any payment we make under the policy.

If the total outstanding amount owing to us under the policy exceeds the surrender value, the policy terminates immediately.

7 POLICY CONDITIONS

7.1 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.

7.2 Grace Period for Renewal Premium

The policyowner has up to 30 days grace period for premium payment. The policy will lapse if premium is not received or there is insufficient surrender value to deduct from at the end of the grace period.

If there is sufficient surrender value, the insurance coverage can be maintained and the policy goes into Automatic Premium Loan. The premiums will continue to be deducted until the policy has no surrender value at which time the policy will lapse without value.

7.3 Guaranteed Renewal

PRUActive Life III is guaranteed renewable throughout the policy term as long as the required premium is paid before the end of the grace period for premium payment.

7.4 Non-guaranteed Premium

PRUActive Life III provided that no riders are added:

We guarantee that the premiums for your PRUActive Life III policy will remain unchanged throughout its premium term as long as you pay the premiums within 30 days of the date they are due.

Crisis Care (PRUActive Life III):

The premium for Crisis Care (PRUActive Life III) is not guaranteed. These rates may be adjusted based on future experience. We reserve the right to vary the premiums at any time in the future during the premium payment period. However, we will give you 30 days' written notice before doing so. Premiums are payable for the period of premium payment term and can be paid monthly, quarterly, half-yearly or yearly.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

Early Crisis Care (PRUActive Life III):

The premium for Early Crisis Care (PRUActive Life III) is not guaranteed. These rates may be adjusted based on future experience. We reserve the right to vary the premiums at any time in the future during the premium payment period. However, we will give you 30 days' written notice before doing so. Premiums are payable for the period of premium payment term and can be paid monthly, quarterly, half-yearly or yearly.

7.5 Policy Alteration

For any alteration, policyholders would need to give 7 days written notification to the Company.

7.5.1 Sum Assured

Minimum reduction in sum assured is in multiples of \$1,000. Minimum remaining sum assured must be at least \$10,000.

If there is any partial surrender value, it will be paid less off indebtedness.

Reduction will take effect from the paid-to-date. Multiplier still applies based on reduced sum assured and original age at entry (age next birthday).

7.5.2 Mode of Payment

Life assured can also change the Mode of Payment. The change will only be effected on the next Premium Due Date i.e. if monthly mode, the change can be effected from the following months onwards. When the life assured is originally on Yearly mode and halfway through requested for a change, we will advise the change on the next Premium Due Date.

7.6 Revival Criteria / Reinstatement of Policy

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.

Revival can be effected by Payment of Arrears and Revival by re-dating. We will charge an interest of 5.25% for the outstanding premiums of policies which have lapsed for more than 6 months if the policyholder chose to revive via Payment of Arrears.

Note that Revival by re-dating, the premium payable on revival is based on life assured revised age next birthday. Multiplier will be based on revised age at entry after re-dating.

Auto revival is allowed.

If the policy terminates due to the indebtedness exceeds the surrender value, policyowner may apply to reinstate it if:

- he/she applies within 24 months from the termination date of the policy; and
- he/she pays the total outstanding loan amount and interest; and
- he/she gives us satisfactory evidence of the health of the life assured at his/her own expense.

Reinstatement is subject to normal underwriting and the submission of relevant forms such as reinstatement forms and supplementary proposal form etc. Normal TSAR calculation applies.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

7.7 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.

7.8 Alter from Inception

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

7.9 Mid-term Addition (MTA)

Crisis Care (PAL III) and Early Crisis Care (PAL III) is allowed for MTA to PRUActive Life III for the first 2 years of the policy from inception, provided that the remaining premium term must be at least 5 years.

Crisis Care (PAL III) and Early Crisis Care (PAL III) cannot be mid-term added to PAL II or PAL.

MTA is subject to underwriting and health declaration by the life assured.

7.10 Governing Law

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

7.11 Notice of Claim

For Death Claim, the life assured or, in the case of the life assured's death, the legal representative must send us practicable, at their own expense:

- a completed Claimant Statement;
- the 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 Claimant;
- evidence that the person is entitled to receive the payment (e.g. birth certificate, marriage certificate, deceased's last Will, Letter of Administration or Probate, Trust Deed etc.); and
- any documentary proof as required by us.

In addition to the above documents,

- if death is due to unnatural causes (e.g. Accident, suicide, etc), the following documents are required:
 - the Post mortem report;
 - the Coroner's verdict; and
 - a Police report.
- if death occurs outside of Singapore, the following documents must also be submitted:
 - the Death Abroad Questionnaire;
 - the Declaration of Identity of the deceased;
 - an official document from the relevant authority proving the death of the life assured.

For Terminal Illness Claim, the life assured must send us as soon as practicable, at their own expense:

- a completed Terminal Illness claim form;



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

- the 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 as required by us; and
- a completed Clinical Abstract Application Form.

All the requirements must be submitted within 6 months from the date of diagnosis or else we cannot consider the claim.

For Disability Claim (if any), the life assured must send us as soon as practicable, at their own expense:

- a completed Disability claim form;
- the 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 as required by us (e.g. police report); and
- a completed Clinical Abstract Application Form.

The life assured must also give us evidence to our satisfaction of continuing Disability before each payment.

The company reserves 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.

For Critical Illness Claim (if any), the life assured must send us as soon as practicable, at their own expense:

- a completed Critical Illness claim form;
- the 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 as required by us; and
- Clinical Abstract Application Form

The company reserves 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.

7.12 Termination of benefits

The benefits under the policy will terminate upon:

- the death of the life assured;
 - non-payment of premiums within 30 days of the date they are due;
 - surrendering of the policy;
 - the Cover Expiry Date as shown in the Certificate of Life Assurance (if applicable);
 - payment of a claim on the Terminal Illness, Disability or critical illness benefits;
 - the policy lapsing because the amounts owing to us within the policy exceeds the surrender value;
- or
- termination of the policy,
- whichever event occurs first.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

7.13 FATCA

PRUActive Life III is in-scope of FATCA.

7.14 Common Reporting Standard (CRS)

PRUActive Life III is in-scope of CRS, as it has cash value and policyholder can borrow against the policy.

7.15 SUPPLEMENTARY BENEFITS

Supplementary benefits that can be attached to PRUActive Life III at the time of launch are:

- Crisis Care (PAL III), Early Crisis Care (PAL III), Fracture Care, Accident Assist, Recovery Aid, PruSmart Lady II Payer Security Plus and Early Payer Security on Payer Security Plus.
- Crisis Care (PAL III) and Early Crisis Care (PAL III) is allowed for MTA to PRUActive Life III for the first 2 years of the policy from inception, provided that the remaining premium term must be at least 5 years.
- Early Crisis Care (PAL III) can only be attached to the plan if Crisis Care (PAL III) is attached.
- PRUSmart Lady II is only attachable to PRUActive Life plans with premium term 10 years and above only.

8 EXCLUSIONS

8.1 Death Benefit

If the life assured dies from suicide within 12 months from the Cover Start Date of the policy or from the date of reinstatement (if any), the policy becomes void, we cancel it and refund the total premiums received less any Policy Loans (including interests), Automatic Premium Loans (including interests), Surgical and Nursing Loans and all other outstanding amounts owing to us in connection with the policy and expenses (including but not limited to administrative, sales related and medical expenses) incurred by us on the policy.

If the life assured dies from an activity under Special Exclusions or Special Terms and Conditions shown on the Certificate of Life Assurance, we do not pay the sum assured but we will either:

- refund the total premiums received less any Policy Loans (including interests), Automatic Premium Loans (including interests), Surgical and Nursing Loans and all other outstanding amounts owing to us in connection with the policy and expenses (including but not limited to administrative, sales related and medical expenses) incurred by us on the policy; or
 - pay the surrender value (if any),
- whichever is higher.

8.2 Accelerated Terminal Illness Benefit

We do not pay in any of the following circumstances:

- if the life assured is already deceased at the time of the claim. We will pay the Death Benefit instead;
- the symptoms of the Terminal Illness existed at the Cover Start Date or date of reinstatement (if any) of this benefit;
- the life assured is diagnosed as having a Terminal Illness caused by:



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

- 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;
- 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 and/or Special Terms and Conditions shown on the Certificate of Life Assurance.

8.3 Accelerated Disability Benefit

We do not pay if the disability:

- claim was made when the life assured was already deceased at the time of the claim. We will pay the Death Benefit instead;
- occurred when the life assured is below 28 days of age;
- 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 Special Exclusion and/or Special Terms and Conditions shown on the Certificate of Life Assurance.

8.4 Critical Illness Benefit

We do not pay in any of the following circumstances:

- the Critical Illness existed before the Cover Start Date or date of reinstatement (if any) of this benefit;
- any benefit for any Critical Illness that is due directly or indirectly to a Pre-existing Condition unless it was declared in the proposal and specifically accepted by us. 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 or the date of reinstatement (if any) of this benefit;
- 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 the date of reinstatement (if any) of this benefit;
- a doctor has diagnosed coronary artery disease within 90 days of the Cover Start Date or the date of reinstatement (if any) of this benefit. This diagnosis of the coronary artery disease has led to the performance of a Coronary Artery By-pass Surgery or Angioplasty and Other Invasive Treatment for Coronary Artery on the life assured;
- the life assured is diagnosed as having a Critical Illness caused by:
 - self-inflicted injuries while sane or insane;
 - Acquired Immunodeficiency Syndrome ("AIDS"), AIDS- related complex or infection by Human Immunodeficiency Virus ("HIV") except HIV Due to Blood Transfusion and Occupationally Acquired 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 Exclusion and/or Special Terms and Conditions shown on the Certificate of Life Assurance; or
 - participation or attempted participation in an unlawful act.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

8.5 Early Crisis Care (PAL III) 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. 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 or the date of reinstatement (if any) of this benefit;
- If the life assured is diagnosed as having a Heart Attack of Specified Severity, Major Cancers 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. This diagnosis of the coronary artery disease has led to the performance of a Coronary Artery By-pass Surgery (Category 7) at all severity levels, on the life assured;
- If 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 the date of reinstatement (if any) of this benefit;
- If the life assured is diagnosed as having an illness caused by:
 - self-inflicted injuries while sane or insane;
 - Acquired Immunodeficiency Syndrome (“AIDS”), AIDS-related complex or infection by Human Immunodeficiency Virus (“HIV”) except as a result of Category 14 - HIV Due to Blood Transfusion and Occupationally Acquired HIV as defined in the benefit;
 - the use of unprescribed drugs where such drugs are required by law to be prescribed by a Registered Medical Practitioner;
 - an activity under Special Exclusion and/or Special Terms and Conditions shown on the Certificate of Life Assurance;
 - participation or attempted participation in an unlawful act; or
 - alcohol or drug abuse.

9 UNDERWRITING GUIDELINES

9.1 Medical Underwriting

Full medical underwriting is required.

9.2 Aggregation Rules

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

Example:

Fred has an existing plan with Death/TPD/TI/CC cover of \$200,000 and wishes to purchase a PRUActive Life III 70 4X plan \$100,000 sum assured.

Multiplier Benefit for this case is 400% for Death/TPD/TI/CC.

Aggregation for Death/TPD/TI/CC = \$200,000 + \$100,000 x 400%

Before attained age 70,

TSAR under death/TPD/TI/CC benefit

= Sum Assured under respective benefit x Multiplier for death/TPD/TI/CC benefit



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

After attained age 70,
TSAR under death/TPD/TI/CC
= Sum Assured under respective benefit

9.3 Restriction on Nationality

This plan is available to all Singaporean, Singapore Permanent Resident and foreigner with valid passes.

For foreigners without valid passes, please refer to the residency table in PRUInfo.

9.4 Backdating

Backdating is allowed for up to 6 months only. However, backdating should not cross the calendar year of the product launch.

10 PREMIUM

10.1 Premium Rates

Premiums are level and are dependent on the Multiplier Benefit and its expiry age chosen, age of entry, gender, smoker status, residency and premium term.

10.2 Large Sum Assured Discount

Pls refer to the large sum assured discount table in the FAQ section of this document.

10.3 Frequency Factors

The rates published are annual rates. The frequency factors used for conversion into other modes of payment are:

Premium payable	Yearly	Half-yearly	Quarterly	Monthly
Frequency factor	1	0.505	0.255	0.085

10.4 Discounts

Premium payable	Discount
PruSmart Lady II	15%
PruLady/PruMan	15%



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

Crisis Care (PRUActive Life III)

1 PRODUCT FEATURES

Crisis Care (PRUActive Life III) is a Critical Illness Benefit, which provides financial protection upon diagnosis of any one of the 56 Critical Illnesses. The benefit also allows you to participate in the performance of the participating fund in the form of bonuses that are not guaranteed.

Crisis Care (PRUActive Life III) is a supplementary benefit that can only be attached to PRUActive Life.

2 BENEFITS

If the Multiplier benefit has been added and the 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 higher of:

- the sum assured for Crisis Care (PRUActive Life III) shown in your certificate of life assurance plus bonuses[^] that we have added to your policy (if this applies). If the sum assured of the Crisis Care (PRUActive Life III) is lower than the sum assured of the Death benefit, the bonuses will be pro-rated to the sum assured of the Crisis Care (PRUActive Life III); or
- the Multiplier benefit**,

less any amounts you owe us.

If the Multiplier benefit was not added, or the life assured is diagnosed as having any one of the 56 critical illnesses from the Multiplier benefit expiry age and above, we pay the sum assured for Crisis Care (PRUActive Life III) shown in your certificate of life assurance plus bonuses that we have added to your policy, less any amounts you owe us. If the sum assured of the Crisis Care (PRUActive Life III) is lower than the sum assured of the Death benefit, the bonuses will be pro-rated to the sum assured of the Crisis Care (PRUActive Life III).

