I. RIDER FEATURES

This rider is a regular-pay term product which provides for the payment of the rider face amount in the event that the Insured is diagnosed with a covered critical illness before age 70 for YRT, 10YRT, and 20YRT variants, and age 65 for Term 65, while the rider is inforce and provided that the diagnosis of his critical illness was made after ninety days (90) from the effective date or date of last reinstatement, whichever is later, and that he survives for at least thirty (30) days from the date of initial diagnosis of the illness being claimed for. This rider provides for additional cover for critical illness insurance, where payment of the rider benefit shall be made on top of the basic plan benefit and will not reduce the coverage under the basic plan.

This rider may be attached to selected traditional plans and variable life plans as detailed below.

1.1 RIDER OPTIONS

This rider will be available with the following variants:

a. CIBR Yearly Renewable Term
b. CIBR 10 Year Renewable Term
c. CIBR 20 Year Renewable Term
d. CIBR Term to Age 65

The rider option depends on the coverage period of the base plan to which the rider is attached.

This rider may be attached to both traditional and variable life policies. If attached to a variable life policy, the VL Rider Endorsement shall also be attached to the Policy.

CIBR Variants	Traditional Plans	Variable Life Plans
CIBR 1	Term Shield 1 (ART)	Lifevest (SP, 5, 7) Flexi (5, 7, 10, 15, 20, Classic) MAC MAP MAP+
CIBR 10	Term Shield 10 (10YRCT)	Flexi (10, Classic)
CIBR 20	Term Shield 20 (20YRCT)	Flexi (20, Classic)
CIBR 65	Term Shield 65 (Term65)	Flexi Classic

1.2 LIST OF COVERED CRITICAL ILLNESSES

The covered critical illnesses are listed below. The detailed definition of each illness is stated in the rider contract and in Annex A.

1. Heart Attack
2. Stroke
3. Cancer
4. Major Organ Transplant
5. Renal Failure
6. Multiple Sclerosis
7. Motor Neurone Disease
8. Heart Valve Surgery
9. Coronary Artery Bypass Surgery
10. Parkinson's Disease
11. Muscular Dystrophy
12. Poliomyelitis
13. Aortal Surgery
14. Bacterial Meningitis
15. Benign Brain Tumor
16. Aplastic Anemia
17. Blindness
18. End Stage Lung Disease
19. End Stage Liver Failure
20. Coma
21. Deafness
22. Loss of Speech
23. Major Burns
24. Paralysis
25. Alzheimer's Disease
26. Fulminant Hepatitis
27. Primary Pulmonary Arterial Hypertension
28. Terminal Illness
29. Encephalitis
30. Major Head Trauma
31. Apallic Syndrome
32. Progressive Scleroderma
33. Systemic Lupus Erythematosus with Lupus Nephritis
34. Brain Surgery
35. Medullary Cystic Disease
36. HIV Due to Blood Transfusion and Occupationally Acquired HIV

1.3 OTHER FEATURES

1.3.1 ENABLING CIRCUMSTANCES FOR BENEFIT AVAILMENT

The Insured will be paid with the Critical Illness Benefit upon receipt of satisfactory proof that:

a. The insured is diagnosed with a Covered Critical Illness while the rider is inforce.
b. The Insured's Critical Illness has occurred ninety (90) days after the Effective Date of the Rider or the date of its last reinstatement, whichever is later, as evidenced by the symptoms of the said illness occurring after this said period, or as may be established by medical examination.
c. The Insured has survived for at least thirty (30) days from the date of the diagnosis of Covered Critical Illness, or at least the required observation period or minimum treatment period as stated in its definition, if any, whichever is longer.

1.3.2 EFFECT OF PAYMENT OF BENEFITS TO THE BASE PLAN

The payment of the Critical Illness Benefit under this Rider shall not affect the coverage or benefits under the basic plan and other non-critical illness riders, if any. In the case of other critical illness rider/s, the total amount payable for the same critical illness may be subject to Health Condition / Critical Illness Benefit Amount Limitation, if applicable.

1.3.3 WAITING PERIOD

This rider considers a 90-day waiting period for any claim for a covered critical illness which is not caused by an accident, i.e., a claim which is cause by non-accidental occurrence shall only be accepted if its diagnosis is made after the 90-day waiting period, otherwise the claim will be excluded. Critical illness caused by an accidental event will have no waiting period and the insured may claim for the given condition immediately starting upon the effective date of this rider.

1.3.4 FREE-LOOK

This rider shall consider free-look for 15 days. During the free-look period which starts at the effectivity of the rider, the insured may cancel this rider and the premium he paid for this rider shall be returned to him.

1.3.5 PRE-EXISTING CONDITION

Pre-existing conditions as defined in the rider contract shall forever be excluded under this rider.

1.3.6 RIDER TERMINATION

This rider shall automatically terminate on the earliest occurrence of any of the following circumstances:

a. when the Critical Illness Benefit under this Rider becomes payable;
b. when any premium on this Rider is not paid within the grace period;
c. when the Policy to which this Rider is attached lapses, is surrendered, is converted under its non-forfeiture provision or otherwise ended;

d. on the Policy Anniversary nearest the Insured's seventieth (70th) / sixty-fifth (65th) birthday;
e. at the end of the term of this Rider as stated in the Schedule of Benefits and Premiums of the Policy Data Page unless renewed in accordance with Renewal provision;
f. on any premium due date of the Policy provided we receive your written request for termination within sixty (60) days of such date accompanied by the Policy for endorsement;
g. on the date that this Rider is surrendered for its Cash Surrender Value;
h. upon the Insured's death resulting from a cause other than a covered critical illness, in which case, we will pay the Cash Surrender Value, if any, less indebtedness to us.

IV. PREMIUMS

2.1 PREMIUM RATES

2.1.1 Premium Rates

Issue ages are based on the Insured's Age Nearest Birthday.

Premiums are non-guaranteed and may be changed by the company, subject to the approval of the Insurance Commission.

2.1.2 Renewal Premiums

The rider term and renewability for the following variants of this rider are as follows:

YRT: 1 year, renewable to age 70 (last renewable age - 69)
10YRT: 10 years, renewable to age 70 (last renewable age - 60)
20YRT: 20 years, renewable to age 70 (last renewable age - 50)
Term 65: To age 65

For the renewable variants of this rider, this may only remain in force no more than the insured attained age 70.

*Maximum Renewal Age:

YRT: 69
10YRT: 60
20YRT: 50
Termination age (maximum coverage age): 70
Term 65: N/A

If the final age of the insured at the end of the term of the insurance exceeds the Maximum Renewal Age, this rider may no longer be renewed, and it will then expire.

For the YRT, 10YRT, and 20YRT, premium adjustments will be considered every renewal date, where the premiums upon renewal are based on the attained age of the Insured and the schedule of premium rates which is currently in effect. The Company may change the schedule of premium rates subject to

the approval of the Insurance Commission. Change in the premium rate will only take effect upon the renewal of the rider.

Premium for the 10YRT and the 20YRT will be level during the 10-year and 20-year term period of the rider, respectively.

For the variant Term 65, premium rates will be level through our its coverage term.

2.2 MODAL FACTORS

The modal factor scale shown below shall apply:

Annually	1.0000
Semi-Annually	0.5300
Quarterly	0.2750
Monthly	0.0975

2.3 POLICY FEE

No policy fee shall be collected for this Rider.

2.4 RIDER CHARGE *(IF RIDER IS ATTACHED TO VARIABLE LIFE PLANS)*

Starting on this rider's effective date, the company shall impose a Rider Charge on this rider. The Rider Charge is in lieu of the Premium Charge and Insurance Charge for this rider stated in the Premium and Charges Provision of the basic Variable Life policy contract.

The Rider Charge is equal to 100% of the rider premium. The Rider Charge is due on the date the Rider Premium is due.

The Rider Charge shall be deducted before allocation of premiums to the chosen investment funds upon receipt of premiums.

If the Regular Premium is unpaid for 31 days after the due date, any outstanding Rider Charge will be deducted from the Account Value by deducting it proportionately from the Unitized Variable Funds according to the latest fund allocation instruction.

After the basic plan's paying period, the Rider Charge due will be deducted from the Account Value by deducting it proportionately from the Unitized Variable Funds according to the latest fund allocation instruction.

Any overdue Rider Charges will be deducted from the Death Proceeds and other benefits payable under the Policy.

The Rider will terminate if the Rider Charge is not paid within the grace period or if the Rider charge can no longer be covered by the Account Value.

Any Rider Charges paid under the Policy shall be included in the amount to be refunded or paid under the following conditions:

a. when the Policy is cancelled in accordance with the Cooling Off Period provision; or
b. when suicide is not compensable in accordance with the Suicide provision; or
c. when the Insured is not eligible for coverage in accordance with the Misstatement of Age provision.