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

From the Multiplier benefit expiry age and above, if the life assured undergoes an angioplasty and other invasive treatment for coronary artery, we pay 10% of the sum assured of the Crisis Care (PRUActive Life III) benefit up to \$25,000. We will reduce the sums assured of the death, Accelerated Disability, Accelerated Terminal Illness and Crisis Care (PRUActive Life III) benefits by a sum that is equal to the amount paid out on the angioplasty and other invasive treatment for coronary artery claim.

[^] The bonuses stated above are NOT guaranteed.

**The Multiplier benefit in your PRUActive Life III policy is the relevant percentage of the sum assured for Crisis Care (PRUActive Life III) shown in your certificate of life assurance. You would have selected the relevant percentage and Multiplier benefit expiry age when you applied for the policy.

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



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

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.

Crisis Care (PRUActive Life III) benefit covers the following critical illnesses. The critical illness must be diagnosed by a registered medical practitioner.

36 Critical Illnesses that fall under Version 2019***

- | | |
|--|---|
| 1. Alzheimer's Disease / Severe Dementia | 31. Primary Pulmonary Hypertension |
| 2. Angioplasty and Other Invasive Treatment for Coronary Artery | 32. Progressive Scleroderma |
| 3. Benign Brain Tumour | 33. Severe Bacterial Meningitis |
| 4. Blindness (Irreversible Loss of Sight) | 34. Severe Encephalitis |
| 5. Coma | 35. Stroke with Permanent Neurological Deficit |
| 6. Coronary Artery By-pass Surgery | 36. Systemic Lupus Erythematosus with Lupus Nephritis |
| 7. Deafness (Irreversible Loss of Hearing) | |
| 8. End Stage Kidney Failure | |
| 9. End Stage Liver Failure | |
| 10. End Stage Lung Disease | |
| 11. Fulminant Hepatitis | |
| 12. Heart Attack of Specified Severity | |
| 13. HIV Due to Blood Transfusion and Occupationally Acquired HIV | |
| 14. Idiopathic Parkinson's Disease | |
| 15. Irreversible Aplastic Anaemia | |
| 16. Irreversible Loss of Speech | |
| 17. Loss of Independent Existence | |
| 18. Major Burns | |
| 19. Major Cancer | |
| 20. Major Head Trauma | |
| 21. Major Organ / Bone Marrow Transplantation | |
| 22. Motor Neurone Disease | |
| 23. Multiple Sclerosis | |
| 24. Muscular Dystrophy | |
| 25. Open Chest Heart Valve Surgery | |
| 26. Open Chest Surgery to Aorta | |
| 27. Other Serious Coronary Artery Disease | |
| 28. Paralysis (Irreversible Loss of Use of Limbs) | |
| 29. Persistent Vegetative State (Apallic Syndrome) | |
| 30. Poliomyelitis | |

Besides the above 36 Critical Illnesses, we will also pay for the following 20 critical illnesses:

1. Acute Necrohaemorrhagic pancreatitis
2. Adrenalectomy for adrenal adenoma
3. Creutzfeld-Jacob disease
4. Chronic auto-immune hepatitis
5. Ebola
6. Elephantiasis
7. Idiopathic pulmonary fibrosis
8. Infective endocarditis
9. Medullary cystic disease
10. Meningeal tuberculosis
11. Multiple root avulsions of brachial plexus
12. Necrotising fasciitis
13. Pheochromocytoma
14. Progressive supranuclear palsy
15. Severe cardiomyopathy
16. Severe Crohn's disease
17. Severe Eisenmenger's syndrome
18. Surgery for idiopathic scoliosis
19. Severe myasthenia gravis
20. Severe ulcerative colitis

*** The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2019). These Critical Illnesses fall under Version 2019. You may refer to www.lia.org.sg for the standard Definitions (Version 2019). For Critical Illnesses that do not fall under Version 2019, the definitions are determined by the insurance company.

2.1 Crisis Care Accelerator Benefit

We pay 50% from your Crisis Care (PAL III) benefit 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



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

- 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 claimed against the 56 critical illnesses before being considered under this benefit.

Only one claim is allowed for each policy up to \$100,000 per life. If there has already been a claim on the policy and the sum assured of the Crisis Care (PAL III) benefit has been reduced, the Crisis Care Accelerator Benefit would pay 50% from the remaining Crisis Care (PAL III) benefit.

We do not pay the Crisis Care Accelerator Benefit in any of the following circumstances:

- **If it is for overseas medical treatment;**
- 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 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;
- 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;
- If the critical illness is due to warlike operations (whether war is declared or not), war, invasion, riot or any similar events



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

- 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 as stated under HIV due to blood transfusion and occupationally acquired HIV.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

Early Crisis Care (PRUActive Life III)

1 PRODUCT FEATURES

Early Crisis Care (PRUActive Life III) is a supplementary benefit that can only be attached to PRUActive Life III ("PAL III") if Crisis Care (PRUActive Life III) is attached.

Early Crisis Care (PAL III) has the following benefits:

1. Pre-Critical Medical Conditions benefit
2. Special Medical Conditions benefit
3. Juvenile Medical Conditions benefit

The payout for Early Crisis Care (PAL III) will be accelerated from PAL III's sum assured.

Early Crisis Care (PAL III) premium term, multiplier benefit and multiplier benefit expiry age will follow that of PAL III. Early Crisis Care (PAL III)'s sum assured must be equals to or lower than that of Crisis Care (PAL III).

Early Crisis Care (PAL III) is a non-participating product written out of the Non-Par Fund.

2 BENEFITS

2.1 Pre-Critical Medical Conditions benefit

If the Multiplier benefit was added

If the life assured is shown in your certificate of life assurance to be covered for the Early Crisis Care (PRUActive Life III) benefit and is diagnosed as having any one of the pre-critical medical conditions before the Multiplier benefit expiry age, we pay the higher of:

- the sum assured for Early Crisis Care (PRUActive Life III) shown in your certificate of life assurance plus pro-rated bonuses⁺ that we have added to your PRUActive Life III policy (if this applies); or
- the Multiplier benefit* of Early Crisis Care (PRUActive Life III), up to a maximum payout of \$350,000, less any amounts you owe us.

If the Multiplier benefit was not added or the life assured is diagnosed as having any one of the pre-critical medical conditions from the Multiplier benefit expiry age and above, we pay the sum assured of the Early Crisis Care (PRUActive Life III) benefit shown in your certificate of life assurance plus pro-rated bonuses⁺ that we have added to your PRUActive Life III policy, up to a maximum payout of \$350,000, less any amounts you owe us.

Your Early Crisis Care (PRUActive Life III) benefit ends once the full sum assured is paid out.

⁺ The bonuses will be pro-rated to the sum assured payable under Early Crisis Care (PAL III). The bonuses are not guaranteed.

^{*} The Multiplier Benefit is the relevant percentage of the sum assured for Early Crisis Care (PAL III) shown in the Multiplier Benefit Table.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

Scenario 1 – 30anb with early stage claim at age 40

PRUActive Life III 10-pay MB 4x expiring age 80

Benefit	Sum Assured (SA)	Multiplier Benefit (MB)	Bonus
Death	\$100,000	\$400,000	\$10,000
Crisis Care (CC)	\$100,000	\$400,000	
Early Crisis Care (ECC)	\$60,000	\$240,000	

Event	Benefit Payable	Remaining Amount																
Policy Year 10 / Age 40 Early Stage Claim (Pre-Critical Medical Condition Claim)	<p>Pays higher of:</p> <ul style="list-style-type: none">Early Crisis Care sum assured plus bonuses (subj. to maximum payout of \$350k): \$60k + \$6k = \$66korEarly Crisis Care Multiplier Benefit (subj. to maximum payout of \$350k): \$240k <p>At age 40, MB applies. PACS pays: \$240k</p> <p>ECC is fully claimed and terminated</p> <p>Pro-rated bonus: (60k/100k) X \$10K = \$6,000</p>	<p>Remaining Death SA = Death SA – ECC SA \$100k - \$60k = \$40k</p> <p>Remaining Death MB = Death MB – ECC MB \$400k - \$240k = \$160k</p> <p>-----</p> <p>Remaining CC SA = CC SA – ECC SA \$100k - \$60k = \$40k</p> <p>Remaining CC MB = CC MB – ECC MB \$400k - \$240k = \$160k</p> <p>-----</p> <p>Remaining ECC SA = \$0 (Terminated)</p> <p>Proportionate reduction of bonus due to payout: Accumulated bonuses under basic plan = \$10k - \$6k = \$4k</p> <p>Note: If the diagnosis is before the premium due date, and the claim is filed after the premium has been paid, current refund procedure will apply.</p>																
	<p>Remaining amount after payout:</p> <table><tr><th>Benefit</th><th>SA</th><th>MB</th><th>Bonus</th></tr><tr><td>Death</td><td>\$40,000</td><td>\$160,000</td><td>\$4,000</td></tr><tr><td>Crisis Care</td><td>\$40,000</td><td>\$160,000</td><td></td></tr><tr><td>Early Crisis Care</td><td>Fully claimed and terminated</td><td>Fully claimed and terminated</td><td></td></tr></table>		Benefit	SA	MB	Bonus	Death	\$40,000	\$160,000	\$4,000	Crisis Care	\$40,000	\$160,000		Early Crisis Care	Fully claimed and terminated	Fully claimed and terminated	
Benefit	SA	MB	Bonus															
Death	\$40,000	\$160,000	\$4,000															
Crisis Care	\$40,000	\$160,000																
Early Crisis Care	Fully claimed and terminated	Fully claimed and terminated																



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

Scenario 2 - 30anb with early stage claim at age 40

PRUActive Life III 10-pay MB 4x expiring age 70:

Benefit	Sum Assured (SA)	Multiplier Benefit (MB)	Bonus
Death	\$100,000	\$400,000	\$10,000
Crisis Care (CC)	\$100,000	\$400,000	
Early Crisis Care (ECC)	\$87,500	\$350,000	

Event	Benefit Payable	Remaining Amount																
Policy Year 10 / Age 40 Early Stage Claim (Pre-Critical Medical Condition Claim)	<p>Pays higher of:</p> <ul style="list-style-type: none">Early Crisis Care (PAL III) sum assured plus bonuses (subj. to maximum payout of \$350k): \$87.5k + \$8,750 = \$96,250orEarly Crisis Care (PAL III) Multiplier Benefit (subj. to maximum payout of \$350k): \$350k <p>At age 40, MB applies. PACS pays: \$350k</p> <p>ECC is fully claimed</p>	<p>ECC SA paid out = Payout / Multiplier factor \$350k / 4 = \$87,500</p> <p>Remaining Death/CI SA = Death/CI SA – ECC SA paid out: \$100k - \$87,500 = \$12,500</p> <p>Remaining Death/CI MB = Death/CI MB – ECC MB paid out: \$400k - \$350K = \$50,000</p> <hr/> <p>Note: If the diagnosis is before the premium due date, and the claim is filed after the premium has been paid, current refund procedure will apply.</p> <p>Pro-rated bonus: (87,500 / 100k) X \$10K = \$8,750</p> <p>Accumulated bonuses under basic plan = \$10k - \$8,750 = \$1,250</p>																
	<p>Remaining amount after payout,</p> <table><tr><th>Benefit</th><th>SA</th><th>MB</th><th>Bonus</th></tr><tr><td>Death</td><td>\$12,500</td><td>\$50,000</td><td>\$1,250</td></tr><tr><td>Crisis Care</td><td>\$12,500</td><td>\$50,000</td><td></td></tr><tr><td>Early Crisis Care</td><td>Fully claimed and terminated</td><td>Fully claimed and terminated</td><td></td></tr></table>		Benefit	SA	MB	Bonus	Death	\$12,500	\$50,000	\$1,250	Crisis Care	\$12,500	\$50,000		Early Crisis Care	Fully claimed and terminated	Fully claimed and terminated	
Benefit	SA	MB	Bonus															
Death	\$12,500	\$50,000	\$1,250															
Crisis Care	\$12,500	\$50,000																
Early Crisis Care	Fully claimed and terminated	Fully claimed and terminated																



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

Multiplier Benefit Table

Multiplier Expiry Age	Benefit	Multiplier benefit for Early Crisis Care (PRUActive Life III) before the Multiplier benefit Expiry Age or Cover End Date *
Age 65 years	200%	
Age 65 years	300%	
Age 65 years	400%	
Age 65 years	500%	
Age 70 years	200%	
Age 70 years	300%	
Age 70 years	400%	
Age 70 years	500%	
Age 75 years	200%	
Age 75 years	300%	
Age 75 years	400%	
Age 75 years	500%	
Age 80 years	200%	
Age 80 years	300%	
Age 80 years	400%	
Age 80 years	500%	

* whichever event happens first

Pre-Critical Medical Conditions

The definitions of these Pre-Critical Medical Conditions can be found at the last section of the document.

Category	Pre-Critical Medical Conditions
1 Alzheimer's Disease / Severe Dementia	Moderately severe Alzheimer's Disease or Dementia
2 Benign Brain Tumour	Surgical removal of pituitary tumour or surgery for subdural haematoma
3 Blindness (Irreversible Loss of Sight)	- Loss of sight in one eye - Optic nerve atrophy with low vision
4 Coma	- Coma for 48 hours - Severe epilepsy or coma for 72 hours
5 Coronary Artery By-pass Surgery	- Keyhole coronary bypass surgery or coronary artery atherectomy or transmyocardial laser revascularisation or enhanced external counterpulsation Device Insertion
6 Deafness (Irreversible Loss of Hearing)	- Partial loss of hearing or cavernous sinus thrombosis surgery - Cochlear implant surgery
7 End Stage Kidney Failure	Surgical removal of one kidney or chronic kidney disease
8 End Stage Liver Failure	- Liver surgery - Liver cirrhosis



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

<u>Category</u>	<u>Pre-Critical Medical Conditions</u>
9 End Stage Lung Disease	- Severe asthma or insertion of a veno-cava filter - Surgical removal of one lung
10 Fulminant Hepatitis	- Hepatitis with cirrhosis or biliary tract reconstruction surgery - Chronic primary sclerosing cholangitis
11 Heart Attack of Specified Severity	- Cardiac pacemaker insertion or pericardiectomy - Cardiac defibrillator insertion or early cardiomyopathy
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 Parkinson's Disease - Moderately severe Parkinson's Disease
14 Irreversible Aplastic Anaemia	- Reversible aplastic anaemia - Myelodysplastic syndrome or myelofibrosis
15 Irreversible Loss of Speech	Loss of Speech due to neurological disease or neurological injury or permanent or temporary tracheostomy
16 Major Burns	Moderately severe burns
17 Major Cancer	- Carcinoma in situ - Early prostate cancer - Early thyroid cancer - Early bladder cancer - Early chronic lymphocytic leukaemia - Early melanoma - Gastro-intestinal stromal tumour (GIST) - Carcinoma in situ of specified organs treated with radical surgery
18 Major Head Trauma	- Facial reconstructive surgery or spinal cord injury - Intermediate stage major head trauma
19 Major Organ / Bone Marrow Transplantation	Small bowel transplant or corneal transplant
20 Motor Neurone Disease	Early motor neurone disease or peripheral neuropathy
21 Multiple Sclerosis	- Early multiple sclerosis - Mild multiple sclerosis
22 Muscular Dystrophy	Moderately severe muscular dystrophy or Spinal cord disease or injury resulting in bowel and bladder dysfunction
23 Open Chest Heart Valve Surgery	Percutaneous valve surgery
24 Open Chest Surgery to Aorta	Minimally invasive surgery to aorta or large asymptomatic aortic aneurysm



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

<u>Category</u>	<u>Pre-Critical Medical Conditions</u>
25 Other Serious Coronary Artery Disease	- Early stage other serious coronary artery disease - Intermediate stage other serious coronary artery disease
26 Paralysis (Irreversible Loss of Use of Limbs)	- Loss of use of one limb - Loss of use of one limb requiring prosthesis
27 Primary Pulmonary Hypertension	- Early pulmonary hypertension - Secondary pulmonary hypertension
28 Progressive Scleroderma	- Early progressive scleroderma - Progressive scleroderma with CREST syndrome
29 Severe Bacterial Meningitis	Bacterial meningitis with full recovery
30 Severe Encephalitis	- Viral encephalitis with full recovery - Moderate viral encephalitis with full recovery
31 Stroke with Permanent Neurological Deficit	- Brain aneurysm surgery or cerebral shunt insertion - Carotid artery surgery
32 Systemic Lupus Erythematosus with Lupus Nephritis	Mild systemic lupus erythematosus

2.2 Special Benefit

For the following Medical Conditions, we pay a Special Benefit as long as your **Early Crisis Care (PAL III) 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 7 days from the date of diagnosis.

<u>Medical conditions</u>	<u>We pay</u>
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 Care (PRUActive Life III) 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
2 Juvenile Medical conditions	- 25% of the Early Crisis Care (PRUActive Life III) 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. - up to a maximum of four different Juvenile Medical Conditions. - Up to \$250,000 per life

4 Special Medical Conditions	11 Juvenile Medical Conditions
1. Diabetic Complications	1. Glomerulonephritis with Nephrotic Syndrome
2. Osteoporosis with Fractures	2. Haemophilia A and Haemophilia B



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

3. Severe Rheumatoid Arthritis	3. Insulin Dependent Diabetes Mellitus
4. Benign Tumour requiring surgical excision	4. Kawasaki Disease with heart complications
	5. Osteogenesis Imperfecta
	6. Rheumatic Fever with valvular impairment
	7. Still's Disease
	8. Wilson's Disease
	9. Attention-deficit hyperactivity disorder (ADHD)
	10. Autism Spectrum Disorder (ASD)
	11. Dyslexia

A claim under the Special benefit will not:

- reduce the sum assured of the Early Crisis Care (PRUActive Life III).

Please refer to Appendix A for the definitions of the Medical Conditions.

3 POLICY LIMITS

3.1 Age at Entry

Crisis Care (PAL III) and Early Crisis Care (PAL III) follows the entry age of the main plan:

	Minimum	Maximum
Crisis Care (PAL III) and Early Crisis Care (PAL III)	1 anb	70 anb

3.2 Age at Expiry

	Crisis Care (PAL III) and Early Crisis Care (PAL III) Benefit
Policy term	Whole of life

3.3 Policy term

Benefit	Policy Term
Crisis Care (PRUActive Life III) benefit	Whole of life
Early and Intermediate Stage benefits under Early Crisis Care (PRUActive Life III) benefit	Whole of life
Special Medical Conditions under Early Crisis Care (PRUActive Life III) benefit	85anb
Juvenile Medical Conditions under Early Crisis Care (PRUActive Life III) benefit	18anb

3.4 Premium term

Crisis Care (PRUActive Life III) and Early Crisis Care (PAL III) follows the premium term of the main plan chosen.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

PAL III premium term is from 5 to 35 year.

3.5 Size of policy

Size of Policy	Death Benefit	Terminal Illness Benefit	Accelerated Disability Benefit	Crisis Care (PAL III) Benefit	Early Crisis Care (PAL III) Benefit
1 – 16 anb	Min	\$10,000 sum assured (SA)		\$10,000 SA	\$10,000 SA
	Max	\$1million multiplier benefit		\$1million multiplier benefit or multiplier benefit of PAL III, whichever is lower	\$350,000 multiplier benefit or multiplier benefit of Crisis Care (PAL III), whichever is lower
17 – 60 anb	Min	\$10,000 SA		\$10,000 SA	\$10,000 SA
	Max	Subject to financial underwriting and Country Limit		Subject to financial underwriting and Country Limit or multiplier benefit of PAL III, whichever is lower	\$350,000 multiplier benefit or multiplier benefit of Crisis Care (PAL III), whichever is lower

If the policy has no Multiplier Benefit, then the limit will apply on the sum assured

Multiplier benefit of Early Crisis Care (PAL III) must be equal or lower than that of Crisis Care (PAL III)

3.6 Multiplier Benefit and Expiry Age

Multiplier Benefit and Expiry Age follows that of the main plan.

3.7 Mode and Method of payment

Mode and method of payment follows that of the main plan.

4 POLICY VALUES

4.1 Surrender Values

Not available

4.2 Policy Alteration

For any policy alteration, the policyholder will need to give 7 days written notification to the Company.

Policyholder cannot apply for increase in sum assured.

Sum assured can only be reduced during the premium payment term.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

After the sum assured is reduced, the Multiplier Benefit will be based on the Multiplier Benefit factor at inception age.

Reduction in sum assured must be in multiples of \$500. Minimum remaining sum assured must be at least the minimum sum assured of the benefit, ie \$10,000.

Reduction will take effect from the paid-to-date.

4.3 Automatic Premium Loan

Not available

4.4 Paid-up Value

Not available

4.5 Bonus Surrender

Not available

4.6 Surgical and Nursing Loan

Not available

4.7 Policy Loan

Not available

5 POLICY CONDITIONS

5.1 Free Look Provision

The customer has 14 days to review the policy. If the customer decides that the policy is not suitable for his or her needs, a full refund of the premiums less medical (if any) and other expenses incurred will be made to the customer upon receipt of a written notification within 14 days from the date the customer received the policy.

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

5.2 Grace Period for Renewal Premium

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

5.3 Guaranteed Renewal

Crisis Care (PAL III) is guaranteed renewable throughout the policy term as long as the required premium is paid before the end of the grace period for premium payment.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

Early Crisis Care (PAL III) is guaranteed renewable throughout the policy term as long as the required premium is paid before the end of the grace period for premium payment.

5.4 Non-guaranteed Premium

The premium rate of Crisis Care (PAL III) is not guaranteed and PACS reserves the right to vary the premium rates at any time by giving 30 days' notice to the policyholder before doing so.

The premium rate of Early Crisis Care (PAL III) is not guaranteed and PACS reserves the right to vary the premium rates at any time by giving 30 days' notice to the policyholder before doing so.

5.5 Revival Criteria / Reinstatement of Policy

Revival is subject to the submission of relevant forms such as revival forms and supplementary proposal form, where underwriting is required for lapsed riders/ supplementary benefit.

Policies terminated for 2 months or less

- a. Payment of all unpaid premiums including supplementary premiums if any, from the premium due dates.

Policies terminated for more than 2 months and up to 12 months

- a. Completion of the Reinstatement Application, and
- b. Completion of the Supplementary Proposal Form if the sum assured is more than or equal to \$500,000 on any policy, and
- c.
 - i) Payment of all unpaid premiums including supplementary premiums if any, from the premium due dates; or
 - ii) Payment of current premium including supplementary premiums if any.

Policies terminated for more than 12 months and up to 24 months

- a. Completion of the Reinstatement Application, and
- b. Completion of the Supplementary Proposal Form, and
- c.
 - i) Payment of all unpaid premiums including supplementary premiums if any, from the premium due dates OR
 - ii) Payment of current premium including supplementary premiums if any.

5.6 Alter from Inception

Change of payment frequency and campaign code is allowed.

5.7 Mid-term Addition (MTA)

Crisis Care (PAL III) and Early Crisis Care (PAL III) is allowed for MTA to PRUActive Life III for the first 2 years of the policy from inception, provided that the remaining premium term must be at least 5 years.

Early Crisis Care (PAL III) can only be attached to PRUActive Life III if Crisis Care (PAL III) is attached.

MTA is subject to underwriting and health declaration by the life assured.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

5.8 Notice of Claim

All documents submitted that are not in English must be translated to English by an accredited translator at the policyholder's or the claimant's expense.

Policyholder or the claimant must send us as soon as practicable, at their own expense:

- a completed Critical Illness claim form;
- the 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 as required by us; and
- a completed Clinical Abstract Application Form

We reserve the right to ask the policyholder to provide, at their own expense, more documents or evidence to help us assess the claim.

Policyholder or claimant 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.

"Registered Medical Practitioner" is any person properly qualified by degree in western medicine to practice medicine, and is licensed by the appropriate medical authority of his country of residence to practice medicine within the scope of his licensing and training and excludes the policyholder, the life assured or a family member of either

5.9 Termination of benefits

The benefits under the Crisis Care (PRUActive Life III) Benefit will terminate upon:

- the death of the life assured;
 - non-payment of premiums;
 - the Cover Expiry Date as shown on the Certificate of Life Assurance;
 - a claim under the Crisis Care (PRUActive Life III) Benefit within the PRUActive Life III policy (except if the claim is for Angioplasty and Other Invasive Treatment for Coronary Artery);
 - claiming the full sum assured under the Critical Illness Benefit; or
 - the termination of the PRUActive Life III policy,
- whichever event occurs first.

The benefits under Early Crisis Care (PAL III) will terminate upon:

- the death of the life assured;
 - non-payment of premiums;
 - the Cover Expiry Date as shown on your Certificate of Life Assurance;
 - if you made a claim under the Crisis Care (PRUActive Life III) benefit (except if the claim is for Angioplasty and Other Invasive Treatment for Coronary Artery);
 - If you claimed the full sum assured under the Pre-Critical Medical Conditions benefit; or
 - the termination of the PAL III that it is attached to,
- whichever event occurs first.

5.10 Governing Law

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



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

5.11 Changes to Policy Benefit and Conditions

The Company reserves the rights to terminate or vary the policy benefits, conditions or plan at any time if any material fact affecting the risk is incorrectly stated or represented to us or is omitted from any of the documents submitted to us.

6 TYPE OF POLICIES WHICH IT MAY BE ATTACHED TO

Crisis Care (PAL III) and Early Crisis Care (PAL III) can only be added as a supplementary benefit to PRUActive Life III.

7 EXCLUSIONS

We do not pay in any of the following circumstances:

- the critical illness existed before the Cover Start Date or date of reinstatement (if any) of this benefit;
- 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. 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 or date of reinstatement (if any) of this benefit;
- the life assured is diagnosed as having a Heart Attack of Specified Severity, Major Cancer (including Carcinoma in situ) 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;
- 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 the performance of a Coronary Artery By-pass Surgery at all severity levels, 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;
- the life assured is diagnosed as having an illness caused by:
 - self-inflicted injuries while sane or insane;
 - Acquired Immunodeficiency Syndrome (AIDS), AIDS-related complex or infection by
 - Human Immunodeficiency Virus (HIV) except HIV Due to Blood Transfusion and Occupationally Acquired 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 Exclusion and/or Special Terms and Conditions shown on your Certificate of Life Assurance;
- participation or attempted participation in an unlawful act; or
- alcohol or drug abuse.

8 UNDERWRITING GUIDELINES

8.1 Medical Underwriting

Full underwriting is required.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

8.2 Financial Underwriting

No aggregation to current Critical Illness product

8.3 Aggregation

Early CC products such as PruEarly Stage Crisis Cover, Early Stage Crisis Cover, Early Crisis Cover Provider and Early Crisis Cover Limited Pay are aggregated in calculation of issue limit of up to \$350,000 within Prudential Singapore.