The Rider Charge may be changed by the Company subject to the approval of the Insurance Commission.

III. NON-FORFEITURE VALUES

3.1 CASH VALUE OPTION

This Rider may be surrendered for its Cash Surrender Value which is the Cash Value derived from the Table of Cash Values.

Cash values are available only on 20 YRT and Term 65 variants. Meanwhile, the YRT and 10YRT variants shall provide no Cash Surrender Value. In case of surrender, the rider will cease but no cash surrender value will be given out to the insured for these variants.

If the Policy to which this Rider is attached lapses or is surrendered for cash, the Rider automatically terminates and the Cash Surrender Value of this Rider, if available, is paid to the policyholder.

3.2 POLICY LOAN

No loan, including Premium Loan, is available under this Rider.

IV. COMMISSION AND OVERWRITES

Commission banding shall be applicable for this product. Refer to Commercial Business and Sales Division (CBSD) for complete details of the commission structure for this Rider for your respective Channel.

V. UNDERWRITING RULES

5.1 AMOUNTS ALLOWED

This rider will be available with the following face amount:
Minimum Face Amount: Php 100,000

*Maximum Face Amount may be higher, subject to review and approval.
*Critical Illness Benefit Rider Face Amount shall not exceed the basic plan's face amount.

5.2 ISSUE AGE LIMITS

Yearly Renewable Term	5 to 60
10-Year Renewable Term	5 to 60

20-Year Renewable Term	5 to 50
Term to 65	5 to 55

5.3 SUBSTANDARD ISSUES

Substandard ratings for this Rider may be assessed or the application for the Rider may be declined, as the case may be. The maximum substandard rating allowed for this rider is x2 (Table D).

5.4 FLAT EXTRA

The maximum flat extra allowed is three per thousand (3/k) of sum assured.

VI. TARGET MARKET

The target market for this plan are as follows:

- young individuals (market) – single or starting couple aged 21 – 40;
- matured ones and insurance savvy (market) – aged 40 – 50, middle income earners;

who are looking for additional protection on health on top of the benefits included in their basic plans.

VII. DISTRIBUTION CHANNEL

This rider will be available under the following distribution channels:

- Agency
  - Traditional Agency
  - Mall Operations
- Bancassurance
- CAPE

ANNEX A. COVERED CRITICAL ILLNESSES

1. ***Heart Attack*** – the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The positive diagnosis must be based on the meeting of all of the following criteria:
    - a history of typical chest pain or symptoms clinically accepted as consistent with the diagnosis of an acute myocardial infarction
    - recent electrocardiographic changes indicative of myocardial infarction
    - unequivocal rise above accepted normal values of biochemical cardiac specific markers such as CK-MB or cardiac troponins

    The heart attack must have been severe enough to require an inpatient hospital stay and any impairment sustained as a result of the heart attack must be evident for at least 60 days after hospital discharge.

    For the above definition, other acute coronary syndromes are not covered, including, but not limited to, angina or the chance finding of ECG changes suggestive of a previous heart attack.

2. ***Stroke*** – a cerebrovascular accident or incident producing neurological sequelae lasting for more than twenty-four (24) hours and including infarction of brain tissue, hemorrhage and embolization from an extracranial source. Evidence of permanent neurological damage must be produced. Prolonged reversible ischaemic neurological disease and transient ischaemic attacks are not covered. The permanent nature of a neurological defect has to be confirmed by a neurologist at the earliest one (1) month after the event.

3. ***Cancer*** – a malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue.

    The cancer must be confirmed by histological evidence of malignancy by a qualified pathologist.

    The following are excluded:
    - "Carcinoma in situ", cervical dysplasia, CIN-1, CIN-2 and CIN-3, and all pre-malignant conditions or non-invasive cancers
    - Early prostate cancer TNM classification T1 (including T1a and T1b) or equivalent classification
    - Melanomas of the skin of less than 1.5mm Breslow thickness, or less than Clark Level 3
    - Hyperkeratoses, basal cell and squamous cell skin cancers
    - Papillary micro-carcinoma of the Thyroid or Bladder, Chronic Lymphocytic Leukaemia less than RAI stage 3
    - Stage 1 Hodgkin's disease
    - All tumors in the presence of Human Immunodeficiency Virus (HIV) infection

4. ***Major Organ Transplant*** – the actual undergoing as a recipient of a transplant of bone marrow or of a complete heart, kidney, liver, lung, or pancreas. Transplantation means the replacement of the recipient's malfunctioning organ(s) or tissue, with the organ(s) or tissue from a donor suitable under generally accepted medical procedures. Other stem cell transplants are excluded.