This is not aggregated to LIA CI products.

8.4 Impaired Lives

For impaired lives, extra premium will be imposed on the life assured.

Early Crisis Care (PAL III) cannot be attached to PRUActive Life III, if the Crisis Care (PAL III) is declined due to underwriting.

8.5 Restriction on Nationality

This plan is available to all Singaporean, Singapore Permanent Resident and foreigner with valid passes.

For foreigners without valid passes, please refer to the residency table in Pruinfo.

9 PREMIUM CALCULATION

9.1 Premium Rates

Premiums rates not guaranteed and vary according to age of entry, gender, smoker status and premium term.

9.2 Frequency Factors for Different Premium Paying Mode

The rates published are annual rates. The frequency factors used for conversion into other modes of payment are:

Premium payable	Yearly	Half-yearly	Quarterly	Monthly
Frequency factor	1	0.505	0.255	0.085



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

PRUActive Life III, Crisis Care (PRUActive Life III) and Early Crisis Care (PRUActive Life III)

FREQUENTLY ASKED QUESTIONS

PRODUCT FEATURES

Q1 What are the key benefits of PRUActive Life III?

PRUActive Life III was launched on 20 January 2022 with the following key benefits:

- Whole life that provides comprehensive protection against Death, Terminal Illness and Total and Permanent Disability
- Flexible Premium Payment Term ranging from 5 to 35 years to meet your customer's unique needs
- Other embedded benefits to base plan: Kinship Booster, Premium Defer Benefit and Family Waiver Benefit
- Multiplier Benefit to boost the coverage up to 5 times until age of 65/70/75/80
- Optional coverage against any stage of critical illness with Crisis Care and Early Crisis Care

Q2 Why are we enhancing Early Crisis Care (PRUActive Life III)?

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 the following changes:

- **Enhanced Carcinoma In Situ definition** – We are now covering all organs, with the removal of specified organ requirements from the Carcinoma In Situ definition; provided it fulfils the terms and conditions.
- **Introduction of Pre-Critical Medical Conditions** – The early and intermediate stage medical conditions are now named Pre-Critical Medical Conditions for simplicity. There is no change to the definition details of the medical conditions, except for the above enhancement on Carcinoma In Situ under the Major Cancer category.
- **Maximum payout limit of Pre-Critical Medical Conditions** – The maximum payout limit is now S\$350,000 for both early and intermediate stage medical conditions.
- **Removal of Premium Waiver benefit** – With the payment of FULL sum assured of Early Crisis Care (PRUActive Life III) upon claim on the covered Pre-Critical Medical Condition, Early Crisis Care (PRUActive Life III) will terminate and hence, the Premium Waiver benefit will no longer be applicable as there is no remaining premiums to be waived.

There is no change to Early Crisis Care (PRUActive Life III) premiums.

Q3 When will the Early Crisis Care (PRUActive Life III) enhancements take effect?

The enhanced benefits will take effect on 03 October 2023 and apply to new customers and existing customers holding an inforce Early Crisis Care (PRUActive Life III) rider.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

Q4 What will happen to my customers who submitted their Early Crisis Care (PRUActive Life III) application before the enhancement launch date but their Early Crisis Care (PRUActive Life III) policy is issued after the enhancement launch date?

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

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.

Q5 When will Death, Terminal Illness, Total and Permanent Disability and Critical Illness (if added) cover cease for PRUActive Life III?

PRUActive Life III is a whole of life plan. This means that as long as the policy has not been terminated, the policy will cover the life assured as long as he lives, even if he lives to 150 years old.

Q6 My client has selected PRUActive Life III 65 3X. Will Death, Terminal Illness and Total and Permanent Disability cover cease upon the Multiplier Benefit Expiry Age?

The multiplier benefit will cease for all benefits (Death, Terminal Illness and Total and Permanent Disability) and the plan will continue for whole of life for all benefits (Death, Terminal Illness and Total and Permanent Disability) for the sum assured chosen.

Q7 Can I choose a different Multiplier Benefit for the Crisis Care (PRUActive Life III) rider?

No, the Multiplier Benefit for Crisis Care (PRUActive Life III) rider will follow that of the main plan.

However, the sum assured for Crisis Care (PRUActive Life III) can be equal to or lower than that of PRUActive Life III, subject to a minimum of \$10,000.

Q8 Will my PRUActive Life III be terminated when I make a claim on my Crisis Care (PRUActive Life III) or Early Crisis Care (PRUActive Life III) benefit?

PRUActive Life III will be terminated when a claim is made on Crisis Care (PRUActive Life III) or Early Crisis Care (PRUActive Life III) benefit if the sum assured of PRUActive Life III and Crisis Care (PRUActive Life III) or Early Crisis Care (PRUActive Life III) benefit is the same.

However, if the sum assured for Crisis Care (PRUActive Life III) is lower than that of PRUActive Life III, the PRUActive Life III plan will continue for the reduced sum assured provided that the policyowner continues to pay premiums. The premium to be paid will be reduced in proportion to the claim amount.

Q9 Will the premiums for my PRUActive Life III plan be reduced if the sum assured for my Crisis Care or Early Crisis Care benefit is lower than that of PRUActive Life III, and my PRUActive Life III plan continues for the reduced sum assured when I make a claim on my Crisis Care or Early Crisis Care benefit?

Yes, the premium to be paid for your PRUActive Life III plan will be reduced in proportion to the claim amount.

Q10 What is the Premium Defer Benefit?

The Premium Defer benefit allows the policyowner to postpone paying premiums for two years or the remaining premium term, whichever is shorter, if the surrender value of the policy is at least 100% of two years' premiums.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

We do this by giving the policyowner an interest-free policy loan that will pay his premiums for two years or the remaining premium term, whichever is shorter.

This will mean that the plan's surrender value will not be affected although the client has not been paying his premiums.

If we make any payment to the policyowner during this premium deferment period, we will first deduct any interest-free policy loan amounts granted under this Premium Defer benefit. For example, if the client surrenders his plans during this premium deferment period, we will first deduct the interest-free policy loan amount from the surrender value before making the payment.

After the premium deferment period, the policyowner will have to pay back this interest-free loan amount. If the loan is not paid back at the end of the premium deferment period, interest will be charged.

We charge a yearly interest rate on the loan amount starting from the end of the premium deferment period. This interest rate may change and accrues on a daily basis. On each policy anniversary of the policy, we add the previous year's interest to the loan amount and charge interest on the total until the loan is repaid.

We can change the interest rate but will give three months' written notice if we do so. The loan amount and interest will be amounts owed to us. The loan can be repaid at any time. We deduct the loan amount and interest from any payment we make under the policy. If the total amount owes to us under the policy is more than the surrender value, the policy will end immediately.

If there already is a policy loan or automatic premium loan under the policy, that will continue to incur interest and will affect the surrender value.

This benefit can only be used once for each PRUActive Life III policy.

To apply, clients need to submit an application form and meet the condition on it. We will let the client know if we accept the application.

Q11 Will the customer need to show proof of financial difficulty or letter of retrenchment for the Premium Defer benefit to be approved?

No proof is required for this benefit. However, this benefit can only be used once for each PRUActive Life III policy.

Q12 What is the Buy Another Policy Benefit?

If you, as the life assured, bought your policy on standard terms (in other words, you were not given our offer of conditional acceptance where the life assured was offered special terms and conditions for accepting the proposal for life assurance), you can buy another whole life, endowment or term policy without evidence of good health.

You can do this at the life assured's following life events:

- gets married;
- becomes a parent;
- adopts a child through legal means.
- suffers the death of a husband or wife;
- divorces;
- the life assured's child getting married;



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

- the life assured's child starting primary school; or
- the life assured's child starting secondary school.

However, you can only use this option twice in the lifetime of the life assured, meaning on two separate life events.

The type of policy that you can buy depends on the products available at the time of the life events. We can change the types of policy the life assured can buy at the time of the life events.

The death and accelerated terminal illness benefits (if offered under the new policy) will be available under the new policy. You can choose to include the disability and/or critical illness benefits to the new policy as long as your PRUActive Life III policy also has this benefit.

The new policy must:

- be bought within three months from the date of the relevant life event;
- have a term that is equal to or less than the remaining term of your original policy; and
- have a sum assured that is not more than:
 - \$150,000; or
 - 25% of the Multiplier benefitwhichever is lower. This sum assured limit applies to each life event, no matter how many policies with this benefit that you may have.

You can only do this if:

- the life assured is under 50 years of age;
- you have paid all the premiums due under your policy; and
- you have not made a disability, critical illness (including the pre-critical medical conditions and special benefit) or terminal illness claim on any policy that you have with us.

You must pay the increased premium based on the age of the life assured at the time you buy the new policy. There will be a minimum yearly premium which we will tell you about when you buy the policy.

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.

Q13 If my customer wants to apply for more than the allowed Sum Assured under the "Buy Another Policy", can this be done?

Yes. However, the full Sum Assured will be subjected to full underwriting.

Q14 What is the Kinship Booster Benefit?

The Kinship Booster Benefit will add an extra 10% of the basic sum assured, subject to a maximum of \$100,000 per life assured to the death and terminal illness benefits on the life assured's own PRUActive Life III policy when an immediate family member buys a PRUActive Life III policy.

Q15 What is the definition of Immediate family members under the Kinship Booster Benefit?

Immediate family members include parents, husband or wife and children by birth or adoption. Siblings can also be considered immediate family members provided that they are agreeable to produce their Birth certificates as proof of relationship.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

Q16 Will the Kinship Booster Benefit apply if I have a PRUActive Life policy but my immediate family buys a PRUActive Life III policy?

Yes, the Kinship Booster applies to all plans under the PRUActive Life series, namely PRUActive Life, PRUActive Life II and PRUActive Life III.

Q17 What happens when a family of 4 (Husband, wife and 2 children) buys PRUActive Life III at the same time? Will they be able to enjoy the Kinship Booster Benefit?

Yes, 3 out of the 4 immediate family members will get to enjoy the Kinship Booster benefit.

Clients can choose which 3 of the family members can receive the benefit by stating their intention on the Kinship Booster benefit form submitted provided that each PRUActive Life III policy will enjoy one Kinship Booster Benefit only.

It does not matter which of the policies are inception first, we will add the 10% sum assured the following month after the immediate family's PRUActive Life III policy has passed the 14-day free-look period

Example:

Life Assured / SA	Immediate Family / SA	Kinship Booster Benefit
Mother SA \$100k	Child 1 SA \$50k	Mother receives \$10k booster
		Child 1 no booster
Child 1 SA \$50k	Father SA \$200k	Child 1 receive \$5k booster
		Father no booster
Father SA \$200k	Child 2 SA \$40k	Father receive \$20k booster
		Child 2 no booster

Q18 What happens when a family of 4 buys PRUActive Life III for different life assureds under the same policy holder? Will they be able to enjoy the Kinship Booster Benefit?

Yes, the kinship booster benefit applies to different life assured, 3 out of the 4 immediate family members who are different life assureds will get to enjoy the Kinship Booster benefit.

Example:

Life Assured / SA	Immediate Family / SA	Kinship Booster Benefit
Mother SA \$100k	Child 1 (PH is Mother) SA \$50k	Mother receives \$10k booster
		Child 1 no booster
Child 1 (PH is Mother) SA \$50k	Child 2 (PH is Mother) SA \$50k	Child 1 receive \$5k booster
		Child 2 no booster
Child 2 (PH is Mother)		Child 2 receive \$5k booster



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

SA \$50k	Child 3 (PH is Mother) SA \$50k	Child 3 no booster
----------	------------------------------------	--------------------

Q19 What happens when a family of 3 (Husband, wife and 1 child) buys PRUActive Life III at the different times? Will they be able to enjoy the Kinship Booster Benefit?

Yes, clients can choose which of their family members can receive the benefit by stating their intention on the Kinship Booster benefit form submitted provided that each PRUActive Life III policy will enjoy one Kinship Booster Benefit only.

Example 1:

Life Assured / SA	Immediate Family / SA	Kinship Booster Benefit
Mother P/N 0000 SA \$100k incepted on 15 Jan 20	Child P/N 3333 SA \$100k incepted on 15 Jan 23	Mother receives \$10,000 booster
		Child no booster
Mother P/N 0000 SA \$100k (same policy) incepted on 15 Jan 20	Husband P/N 5555 SA \$200k incepted on 15 Jan 25	Mother does not receive booster as booster can only be applied once in the policy term
		Husband no booster

Example 2:

Life Assured / SA	Immediate Family / SA	Kinship Booster Benefit
Mother P/N 0000 SA \$100k incepted on 15 Jan 20	Child P/N 3333 SA \$100k incepted on 15 Jan 23	Mother receives \$10,000 booster
		Child no booster
Mother P/N 0000 SA \$100k (same policy) incepted on 15 Jan 20	Husband P/N 5555 SA \$200k incepted on 15 Jan 25	Mother does not receive booster as booster can only be applied once in the policy term
		Child receives \$10,000 booster

Example 3:

Life Assured / SA	Immediate Family / SA	Kinship Booster Benefit
Mother P/N 0000 SA \$100k incepted on 15 Jan 20	Child P/N 3333 SA \$100k incepted on 15 Jan 23	Mother receives \$10,000 booster
		Child no booster
Child P/N 3333 SA \$100k incepted on 15 Jan 23	Husband P/N 5555 SA \$200k incepted on 15 Jan 25	Child receives \$10,000 booster
		Husband no booster

Q20 My client bought 2 PRUActive Life III policies, can she receive the Kinship Booster Benefit on both her policies?

Yes, as long as she has not reached the cap of \$100,000 of Kinship Booster Benefit per life assured:

Life Assured / SA	Immediate Family / SA	Kinship Booster Benefit
Mother P/N 0000 SA \$100k incepted on 15 Jan 20	Child P/N 3333 SA \$100k incepted on 15 Jan 23	Mother receives \$10,000 booster
		Child no booster



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

Mother P/N 1111 SA \$100k incepted on 15 Jan 21	Husband P/N 5555 SA \$200k incepted on 15 Jan 25	Mother receives another \$10,000 booster
		Husband no booster

Q21 What is the Family Waiver Benefit?

Under the Family Waiver benefit, when an immediate family of the life assured dies, we waive the premiums of your PRUActive Life III policy and its supplementary benefits, for a period of up to one year.

Q22 What is the definition of Immediate family members under the Family Waiver Benefit?

The immediate family of the life assured includes the spouse or legal children. Legal children refer to the biological, stepchildren or adopted children of the life assured, including any future child or children that the life assured may have after the cover start date of the policy. This does not include any unborn children.

Please refer to question 15 on the definition of immediate family members for the Kinship Booster benefit as it differs from the definition of immediate family members for the Family Waiver benefit.

Q23 What happens if my customer makes a Family Waiver claim when he has made his last annual premium payment with 6 months of the premium term left. Will he get a refund?

No, if the last annual premium has been made, we will not refund the premium paid.

Similarly, customers on monthly premium mode will not get the full 1 year premium waiver when he makes a Family Waiver claim with 6 months of the premium term left.

Q24 What are supplementary benefits that can be attached to PRUActive Life III?

1. Crisis Care (PRUActive Life III)
2. Early Crisis Care (PRUActive Life III) **ENHANCED**
3. Fracture Care
4. Accident Assist
5. Recovery Aid
6. Payer Security Plus
7. Early Payer Security on Payer Security Plus.
8. PRUSmart Lady II is only attachable to PRUActive Life III plans with premium term 10 years and above only.

Q25 Will the attached supplementary benefits also enjoy the Multiplier Benefit?

Not all supplementary benefits will enjoy the Multiplier Benefit.

The Multiplier Benefit is the feature of the PRUActive Life III and it only applies to Death, Terminal Illness, Total and Permanent Disability and Critical Illness. The Multiplier percentage will not be applied on any Supplementary Benefits except Crisis Care (PRUActive Life III) and Early Crisis Care (PRUActive Life III).

Q26 Do we allow Mid-Term Add (MTA) of Crisis Care (PRUActive Life III), Early Crisis Care (PRUActive Life III) to PRUActive Life III?

Yes, Crisis Care (PRUActive Life III) and Early Crisis Care (PRUActive Life III) can be added anytime within the first two years from the start of the policy but the remaining premium term must be at least four years and 1 month.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

Q27 Is Mid-Term Add (MTA) of other supplementary benefit(s) allowed?

Yes. MTA of other supplementary benefits are allowed. Do note that terms and conditions of the respective supplementary benefits apply.

Q28 What are the definition of the critical illnesses and pre-critical medical conditions covered under Crisis Care (PRUActive Life III) and Early Crisis Care (PRUActive Life III) to PRUActive Life III?

Please refer to Appendix.

Q29 Can we add Early Crisis Care (PRUActive Life III) rider without adding Crisis Care (PRUActive Life III) to PRUActive Life III?

No, Early Crisis Care (PRUActive Life III) rider cannot be added to PRUActive Life III without adding Crisis Care (PRUActive Life III) as Early Crisis Care (PRUActive Life III) accelerates from Crisis Care (PRUActive Life III).

Q30 What happens if I migrate out of Singapore? Will I still be covered under PRUActive Life III, Crisis Care (PAL III) and Early Crisis Care (PAL III)?

Yes, we provide 24-hour worldwide cover for PRUActive Life III, Crisis Care (PAL III) and Early Crisis Care (PAL III) except for Crisis Care Accelerator benefit under Crisis Care (PAL III).

Q31 Is Crisis Care Accelerator benefit under Crisis Care (PAL III) applicable for overseas medical treatment?

No, Crisis Care Accelerator benefit under Crisis Care (PAL III) is not applicable for overseas medical treatment;

EARLY CRISIS CARE (PRUACTIVE LIFE III) ENHANCEMENTS

Q32 What is the revised definition of Carcinoma In Situ?

Carcinoma In Situ	Enhanced Carcinoma In Situ (with effect from enhancement launch date)
<ul style="list-style-type: none">- Carcinoma in situ of specified organs- Early Prostate Cancer- Early Thyroid Cancer- Early Bladder Cancer- Early Chronic Lymphocytic Leukaemia- Early Melanoma- Gastro-intestinal Stromal Tumour (GIST)	<ul style="list-style-type: none">- Carcinoma in situ- Early Prostate Cancer- Early Thyroid Cancer- Early Bladder Cancer- Early Chronic Lymphocytic Leukaemia- Early Melanoma- Gastro-intestinal Stromal Tumour (GIST)
Carcinoma in situ of specified organs treated with Radical Surgery	Carcinoma in situ of specified organs treated with Radical Surgery

Q33 How does the new Pre-Critical Medical Condition look like?

The early and intermediate stage medical conditions are now named Pre-Critical Medical Conditions for simplicity. There is no change to the definition details of the medical conditions except for the above-mentioned Carcinoma In Situ.

For example:



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

Early Stage Medical Conditions and Intermediate Stage Medical Conditions	Pre-Critical Medical Conditions
<p>“Blindness (Irreversible Loss of Sight)”</p> <ul style="list-style-type: none">- Early Stage Medical Conditions: Loss of sight in one eye- Intermediate Stage Medical Conditions: Optic Nerve Atrophy with low vision	<p>“Blindness (Irreversible Loss of Sight)”</p> <ul style="list-style-type: none">- Loss of sight in one eye- Optic Nerve Atrophy with low vision
<p>“Heart Attack of Specified Severity”</p> <ul style="list-style-type: none">- Early Stage Medical Conditions: Cardiac pacemaker insertion or Pericardectomy- Intermediate Stage Medical Conditions: Cardiac defibrillator insertion or Early Cardiomyopathy	<p>“Heart Attack of Specified Severity”</p> <ul style="list-style-type: none">- Cardiac pacemaker insertion or Pericardectomy- Cardiac defibrillator insertion or Early Cardiomyopathy

Q34 What is the new maximum payout limit for Early Crisis Care (PRUActive Life III)?

Since the early and intermediate stage medical conditions are now collectively known as Pre-Critical Medical Conditions, there is no longer a sub-limit of \$250,000 under the previous Early Stage medical conditions. Upon a diagnosis of a Pre-Critical Medical Condition, the total sum assured will be subject to the maximum payout limit of \$350,000 and will be paid out as follows:

If the Multiplier Benefit was added

We will pay the higher of:

- the chosen sum assured for Early Crisis Care (PRUActive Life III) plus pro-rated bonuses; or
- the Multiplier Benefit of Early Crisis Care (PRUActive Life III), up to a maximum payout of \$350,000, less any amounts you owe us.

After the Multiplier Benefit expiry age, or if the Multiplier Benefit was not added

We will pay the chosen sum assured for Early Crisis Care (PRUActive Life III) plus pro-rated bonuses, up to a maximum payout of \$350,000, less any amounts you owe us.

Early Crisis Care (PRUActive Life III) benefit ends once the total sum assured is paid out.

Q35 Why is Premium Waiver benefit removed from the Early Crisis Care (PRUActive Life III)?

Premium Waiver benefit was designed to waive future premiums for Early Crisis Care (PRUActive Life III) benefit after a successful claim under the early stage benefit, if 100% of the sum assured has not been paid out.

Because a FULL sum assured of Early Crisis Care (PRUActive Life III) will be paid out upon claim on the covered Pre-Critical Medical Condition, Early Crisis Care (PRUActive Life III) will terminate and therefore, the Premium Waiver benefit will no longer be applicable as there is no remaining premiums to be waived.

NEW BUSINESS

Q36 Who is eligible to apply?

The plan is available to all Singaporeans, Singapore Permanent Residents and foreigners with valid passes. Other pass holders will be considered on case by case basis.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

Please refer to PRUInfo's Foreigner Guidelines (File named: New Business) for more info.

Q37 How do we calculate the aggregated Sum Assured for PRUActive Life III?

The aggregated sum assured is based on after applying the multiplier benefit and not the sum assured.

Q38 Can the customer choose to backdate the policy?

Yes, backdating is allowed for PRUActive Life III provided it is:

- Up to 6 months from the policy issuance date; and
- It does not cross the calendar year of the product launch year which is 2022.

Q39 Will the issuance limits for Disability or Critical Illness apply for PRUActive Life III?

Yes, issuance limits will apply. The sum assured offer-able and its corresponding premium payable will be indicated on the conditional acceptance letter (CAL). No fresh policy illustration is required.

Q40 Is PRUActive Life III eligible for PRUSmart Lady II or PRUMan/PRULady discount?

Yes, PRUActive Life III eligible for PruSmart Lady II or PruMan/PruLady discount.

PREMIUM RATES

Q41 Are premium rates for PRUActive Life III and riders guaranteed?

The premium rates for PRUActive Life III are guaranteed during the premium payment term.

However, the premium rates for riders such as Crisis Care (PAL III) and Early Crisis Care (PAL III) are not guaranteed.

Q42 What is the Large Sum Assured Discount for PRUActive Life III?

Adjustment to basic premium per \$1,000 sum assured										
Sum Assured	5 Pay	6 Pay	7 Pay	8 Pay	9 Pay	10 Pay	11 Pay	12 Pay	13 Pay	14 Pay
Less than \$30,000	+5.50	+5.30	+5.10	+4.90	+4.70	+4.50	+4.30	+4.10	+3.80	+3.60
\$30,000 - \$49,999	+3.00	+2.90	+2.80	+2.70	+2.60	+2.50	+2.40	+2.30	+2.30	+2.20
\$50,000 - \$69,999	+2.00	+1.90	+1.80	+1.70	+1.60	+1.50	+1.40	+1.30	+1.30	+1.20
\$70,000 - \$89,999	+0.60	+0.60	+0.60	+0.60	+0.60	+0.60	+0.60	+0.60	+0.50	+0.40
\$90,000 - \$199,999	-1.60	-1.30	-1.05	-0.90	-0.74	-0.66	-0.58	-0.50	-0.50	-0.50
\$200,000 and above	-1.60	-1.30	-1.05	-0.90	-0.74	-0.66	-0.58	-0.50	-0.50	-0.50

Sum Assured	15 Pay	16 Pay	17 Pay	18 Pay	19 Pay	20 Pay	21 Pay	22 Pay	23 Pay	24 Pay
Less than \$30,000	+3.40	+3.30	+3.30	+3.20	+3.20	+3.10	+3.00	+3.00	+2.90	+2.90



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

\$30,000 -											
\$49,999	+2.10	+2.10	+2.00	+2.00	+1.90	+1.90	+1.90	+1.80	+1.80	+1.70	
\$50,000 -											
\$69,999	+1.10	+1.10	+1.00	+1.00	+1.00	+0.95	+0.90	+0.90	+0.90	+0.90	
\$70,000 -											
\$89,999	+0.40	+0.40	+0.40	+0.40	+0.40	+0.35	+0.30	+0.30	+0.30	+0.30	
\$90,000 -											
\$199,999	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50	
\$200,000 and above	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50	

Sum Assured	25 Pay	26 Pay	27 Pay	28 Pay	29 Pay	30 Pay	31 Pay	32 Pay	33 Pay	34 Pay	35 Pay
Less than \$30,000	+2.80	+2.70	+2.70	+2.60	+2.60	+2.50	+2.40	+2.40	+2.30	+2.30	+2.20
\$30,000 - \$49,999	+1.70	+1.70	+1.60	+1.60	+1.50	+1.50	+1.50	+1.40	+1.40	+1.40	+1.30
\$50,000 - \$69,999	+0.80	+0.80	+0.80	+0.70	+0.70	+0.65	+0.60	+0.60	+0.60	+0.60	+0.60
\$70,000 - \$89,999	+0.30	+0.30	+0.30	+0.30	+0.30	+0.30	+0.25	+0.20	+0.20	+0.20	+0.20
\$90,000 - \$199,999	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50
\$200,000 and above	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50	-0.50

Q43 Are extra premiums to be paid for premium loading entitled to the Large Sum Assured Discount?

No, extra premiums to be paid for premium loading are not entitled to the Large Sum Assured Discount

POLICY SERVICES

Q44 Can the customer choose to reduce the Sum Assured of the PRUActive Life III?

The customer can apply to reduce the sum assured of his policy on the next premium due date.

The minimum reduced sum assured amount is in multiples of \$500 and the remaining balance of the sum assured must be at least \$10,000. For the amount of Sum Assured reduced under the policy, partial surrender value (if any), less any outstanding amount owing to us, will be paid.

The Multiplier Benefit percentage and Multiplier Benefit expiry age will not change after the sum assured is reduced.

Q45 What will happen to the policy in the event of non-payment of premium?

The policy will be maintained under the Automatic Premium Loan features provided there is sufficient surrender value to advance the premium due.

The premiums due will be advanced under the Automatic Premium Loan feature of the plan and we charge an interest of 5.25% per annum. We reserve the right to vary the interest rates from time to time.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

The policy will terminate, and no benefits will be payable once the outstanding policy loans, premiums and interest exceeds the surrender value of the policy.

CLAIMS

Q46 How will the claim be assessed for the enhanced Early Crisis Care (PRUActive Life III)?