5. ***Renal Failure*** – the end stage renal disease, due to whatever cause or causes, that persists for a period of at least 90 days, with the Insured undergoing regular peritoneal dialysis or hemodialysis or having had renal transplantation.

6. ***Multiple Sclerosis*** – the unequivocal diagnosis by a registered consultant neurologist confirming more than one episode of well-defined neurological deficit, with persisting signs of involvement of the optic nerves, brain stem and spinal cord together with impairment of coordination and motor and sensory functions, with the Insured not necessarily confined to a wheelchair, and with symptoms persisting for at least a continuous period of six (6) months.

    The diagnosis must be confirmed by modern diagnostic techniques such as image scanning.

7. ***Motor Neurone Disease*** – a disease of the nervous system characterized by progressive degeneration of 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. The condition must be confirmed by a registered consultant neurologist as progressive and resulting in irreversible damage to the nervous system.

8. ***Heart Valve Surgery*** – the undergoing of open-heart surgery to correct valvular abnormalities. Repair via valvotomy, intra-arterial procedure, key-hole surgery or similar techniques are specifically excluded.

9. ***Coronary Artery Bypass Surgery*** – the undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts in persons with limiting angina symptoms, but excluding non-surgical techniques such as balloon angioplasty, other intra-arterial, keyhole or laser relief of an obstruction.

10. ***Parkinson's Disease*** – a slow and progressive degenerative disease of the central nervous system as a result of loss of pigment containing neurons of the brain. The unequivocal diagnosis of Parkinson's Disease must be made by a registered consultant neurologist where the condition:
    - cannot be controlled with medication;
    - shows signs of progressive impairment; and
    - renders the Insured unable to perform without assistance three or more of the following – bathing, dressing, using the lavatory, eating, moving in or out of a bed or chair.

    Only idiopathic Parkinson's Disease is covered. Parkinson's Disease secondary to drug abuse, other forms Parkinsonism and other Parkinsonian syndromes are excluded.

11. ***Muscular Dystrophy*** – a hereditary muscular dystrophy resulting in the inability to perform without assistance three or more of the following – bathing, dressing, using the lavatory, eating, moving in or out of a bed or chair.

    The diagnosis of muscular dystrophy shall require a confirmation by a registered consultant neurologist of the combination of 3 out of 4 of the following conditions:
    - family history of other affected individuals
    - clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction
    - characteristic electromyogram
    - clinical suspicion confirmed by muscle biopsy

12. ***Poliomyelitis*** – the unequivocal diagnosis by a registered consultant neurologist of infection by the polio virus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness. Cases not involving paralysis will not be eligible for benefit. Other cases of paralysis (such as Guillain-Barre syndrome) are specifically excluded.

13. ***Aortal Surgery*** – the undergoing of surgery to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta but not their branches.

14. ***Bacterial Meningitis*** – a bacterial infection causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit lasting for a minimum period of 30 days and resulting in a permanent inability to perform at least three of the following – bathing, dressing, using the lavatory, eating, moving in or out of a bed or chair. There must be an unequivocal diagnosis by a registered consultant neurologist.

15. ***Benign Brain Tumor*** – a life-threatening, non-cancerous tumor in the brain which either requires surgical excision or causes significant permanent neurological deficit with persisting clinical symptoms. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI. Cysts, granulomas, malformations in, or of, the arteries or veins of the brain, hematomas and tumors in the pituitary gland or spinal cord are excluded.

16. ***Aplastic Anemia*** – chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:
    - absolute neutrophil count of less than 500/mm^3
    - platelets count less than 20,000/mm^3
    - reticulocyte count of less than 20,000/mm^3

    The Insured must be receiving treatment for more than three (3) consecutive months with frequent blood product transfusions, bone marrow stimulating agents, or immunosuppressive agents, or the Insured has received bone marrow transplant.

    Temporary or reversible aplastic anemia is excluded and not covered under this Rider.

17. ***Blindness*** – total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The diagnosis must be clinically confirmed by an appropriate consultant. The blindness must not be correctable by aides or surgical procedures.

18. ***End Stage Lung Disease*** – end stage lung disease, including chronic interstitial lung disease, causing chronic respiratory failure, as evidenced by all of the following:
    - FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
    - requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
    - arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($PaO_2 < 55mmHg$); and
    - dyspnea at rest.