The coverage for customer's policy will be based on the above-listed changes starting from 03 October 2023, and ONLY applies for claims on conditions with date of diagnosis being on and after October 2023.

For any claims with the condition's date of diagnosis being before 03 October 2023, the above-listed changes will not be applicable and the claim(s) will be assessed based on the coverage stated in customer's original policy contract. If customer's claim(s) have been assessed by us, our decision would remain unchanged.

Q47 What happens upon a claim should the policy be on Automatic Premium Loan?

We will deduct the Automatic Premium Loan and any other amounts owing to us from the claim amount before paying out the claim to the Policyowner.

Q48 Will the policy pay any Maturity Benefit?

No, this is a whole of life plan which does not mature but carries on accumulating bonuses up to payout on a Benefit event. Benefits are paid out on Death, Disability, Terminal Illness or Critical Illness if Early Crisis Care and/or Crisis Care rider are attached (any age).

Q49 My customer bought a PRUActive Life III 70 3X with a sum assured of \$100,000. What will happen if there is a Critical Illness claim before the Multiplier Benefit Expiry Age?

Your customer's Multiplier Benefit amount would be \$300,000 and assuming if he/she is diagnosed with critical illness before the age of 70 years, we will pay the higher of:

- Sum assured plus bonuses; or
- Multiplier Benefit

Less any amount owing to us

In this case, assuming no previous claim has been made, we will pay out \$300,000 (assuming Multiplier Benefit is higher than sum assured plus bonuses) and the policy terminates. No further claims can be made.

Q50 Similarly, if my customer has a PRUActive Life III 70 2X with a sum assured of \$100,000. What will happen if there is an angioplasty claim before the Multiplier Benefit Expiry Age?

Your customer's multiplier benefit amount would be \$200,000 and assuming if he/she makes an angioplasty claim before the age of 70 years, we will pay:

- 10% of the Multiplier Benefit, subject to a maximum amount of \$25,000

The sum assured of PRUActive Life III will be reduced by the amount paid out on the angioplasty and other invasive treatment for coronary artery claim divided by the applied Multiplier.

In this case, we will pay \$20,000. The sum assured of PRUActive Life III will be reduced in proportion, by 10% to \$90,000 for the base plan sum assured and, to \$180,000 for multiplier benefit. Premiums will also be revised according to the reduced sum assured.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

SALES ADVISORY STANDARDS

Q51 What do I need to take note of when completing PruPlanner for this product?

PRUActive Life III is suitable for customer who wish to address Wealth Protection goals of Death & Total Permanent Disability benefits.

(Note: PRUActive Life III does not provide any embedded Critical Illness coverage).

When a Multiplier Benefit is selected, the relevant coverage after Multiplier Benefit is to be used for comparison with the customer's relevant shortfalls to assess for any overselling *(this includes the supplementary benefits with Multiplier Benefit such as Crisis Care and Early Crisis Care, if any)*

If the coverage after Multiplier Benefit exceeds the customer's shortfall(s), 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.

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

MARKETING SUPPORT

Q52 Will there be brochures for PRUActive Life III?

Yes. Softcopy brochures will be made available on Prudential's corporate website at www.prudential.com.sg

GENERAL

Q53 Will there be a new version of SQS? When will it be available?

Yes, a new version of SQS will be available on POE from 03 October 2023.

Q54 Is it compulsory to complete the eLearn and online assessment for PRUActive Life III?

Yes. Training code for PRUActive Life III is PAL3. CKA is not applicable.

Q55 Is it compulsory to complete the eLearn and online assessment again for enhanced Early Crisis Care (PRUActive Life III)?

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.

SUPPLEMENTARY BENEFITS

Q56 Can the sum assured of existing Crisis Care (PRUActive Life III)/ Early Crisis Care (PRUActive Life III) be increased after policy inception?

No, increase in sum assured is not allowed.

However, if your client wants to enhance their critical illness coverage, he/she can MTA another Crisis Care (PRUActive Life III)/Early Crisis Care (PRUActive Life III) provided that:

- The request is within 2 years from policy inception



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

- Total Crisis Care (PRUActive Life III)/Early Crisis Care (PRUActive Life III) sum assured per life has not been maximised
- The remaining premium term must be at least four years and 1 month
- Full Underwriting applies. Do note that terms and conditions of the respective supplementary benefits apply.

Q57 Can the sum assured of existing Crisis Care (PRUActive Life III)/ Early Crisis Care (PRUActive Life III) be reduced?

Yes. The sum assured can be reduced only during the premium payment term. The reduction must be in multiples of \$500 and the minimum balance sum assured must be at least \$10,000.



This information is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

PRUActive Life III, Crisis Care (PAL III) and Early Crisis Care (PAL III)

1. INTRODUCTION

PRUActive Life III was launched on 20 January 2022 with the following key benefits:

- Whole life that provides comprehensive protection against Death, Terminal Illness and Total and Permanent Disability
- Flexible Premium Payment Term ranging from 5 to 35 years to meet your customer's unique needs
- Other embedded benefits to base plan: Kinship Booster, Premium Defer Benefit and Family Waiver Benefit
- Multiplier Benefit to boost the coverage up to 5 times until age of 65/70/75/80
- Optional coverage against any stage of critical illness with Crisis Care and Early Crisis Care

On 03 October 2023, we enhanced Early Crisis Care (PRUActive Life III) with the changes as follows, no change to its premiums:

- Enhanced Carcinoma In Situ definition to cover all organs
- Introduction of Pre-Critical Medical Conditions
- Maximum payout limit of Pre-Critical Medical Conditions is now S\$350,000 for both early and intermediate stage medical conditions.
- Removal of Premium Waiver benefit

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.*



This information is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

2. PRUACTIVE LIFE III and competitors

Comparison of Product Features

Company	PACS	Co. M	Co. A	Co. G	Co. SL
Product	PAL III	LRP II	GPP III	GCFLP 3	SWL (previously known as MWLP IV)
Coverage Type	Whole of Life	Till 99	Till 100	Till 100	Whole of Life
Premium Payment Term	5 to 35 years	10, 15, 20, 25 years or till age 99	15, 20 or 25 years	15 years or up to age 55/65	10, 15, 20, 25 years or up to age 65
Multiplier Benefit (MB)	1X, 2X, 3X, 4X or 5X	1X, 2X, 3X, 4X or 5X	1X, 2X, 3X or 5X	1X, 2X and above	1X, 2X, 3X, 4X or 5X
Multiplier Benefit Expiry Age	65, 70, 75 or 80	Till age 70 or 80	Till age 65 or 75	Till age 100	65, 70 or 75
Compulsory Covers	Death, TI and TPD	Death, TI & TPD	Death & TPD	Death, TI, TPD and CI	Death & TI
Optional Riders	Riders that cover from early to advanced stage critical illnesses	Riders that cover from early to advanced stage critical illnesses	Riders that cover from early to advanced stage critical illnesses	Riders that cover multiplier benefit on Death, TI, TPD and CI	Riders that cover TPD, early to advanced stage critical illnesses
Unique Selling Points	<ol style="list-style-type: none"> 1. Widest range of premium term 2. Kinship Booster benefit 3. Premium Defer w/o proof of retrenchment 	<ol style="list-style-type: none"> 1. Health Advantage Benefit 2. Free Child CI benefit 	<ol style="list-style-type: none"> 1. Highest number of CI conditions covered 	<ol style="list-style-type: none"> 1. Widest range for MB and MB expiry options 2. Senior Conditions benefit 	<ol style="list-style-type: none"> 1. Highest number of additional conditions covered



This information is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

Value-added benefits	<ol style="list-style-type: none"> 1. Kinship Booster 2. Buy Another Policy w/o UW 3. Premium Defer 4. Crisis Care Accelerator (ICU benefit) (under CI rider) 5. Benign Tumours benefit (under ECI rider) 6. Family Waiver benefit 	<ol style="list-style-type: none"> 1. Health Advantage Benefit 2. Income payout option 3. Buy Another Policy/increase SA w/o UW 4. Retrenchment premium waiver 5. Recovery Plus (ICU benefit) (under CI rider) 6. Free Child CI benefit (under ECI rider) 	<ol style="list-style-type: none"> 1. Buy Another Policy w/o UW 2. Income payout option 3. Premium Defer 	<ol style="list-style-type: none"> 1. Senior Conditions benefit 2. Benign Tumours Benefit 	<ol style="list-style-type: none"> 1. Income payout option 2. Increase SA w/o UW at life stages 3. Retrenchment premium interest waiver 4. Benign Tumours benefit (under ECI rider) 5. Intensive Care (ICU benefit) (under ECI rider)
-----------------------------	--	---	---	---	--



This information is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

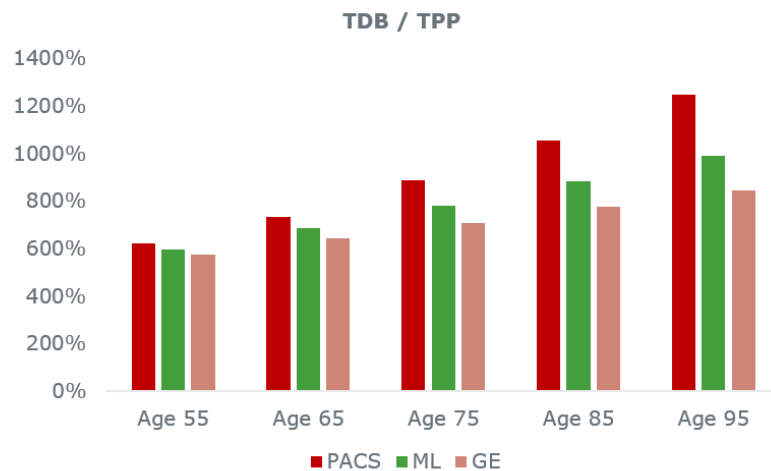
3. PRUACTIVE LIFE III vs Competitors

Scenario 1: 1ANB Male Non-smoker, 20-pay S\$50K SA (Death / TI / TPD + CC + ECI)

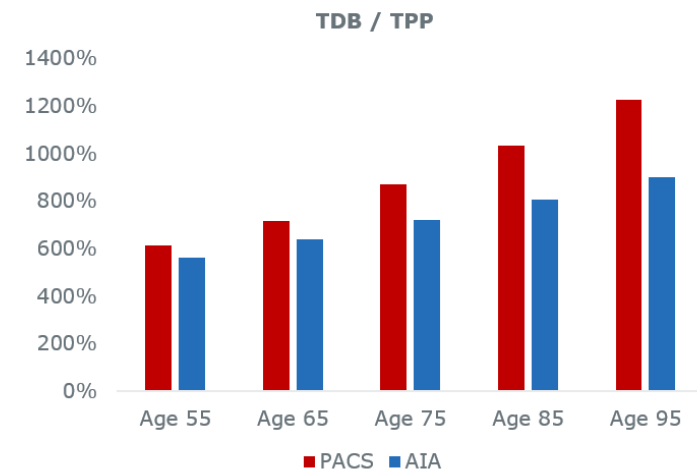
This is suitable for parents who would like to give their children a head start in life can purchase PRUActive Life III as a bundle with a maternity plan where PAL III is automatically transferred to the child at birth without underwriting.

At 1ANB, PAL III has the most competitive Total Death Benefit vs Total Premiums Paid.

Comparison with ML and GE with 2x MB expiry at 70*



Comparison with AIA 2x MB expiry at 75*



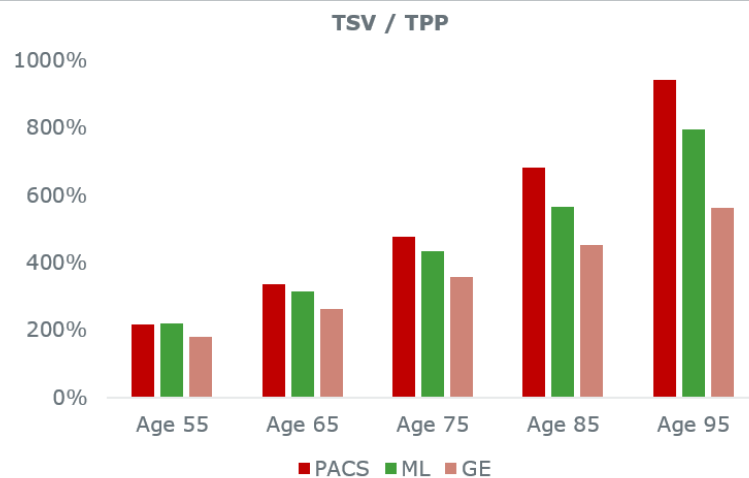
* ML only offer MB expiry options 70 or 80 while AIA only offers MB expiry options 65 or 75



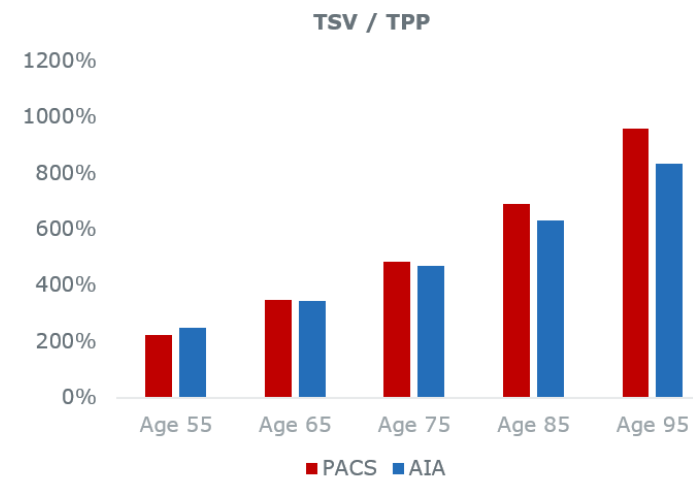
This information is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

At 1ANB, PAL III has the most competitive Total Surrender Value vs Total Premiums Paid after age 55.

Comparison with ML and GE with 2x MB expiry at 70*



Comparison with AIA 2x MB expiry at 75*



* ML only offer MB expiry options 70 or 80 while AIA only offers MB expiry options 65 or 75

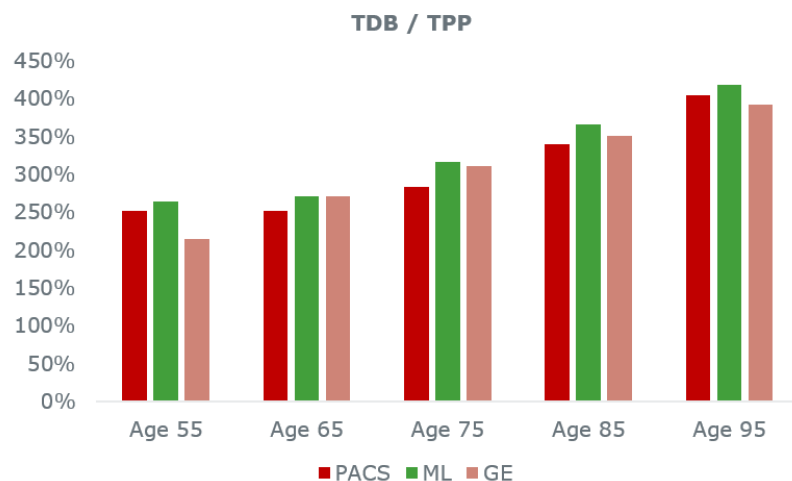


This information is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

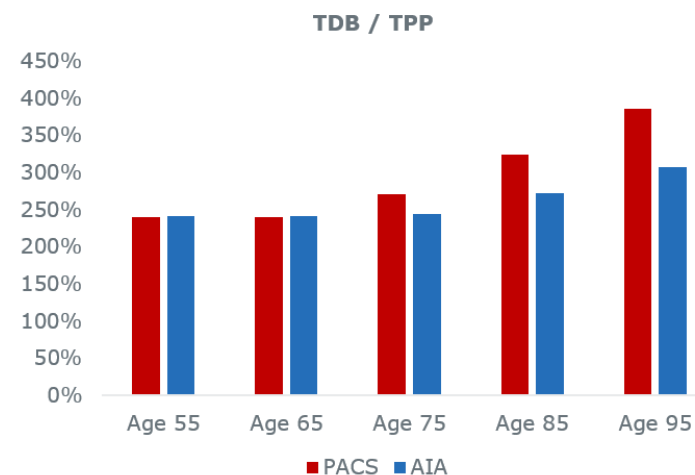
Scenario 2: 30 ANB Male Non-smoker, 20-pay S\$50K SA (Death / TI / TPD + CC + ECI)

At 30 ANB, PAL III is mid-pack in Total Death Benefit vs Total Premiums Paid.

Comparison with ML and GE with 2x MB expiry at 70*



Comparison with AIA 2x MB expiry at 75*



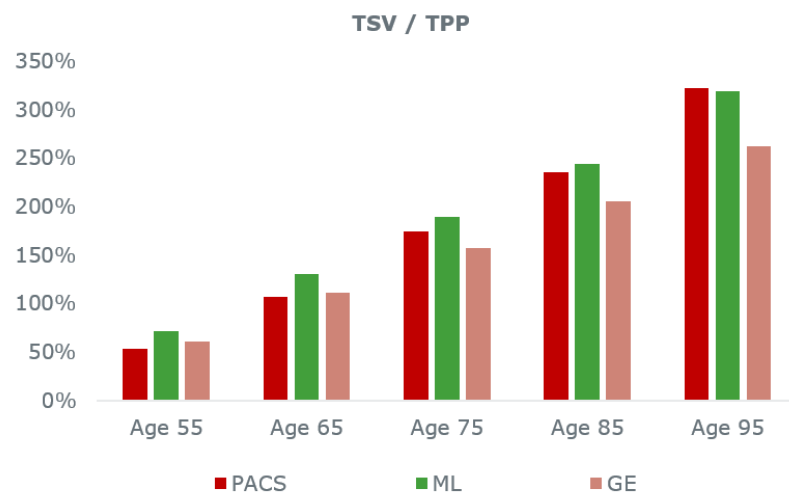
* ML only offer MB expiry options 70 or 80 while AIA only offers MB expiry options 65 or 75



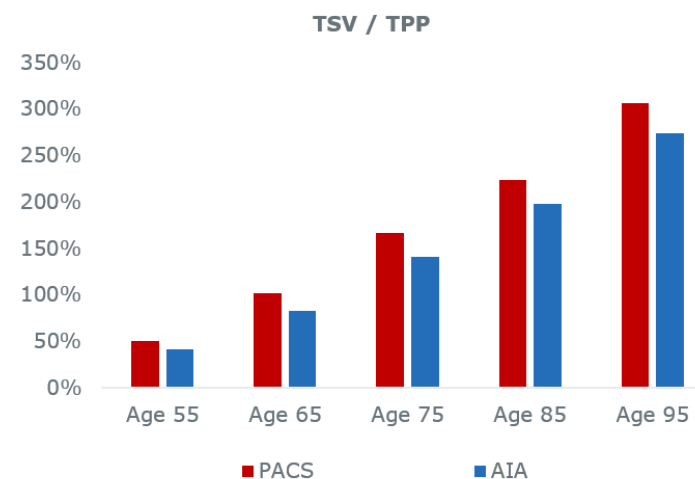
This information is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

At 30 ANB, PAL III is highly competitive in Total Surrender Value vs Total Premiums Paid

Comparison with ML and GE with 2x MB expiry at 70*



Comparison with AIA 2x MB expiry at 75*



* ML only offer MB expiry options 70 or 80 while AIA only offers MB expiry options 65 or 75



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

PRUActive Life III, Crisis Care (PAL III) and Early Crisis Care (PAL III)

Sales & Marketing Proposition

PRUActive Life III is a limited pay whole life participating plan. It helps clients to limit their premium commitment duration while providing whole of life protection for Death, Terminal Illness and Total and Permanent Disability. It also has the option of a Multiplier Benefit that provides boosted coverage to customers, while keeping the premium affordable.

Here are some **Marketing Propositions**, which you may find useful for promoting **PRUActive Life III, Crisis Care (PAL III) and Early Crisis Care (PAL III)**

Provides multiplied assurance before the selected Multiplier Benefit Expiry Age	PRUActive Life III is designed to provide customers the boosted coverage at times when they needed it most, while keeping premiums affordable. This will give customers the added assurance that their families are well protected in times of their life uncertainties especially when their financial commitment increases (e.g. getting married or welcoming a newborn) during their income earning years.
Flexibility	PRUActive Life III offers the option of Multiplier Benefit with 2x, 3x, 4x or 5x till Multiplier Expiry Age 65,70, 75 or 80. This allows customers to choose their preferred multiplier benefit and its expiry age depending on their needs and affordability. Customers can also opt for a plain vanilla whole life plan with no Multiplier Benefit depending on their needs.
Limited Financial Commitment	PRUActive Life III has a wide range of premium payment terms from 5 to 35 years. This arrangement helps our clients to limit their premium commitment. After which customers will be able to redirect their financial resources for other uses.
A comprehensive plan to address your income protection needs	PRUActive Life III is a comprehensive protection plan that covers Death, Disability and Total and Permanent Disability. Customers can also choose to add Crisis Care (PAL III) and Early Crisis Care (PAL III) to address their Critical Illness coverage needs as the incidence of critical illnesses such as cancer increases. Clients can use the lump sum CI payout to replace their income as they take time off to recover.
“Buy Another Policy” Benefit	The “Buy Another Policy” Benefit provides the Life Assured with the option to purchase another Whole Life (Traditional or Linked), Endowment or Term plan without evidence of good health, on specified life events. This allows customers to increase their insurance coverage when they need it the most.



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

Kinship Booster Benefit	<p>The life assured get to enjoy a Kinship Booster Benefit of an extra 10% on the basic sum assured of his/her own PRUActive Life policy when an immediate family member buys a PRUActive Life III policy.</p> <p>This gives the customer additional coverage as his/her family grows.</p>
Premium Defer Benefit	<p>Customers can choose to put their premium on hold interest-free for a maximum of 2 years to tide over a financial crunch such as times of economic uncertainty while ensuring that they and their family continues to be protected under the plan.</p>
Family Waiver benefit	<p>Under the Family Waiver benefit, when an immediate family of the life assured dies, the premiums of the PRUActive Life III policy and its supplementary benefits will be waived for a period of up to one year to help tide our customers through this difficult period.</p>
Crisis Care (PAL III) and Early Crisis Care (PAL III) - Comprehensive suite of covered medical conditions	<p>When Crisis Care (PAL III) and Early Crisis Care (PAL III) is added to PRUActive Life III, customers will get a comprehensive suite of covered medical conditions. We offer coverage from early to intermediate to late stages. In addition, we cover 4 Special Medical Conditions and 11 Juvenile Medical Conditions under the Special benefit.</p>
Crisis Care (PAL III) - Crisis Care Accelerator Benefit	<p>When Crisis Care (PAL III) is added to PRUActive Life III, the life assured can claim from Crisis Care Accelerator benefit as long as he has surgery for his vital organs and is admitted to the Intensive Care Unit (ICU) for at least three continuous days.</p> <p>This ensures that client can get covered for serious illness or even accidents that falls out of the 56 critical illness conditions.</p>
Early Crisis Care (PAL III) - Peace of mind with coverage against pre-critical medical conditions	<p>Customers can enjoy peace of mind with a whole of life financial protection against pre-critical medical conditions. It also provides additional payout from Special benefit.</p>
Limit risk of increasing premium	<p>From 2003, all insurance companies reserve the rights to increase the premiums for critical illness coverage. With the limited premium payment term, customers need not worry that premiums for their supplementary benefits will increase after the premium payment term has ended.</p>



This information is confidential and is strictly for internal circulation only and is not to be reproduced, in whole or in part, for external circulation to policyholders or prospects for whatever purpose.

Here are some **Customer Segments** that may be suitable for **PRUActive Life III, Crisis Care (PAL III)** and Early **Crisis Care (PAL III)**:

Young working adults	<p>PRUActive Life III will appeal to this group of customers who are fresh out from school or young working adults and have just started building their career for the below reasons:</p> <ul style="list-style-type: none">• These youngsters are looking for a comprehensive yet affordable plan.• They can secure their protection needs while they are young and healthy.• The amount of savings they have may be low at this time. If a Critical Illness is to strike, they may not have enough savings to tide them through the recovery duration. The optional critical illness benefit will help to cover part of their living expenses.• “Buy Another Policy” Benefit allows them to increase their insurance coverage on specified life events.
Married with young children	<p>For this group of clients, their financial commitment is at its highest with expenses such as mortgage, car loan, children’s living expenses and even the need to support their aging parents. They are highly dependent on their monthly salary to provide for their living expenses.</p> <p>With PRUActive Life III providing a boosted coverage through the Multiplier Benefit, it provides the high level of protection that they need through their working life and until their children are old enough to support themselves.</p> <p>Parents with young children may also consider to insure their children with PRUActive Life III from a young age, while they are in good health.</p>
Singles	<p>This group of customers value critical illness the most. Being single, they have to take care of their own medical bills and living expenses. The payout from Crisis Care (PRUActive Life III) and Early Crisis Care (PRUActive Life III) (if added) will be helpful to take care of these needs.</p> <p>The plan’s death benefit will also protect their aging parents in the event of their demise.</p>

Appendix

Special Medical Conditions

We cover the following Special 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 m² 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.

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.