    The diagnosis must be confirmed by a respiratory physician.

19. ***End Stage Liver Failure*** – permanent and irreversible failure of liver function that has resulted in all of the following:
    - permanent jaundice; and
    - ascites; and
    - hepatic encephalopathy; and
    - portal hypertension.

    Liver failure secondary to drug or alcohol abuse is excluded.

20. ***Coma*** – state of unconsciousness with no reaction to external stimuli or internal needs. The coma must persist for at least 96 hours and require intubation and mechanical ventilation to sustain life. There must also be functional neurological impairment persisting for a continuous period of at least 30 days after the onset of coma, which in the opinion of the Company is of a permanent nature.

    Coma resulting directly from self-inflicted injury, alcohol or drug abuse is excluded.

21. ***Deafness*** – total, bilateral and irreversible loss of hearing for all sounds as a result of sickness or accident. Medical evidence to be supplied by an appropriate specialist and to include audiometric and sound-threshold testing. The deafness must not be correctable by aides or surgical procedures.

22. ***Loss of Speech*** – total and permanent loss of the ability to produce intelligible speech as a result of irreversible damage to the larynx or its nerve supply from the speech center of the brain caused by injury, tumor or sickness. Medical evidence must be supplied by an appropriate specialist to confirm laryngeal dysfunction and that the loss of speech has lasted for more than 6 months continuously. All psychiatric causes of loss of speech are excluded.

23. ***Major Burns*** – third-degree burns with scarring that cover at least 20% of the body's surface area. A certified physician must confirm the diagnosis and the total area involved using standardized, clinically accepted, body surface area charts.

24. ***Paralysis*** – total and irreversible loss of use of two or more limbs through paralysis as a result of injury or disease. The paralysis must be supported by appropriate neurological evidence. A specialist must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

    Paralysis due to self-harm, partial paralysis, temporary post-viral paralysis, or paralysis due to psychological causes are all excluded.

25. ***Alzheimer's Disease*** – progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardized questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by the Company's appointed doctor. There must be significant reduction in mental and social functioning requiring the continuous supervision of the Insured. There must also be an inability to perform (whether aided or unaided) at least three of the following – bathing, dressing, using the lavatory, eating, moving in or out of a bed or chair – for a continuous period of at least 6 months.

    Psychiatric illnesses and drug or alcohol related brain damage are excluded. Coverage for this impairment will cease at age sixty (60) or on the termination date of this Rider, whichever is earlier.

26. ***Fulminant Hepatitis*** – a sub-massive to massive necrosis of the liver caused by the hepatitis virus, leading precipitously to liver failure. The diagnosis in respect of this illness must be based on the meeting of all of the following criteria:
    - a rapidly decreasing liver size;
    - necrosis involving entire lobules, leaving only a collapsed reticular framework;
    - rapid deterioration of liver function tests; and
    - deepening jaundice.

    Evidence of the following must be produced:
    - liver function test to show massive parenchymal liver disease; and
    - objective signs of portosystemic encephalopathy.

27. ***Primary Pulmonary Arterial Hypertension*** – a primary and unexplained increase in pulmonary artery pressure causing signs of right heart strain and failure, confirmed by investigations including cardiac catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of Cardiac Impairment.

    The diagnosis of primary pulmonary hypertension needs to be made by a cardiologist or a specialist in respiratory medicine and needs to be supported by data provided at cardiac catheterization. The diagnosis must be supported by all of the following criteria:
    - Mean pulmonary artery pressure > 40 mmHg;
    - Pulmonary vascular resistance > 3 mmHg/L/min; and
    - Normal pulmonary wedge pressure < 15 mmHg

    and resulting in the Insured being unable to perform his/her usual occupation.

28. ***Terminal Illness*** – a definite diagnosis of an advanced or rapidly progressing incurable disease where, in the opinion of the attending consultant and our medical officer, life expectancy is no greater than twelve (12) months from the date of notification of claim, regardless of any treatment that might be undertaken.

29. ***Encephalitis*** – severe inflammation of brain substance, which results in significant and permanent neurological deficit persisting for at least 6 consecutive months as certified by a registered consultant neurologist. The permanent deficit must result in an inability to perform at least three or more of the following – bathing, dressing, using the lavatory, eating,

moving in or out of a bed or chair. Encephalitis as a result of HIV infection is excluded.