Appendix

Definitions of the Pre-Critical Medical Conditions

(for Early Crisis Care (PRUActive Life III) only)

Category	Pre-Critical Medical Conditions	Definition
1 Alzheimer's Disease / Severe Dementia	Moderately severe Alzheimer's Disease or Dementia	<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"> - Remember; - Reason; and - Perceive, understand, express and give effect to ideas. <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"> - Non-organic diseases such as neurosis and psychiatric illnesses; and - Alcohol related brain damage
2 Benign Brain Tumour	Surgical removal of pituitary tumour	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.
	Surgery for subdural haematoma	The actual undergoing of Burr Hole Surgery to the head to drain subdural haematoma as a result of an accident. The need for the Burr Hole Surgery must be certified to be absolutely necessary by a specialist in the relevant field.
3 Blindness (Irreversible Loss of Sight)	Loss of sight in one eye	<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>
	Optic Nerve Atrophy	The unequivocal diagnosis of optic nerve atrophy affecting one or both eyes. There must also be

Category	Pre-Critical Medical Conditions	Definition
	with low vision	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.
4 Coma	Coma for 48 hours	Coma that persists for at least 48 hours. This diagnosis must be supported by evidence of all of the following: (a) no response to external stimuli for at least 48 hours, (b) the use of life support measures to sustain life, and (c) 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. Medically induced coma also does not fulfil this definition
	Severe Epilepsy	Severe epilepsy confirmed by all of the following: (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, (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 (c) The Life Assured must have been taking at least 2 prescribed anti-epileptic (anti-convulsant) medications for at least 6 months on the recommendation of a consultant neurologist. Febrile or absence (petit mal) seizures alone will not satisfy the requirement of this definition.
	Coma for 72 hours	Coma that persists for at least 72 hours. This diagnosis must be supported by evidence of all of the following: (a) no response to external stimuli for at least 72 hours; (b) the use of life support measures to sustain life; and (c) 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. Medically induced coma also does not fulfil this definition.
5 Coronary Artery By-pass	Keyhole coronary	The actual undergoing for the first time for the

Category	Pre-Critical Medical Conditions	Definition
Surgery	bypass surgery or Coronary Artery Arthrectomy or Transmyocardial Laser Revascularisation or Enhanced External Counterpulsation Device Insertion	correction of the narrowing or blockage of one or more coronary arteries via “Keyhole” surgery, Atherectomy, Transmyocardial laser revascularisation or Enhanced external counterpulsation. All other surgical procedures will be excluded from this benefit.
6 Deafness (Irreversible Loss of Hearing)	Partial loss of hearing	Permanent binaural hearing loss with the loss of at least 60 decibel in all frequencies of hearing as a result of illness or accident. The hearing loss must be established by an Ear, Nose, Throat (ENT) specialist and supported by an objective diagnostic test to indicate the quantum loss of hearing.
	Cavernous sinus thrombosis surgery	The actual undergoing of a surgical drainage for Cavernous Sinus Thrombosis. The presence of Cavernous Sinus Thrombosis as well as the requirement for surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field.
	Cochlear implant surgery	The actual undergoing of a surgical cochlear implant as a result of permanent damage to the cochlea or auditory nerve. The surgical procedure as well as the insertion of the implant must be certified to be absolutely necessary by an Ear, Nose, Throat (ENT) specialist.
7 End Stage Kidney Failure	Surgical removal of one kidney	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.
	Chronic Kidney Disease	A nephrologist must make a diagnosis of chronic kidney disease with permanently impaired renal function. There must be laboratory evidence that shows that renal function is severely decreased with an eGFR less than 15 ml/min/1.73m ² body surface area, persisting for a period of 6 months or more.
8 End Stage Liver Failure	Liver surgery	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
	Liver Cirrhosis	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.

Category	Pre-Critical Medical Conditions	Definition
9 End Stage Lung Disease	Severe Asthma	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;
	Insertion of a Veno-cava filter	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.
	Surgical removal of one lung	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.
10 Fulminant Hepatitis	Hepatitis with Cirrhosis	A submassive necrosis of the liver by the Hepatitis virus leading to cirrhosis. There must be a definite diagnosis of liver cirrhosis by a gastroenterologist that must be supported by liver biopsy showing histological stage F4 by Metavir grading or a Knodell fibrosis score of 4. Liver diseases secondary to alcohol and drug abuse are excluded.
	Biliary Tract reconstruction surgery	Biliary tract reconstruction surgery involving choledochoenterostomy (choledochojejunostomy or choledochoduodenostomy) for the treatment of biliary tract disease 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.
	Chronic Primary Sclerosing Cholangitis	This benefit is payable for chronic primary sclerosing cholangitis confirmed on cholangiogram imaging confirming progressive obliteration of the bile ducts. The diagnosis must be made by a gastroenterologist and the condition must have progressed to the point where there is permanent jaundice. 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.
11 Heart Attack of Specified Severity	Cardiac pacemaker insertion	Insertion of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified as absolutely necessary by a consultant cardiologist.
	Pericardiectomy	The undergoing of a pericardiectomy or undergoing of

Category	Pre-Critical Medical Conditions	Definition
		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.
	Cardiac defibrillator insertion	Insertion of a permanent cardiac defibrillator as a result of cardiac arrhythmia which cannot be treated via any other method. The surgical procedure must be certified to be absolutely necessary by a consultant cardiologist.
	Early Cardiomyopathy	<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:</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>
12 HIV Due to Blood Transfusion and Occupationally Acquired HIV	HIV due to Assault, Organ Transplant or Occupationally Acquired HIV	<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"> - The organ transplant was Medically Necessary or given as part of a medical treatment; - 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 - 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. <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>

Category	Pre-Critical Medical Conditions	Definition
		<ul style="list-style-type: none"> - The incident must be reported to the appropriate authority and that a criminal case must be opened; - Proof of the assault giving rise to the infection must be reported to the Company within 30 days of the assault taking place; - Proof that the assault 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 assault. This proof must include a negative HIV antibody test conducted within 5 days of the assault. <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"> - Proof that the incident has been reported to the appropriate authority; - 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. <p>HIV infection resulting from any other means including consensual sexual activity or the use 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>
13 Idiopathic Parkinson's Disease	Early Parkinson's Disease	<p>The unequivocal diagnosis of idiopathic Parkinson's disease by a specialist in the relevant field.</p> <p>This diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> - The disease cannot be controlled with medication; and

Category	Pre-Critical Medical Conditions	Definition
		<ul style="list-style-type: none"> - There are signs of progressive neurological impairment <p>Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson's Disease are excluded.</p>
	Moderately severe Parkinson's Disease	<p>The unequivocal diagnosis of idiopathic Parkinson's disease by a specialist in the relevant field. This diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> - The disease cannot be controlled with medication; - There are signs of progressive neurological impairment; and - Inability of the Insured to perform (whether aided or unaided) at least 2 of the 6 "Activities of Daily Living" for a continuous period of at least six (6) months. <p>Activities of Daily Living:</p> <ul style="list-style-type: none"> (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. <p>Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson's Disease 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>
14 Irreversible Aplastic Anaemia	Reversible Aplastic Anaemia	<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"> - Blood product transfusion; - Marrow stimulating agents;

Category	Pre-Critical Medical Conditions	Definition
		<ul style="list-style-type: none"> - Immunosuppressive agents; or - Bone marrow transplantation. <p>The diagnosis must be confirmed by a haematologist.</p>
	Myelodysplastic Syndrome or Myelofibrosis	<p>Diagnosis of Myelodysplastic Syndrome (MDS) or Myelofibrosis must be confirmed by a 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>
15 Irreversible Loss of Speech	Loss of Speech due to neurological disease or neurological injury	<p>Total and irrecoverable loss of the ability to speak due to a neurological disease or neurological injury. 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, and Throat (ENT) specialist.</p> <p>All psychiatric related causes are excluded.</p>
	Loss of Speech due to Permanent or Temporary Tracheostomy	<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>
16 Major Burns	Moderately severe burns	<p>Second degree (partial thickness of the skin) burns covering at least 20% of the surface of the life assured's body; or</p> <p>Third degree (full thickness of the skin) burns covering at least 50% of the face of the Life Assured.</p>
17 Major Cancer	Carcinoma in situ	<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>

Category	Pre-Critical Medical Conditions	Definition
		<p>Clinical diagnosis or 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.</p> <p>Carcinoma in-situ of the skin (both melanoma & non-melanoma) and carcinoma in situ of the biliary system are specifically excluded.</p>
	Early Prostate Cancer	Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification.
	Early Thyroid Cancer	Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0 as well as Papillary microcarcinoma of thyroid that is less than 1cm in diameter.
	Early Bladder Cancer	Bladder cancer histologically described using the TNM Classification as T1N0M0 (including Papillary microcarcinoma of bladder).
	Early Chronic Lymphocytic Leukaemia	Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. CLL RAI stage 0 or lower is excluded.
	Early Melanoma	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.
	Gastro-intestinal Stromal Tumour (GIST)	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
	Carcinoma in situ of specified organs treated with Radical Surgery	<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</p>

Category	Pre-Critical Medical Conditions	Definition
		<p>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 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>
18 Major Head Trauma	Facial reconstructive surgery	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.
	Spinal cord injury	Accidental cervical spinal cord injury resulting in loss of use of at least one entire limb, to be assessed no sooner than six weeks from the date of the accident. The diagnosis must be confirmed by a consultant neurologist supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.
	Intermediate stage Major Head Trauma	<p>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.</p> <p>Burr hole surgery is excluded from this benefit.</p> <p>Major head trauma due to self-inflicted injuries, participation or attempted participation in an unlawful act, alcohol or drug abuse are excluded.</p>
19 Major Organ / Bone Marrow Transplantation	Small bowel transplant	The receipt of a transplant of at least one metre of small bowel with its own blood supply via a laparotomy

Category	Pre-Critical Medical Conditions	Definition
		resulting from intestinal failure;
	Corneal transplant	The receipt of a transplant of a whole cornea due to irreversible scarring with resulting reduced visual acuity, which cannot be corrected with other methods.
20 Motor Neurone Disease	Early Motor Neurone Disease	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 sclerosis. A neurologist must make the definite diagnosis of a motor neurone disease and this diagnosis must be supported by appropriate investigations.
	Peripheral Neuropathy	This refers to severe peripheral motor neuropathy resulting in significant motor weakness, fasciculation, and muscle wasting. The diagnosis must be confirmed by a consultant neurologist as a result of nerve conduction studies and result in a permanent need for the use of walking aids or a wheelchair. Diabetic neuropathy and neuropathy due to alcohol is excluded.
21 Multiple Sclerosis	Early Multiple Sclerosis	There must be a definite diagnosis of Multiple Sclerosis confirmed by a neurologist. The diagnosis must be supported by all of the following: (a) Investigations that unequivocally confirm the diagnosis to be Multiple Sclerosis; and (b) Well documented history of exacerbations and remissions of neurological signs. Other causes of neurological damage such as SLE and HIV are excluded.
	Mild Multiple Sclerosis	There must be a definite diagnosis of Multiple Sclerosis confirmed by a neurologist. The diagnosis must be supported by all of the following: (a) Investigations that unequivocally confirm the diagnosis to be Multiple Sclerosis; (b) Multiple neurological deficits which occurred over a continuous period of at least 3 months; and (c) Well documented history of exacerbations and remissions of neurological signs. Other causes of neurological damage such as SLE and HIV are excluded.
22 Muscular Dystrophy	Moderately severe 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 2 of the

Category	Pre-Critical Medical Conditions	Definition
		<p>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"> (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. <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>
	Spinal Cord Disease or Injury resulting in Bowel and Bladder Dysfunction	Spinal cord disease or cauda equina injury resulting in permanent bowel dysfunction and bladder dysfunction requiring permanent regular self-catheterisation or a permanent urinary conduit. The diagnosis must be supported by a consultant neurologist. 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.
23 Open Chest Heart Valve Surgery	Percutaneous Valve Surgery	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.
24 Open Chest Surgery to Aorta	Minimally invasive surgery to Aorta	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.
	Large asymptomatic	Large symptomatic abdominal or thoracic aortic

Category	Pre-Critical Medical Conditions	Definition
	aortic aneurysm	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.
25 Other Serious Coronary Artery Disease	Early Stage Other Serious Coronary Artery Disease	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. Any non-invasive methods of determining coronary artery stenosis are not acceptable.
	Intermediate Stage Other Serious Coronary Artery Disease	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.
26 Paralysis (Irreversible Loss of Use of Limbs)	Loss of Use of One Limb	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.
	Loss of Use of One Limb requiring Prosthesis	Total and irreversible loss of use of one (1) entire limb (above elbow or above knee) which has required the fitting and use of prosthesis due to illness or accident. This condition must be confirmed by specialist in the relevant field. Loss of use of limb due to self-inflicted injuries, alcohol or drug abuse are excluded.
27 Primary Pulmonary Hypertension	Early Pulmonary Hypertension	Primary or Secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of permanent physical impairment of at least Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The NYHA Classification of Cardiac Impairment: Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain. Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.

Category	Pre-Critical Medical Conditions	Definition
		<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>
	Secondary Pulmonary Hypertension	<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>
28 Progressive Scleroderma	Early Progressive Scleroderma	<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"> - Localised scleroderma (linear scleroderma or morphea); - Eosinophilic fasciitis; and - CREST syndrome
	Progressive Scleroderma with CREST syndrome	<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>

Category	Pre-Critical Medical Conditions	Definition
		<p>The following are excluded:</p> <ul style="list-style-type: none"> - Localised scleroderma (linear scleroderma or morphea); and - Eosinophilic fasciitis.
29 Severe Bacterial Meningitis	Bacterial Meningitis with full recovery	<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"> - The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and - A consultant neurologist. <p>Bacterial Meningitis in the presence of HIV infection is excluded.</p>
30 Severe Encephalitis	Viral Encephalitis with full recovery	<p>Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection requiring hospitalisation.</p> <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>
	Moderate Viral Encephalitis with full recovery	<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>
31 Stroke with Permanent Neurological Deficit	Brain aneurysm surgery	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.
	Cerebral shunt insertion	The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a consultant neurologist.
	Carotid artery surgery	The actual undergoing of Endarterectomy of the carotid artery which has been necessitated as a result of at least 80% narrowing of the carotid artery as diagnosed by an arteriography or any other appropriate diagnostic

Category	Pre-Critical Medical Conditions	Definition
		test that is available. Endarterectomy of blood vessels other than the carotid artery are specifically excluded.
32 Systemic Lupus Erythematosus with Lupus Nephritis	Mild Systemic Lupus Erythematosus	<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"> 1. Confirmation of the final diagnosis by a certified doctor specialising in Rheumatology and Immunology. 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 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. <p>Other forms such as discoid lupus and those forms with haematological involvement alone are specifically excluded.</p>

Appendix

Definitions of Critical Illnesses

(for Crisis Care (PRUActive Life III) only)

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 of the following:
- No response to external stimuli for at least 96 hours;
 - Life support measures are necessary to sustain life; and
 - Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.
- 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:
- FEV₁ 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 (PaO₂ ≤ 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 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*;
and
- The diagnosis of Eisenmenger Syndrome and the level of physical impairment must be confirmed by a registered medical practitioner who is a cardiologist.

*NYHA Class IV 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.