30. ***Major Head Trauma*** – major trauma to the head causing significant permanent functional impairment of the brain as confirmed by definite diagnosis by a consultant neurologist. The resultant permanent functional impairment must lead to a permanent bedridden situation or the inability to perform without assistance three or more of the following – bathing, dressing, using the lavatory, eating, moving in or out of a bed or chair. These illnesses have to be medically documented for at least 3 months.

31. ***Apallic Syndrome*** – a clinical state of dependency determined by the assessment of physical, intellectual and communicatory disability. It may result from cerebral trauma, prolonged periods of anoxia, severe encephalitis or certain neurotoxins. The affected individual is incapable of voluntary or purposeful acts and only responds reflexively to painful stimuli. The Insured requires life-supporting machines to maintain life in a hospital. A claim shall only be admitted after 6 months of being in a vegetative state and must be supported by medical evidence certified by a specialist in neurology.

32. ***Progressive Scleroderma*** – a systemic connective tissue disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. A rheumatologist must make the unequivocal diagnosis of progressive systemic sclerosis. This diagnosis must be supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys. Localized scleroderma (linear scleroderma or morphea), eosinophilic fasciitis and CREST syndrome are excluded.

33. ***Systemic Lupus Erythematosus with Lupus Nephritis*** – the unequivocal diagnosis by a consultant physician of systemic lupus erythematosus (SLE) with evidence of malar rash, discoid rash, photosensitivity, multi-articular arthritis, and serositis. There must also be hematological and immunological abnormalities consistent with the diagnosis of SLE. There must also be a positive antinuclear antibody test. There must also be evidence of renal impairment with renal involvement defined as either glomerular filtration rate equal or lower than 30 ml/min/1.73m^2 or persistent proteinuria greater than 0.5 grams per day. Discoid lupus and medication-induced lupus are excluded.

34. ***Brain Surgery*** – the actual undergoing of surgery to the brain under general anesthesia during which a craniotomy is performed resulting in permanent neurological deficit lasting for a minimum period of thirty (30) days and resulting in a permanent inability to perform three or more of the following – bathing, dressing, using the lavatory, eating, moving in or out of a bed or chair – either with or without the use of mechanical equipment, special devices, or other aids and adaptations in use for disabled persons. Burr Hole and brain surgery as a result of an accident is excluded.

35. ***Medullary Cystic Disease*** – a renal disorder characterized by multiple cysts in the kidney that damage the tubules causing an inability to concentrate urine. A certified nephrologist must make the definite diagnosis of severe medullary cystic kidney disease as verified on imaging showing multiple kidney cysts. There must be biochemical evidence of progressive renal insufficiency with a measured creatinine clearance showing a glomerular filtration rate of less than 25 ml/min or the Insured is being treated with permanent renal dialysis.

36. ***HIV Due to Blood Transfusion and Occupationally Acquired HIV*** – infection with the Human Immunodeficiency Virus (HIV) where the virus is acquired in the Philippines as a result of medically necessary blood transfusion on the Insured or occupationally acquired by the Insured.

    For HIV due to blood transfusion, payment will be made if all of the following conditions are met:
    - the infection is due to a medically necessary blood transfusion received in the Philippines after the effective date of this Rider or the date of its last reinstatement, if any, whichever is later;
    - the institution which provided the transfusion admits liability for the HIV infection; and
    - the Insured does not suffer from Thalassaemia major or hemophilia.
    - the Insured is not a member of any high-risk groups such as but not limited to homosexuals, intravenous drug users or sex workers.

For occupationally acquired HIV, payment will be made if all of the following conditions are met:

- the infection occurred during the execution of the Insured's normal professional duties as a registered medical or dental practitioner;
- the occupational accident causing the infection must have occurred after the effective date of this Rider or the date of its last reinstatement, if any, whichever is later;
- the incident causing a potential claim must have been reported to the relevant authority or employer within 24 hours and to the Company within 14 days of the incident unless it was not reasonable possible to do so;
- a blood test showing no HIV or HIV antibodies must be carried out within 5 days of the incident and this must be followed up by another test within 180 days of the incident, indicating seroconversion and presence of infection by HIV or AIDS; and
- the Insured must have been compliant with clinically accepted post-exposure prophylactic therapy and must have received the recommended HIV vaccine, if any is available.

The Company must be given access to independently test all the blood samples and to take such added samples, as it deems necessary or advisable.

HIV infection resulting from or transmitted by any other means is specifically excluded from the benefit. The condition must be life-threatening and there must exist no effective cure.