



GROUP CRISIS COVER EXTRA BENEFIT

PRODUCT SUMMARY

Policyholder	: Eastspring Investments (Singapore) Limited
Policy Period	: 01 January 2018 to 31 December 2018
Basis of Cover	: <u>CORE</u> All permanent employees and contract employees with minimum - 1 year service - S\$50,000 each
	: <u>OPTIONAL</u> All employees except contract employees – Sum Assured increases in multiples of S\$10,000 up to max. of 36 times last drawn basic monthly salary but not to exceed \$1.3 million for both Core and Optional. The coverage cannot be more than the Group Term Life benefit.
Free Cover Limit	: S\$50,000 up to age 64 last birthday

Optional Rates

Per Thousand Sum Assured Per Annum					
Age	Male	Female	Age	Male	Female
18	\$0.58	\$0.54	44	\$3.20	\$4.15
19	\$0.58	\$0.55	45	\$3.77	\$4.64
20	\$0.58	\$0.56	46	\$4.34	\$5.16
21	\$0.53	\$0.58	47	\$4.87	\$5.75
22	\$0.51	\$0.62	48	\$5.49	\$6.20
23	\$0.51	\$0.63	49	\$6.16	\$6.57
24	\$0.49	\$0.67	50	\$6.86	\$6.99
25	\$0.51	\$0.66	51	\$7.52	\$7.36
26	\$0.54	\$0.67	52	\$8.18	\$7.86
27	\$0.58	\$0.69	53	\$8.94	\$8.27
28	\$0.60	\$0.74	54	\$9.81	\$8.61
29	\$0.67	\$0.83	55	\$10.67	\$9.03
30	\$0.75	\$0.95	56	\$11.64	\$9.41
31	\$0.82	\$1.08	57	\$12.68	\$9.79
32	\$0.88	\$1.28	58	\$13.70	\$10.17
33	\$0.95	\$1.42	59	\$14.82	\$10.50
34	\$1.02	\$1.65	60	\$15.98	\$10.81
35	\$1.09	\$1.89	61	\$17.36	\$11.18
36	\$1.16	\$2.08	62	\$18.63	\$11.42
37	\$1.33	\$2.22	63	\$19.37	\$11.52
38	\$1.41	\$2.36	64	\$19.83	\$11.92
39	\$1.51	\$2.50	65	\$22.52	\$14.02
40	\$1.97	\$2.70	66	\$28.84	\$17.84
41	\$2.00	\$3.00	67	\$31.26	\$19.24
42	\$2.29	\$3.28	68	\$33.65	\$20.81
43	\$2.70	\$3.66	69	\$36.27	\$22.47

Note: This benefit definition is compiled for presentation purposes and does not form any part of a policy contract.
The exact benefits are spelt-out in the policy document.
GCCE 01/02/2015



GROUP CRISIS COVER EXTRA BENEFIT

Group Crisis Cover Benefit covers for any of the 37 critical illnesses specified and defined below and is an extra benefit to the Group Term Life sum insured. The benefit response if the Insured Member survives 30 days from the date of Diagnosis of any of the 37 critical illnesses by a Registered Medical Practitioner. This benefit provides for only 1 critical illness, even if the life assured is diagnosed as having a second critical illness.

A. 24 HOURS WORLD-WIDE COVERAGE

B. ELIGIBILITY

All full-time active employees of the company aged between 16 and 64 last birthday who have fulfilled the waiting period requirement (if any) will be eligible to participate in this plan.

C. FREE COVER LIMIT (FCL)

Any amount of insurance in excess of the FCL (if any) may be accepted subject to medical underwriting. In absence of written acceptance by Prudential Assurance Company, the amount of coverage will be limited to the FCL and premium chargeable will be based on the amount.

The FCL will be reviewed at each Policy anniversary. PAC has the right to call for medical underwriting on the increase in amount of coverage, in excess of the new FCL.

D. CRITICAL ILLNESS COVERAGE

- | | |
|--|--|
| 1. Heart Attack | 20. HIV Due to Blood Transfusion and Occupationally Acquired HIV |
| 2. Stroke | 21. Motor Neurone Disease |
| 3. Coronary Artery By-pass Surgery | 22. Parkinson's Disease |
| 4. Major Cancers | 23. End Stage Liver Failure |
| 5. Kidney Failure | 24. End Stage Lung Disease |
| 6. Major Head Trauma | 25. Aplastic Anaemia |
| 7. Major Organ / Bone Marrow Transplantation | 26. Muscular Dystrophy |
| 8. Multiple Sclerosis | 27. Bacterial Meningitis |
| 9. Fulminant Hepatitis | 28. Benign Brain Tumour |
| 10. Primary Pulmonary Hypertension | 29. Viral Encephalitis |
| 11. Blindness (Loss of Sight) | 30. Angioplasty and Other Invasive Treatment for Coronary Artery |
| 12. Alzheimer's Disease / Severe Dementia | 31. Poliomyelitis |
| 13. Surgery to the Aorta | 32. Systemic Lupus Erythematosus with Lupus Nephritis |
| 14. Coma | 33. Other Serious Coronary Artery Disease |
| 15. Deafness (Loss of Hearing) | 34. Paralysis (Loss of Use of Limbs) |
| 16. Loss of speech | 35. Apallic Syndrome |
| 17. Heart Valve Surgery | 36. Loss of Independent Existence |
| 18. Major Burns | 37. Progressive Scleroderma |
| 19. Terminal Illness | |

(Please refer to the schedule of critical illness for details.)

*The Life Insurance Association Singapore (LIA) has standard definitions for 37 severe stage Critical Illnesses (Version 2014). These Critical Illnesses fall under Version 2014. You may refer to www.lia.org.sg for the standard definitions (Version 2014).

Note: This benefit definition is compiled for presentation purposes and does not form any part of a policy contract.
The exact benefits are spelt-out in the policy document.
GCCE 01/02/2015



GROUP CRISIS COVER EXTRA BENEFIT

E. EXCLUSIONS

We do not pay Group Critical Illness if :

- 1) The critical illness existed preceding the Entry Date of the Insured Member or at the date of any reinstatement.
- 2) Any benefit for any covered illness that is due directly or indirectly to a Pre-existing Condition. A "Pre-existing" condition is the existence of any signs or symptoms for which treatment, medication, consultation, advice or diagnosis has been sought or received by the Insured Member prior to his Entry Date or date of reinstatement; or
- 3) The Insured Member is diagnosed as having a heart attack or major cancer within 90 days of his/her Entry Date or reinstatement date.
- 4) A Registered Medical Practitioner has recommended heart surgery to the Insured Member for coronary artery disease within 90 days of his/her Entry Date or reinstatement date.
- 5) The Insured Member is diagnosed as having a critical illness caused by:
 - Self-inflicted injuries while sane or insane; or
 - Acquired Immunodeficiency Syndrome (AIDS), AIDS- related complex or infection by Human Immunodeficiency Virus (HIV) as defined in this Supplementary Policy; or
 - The use of unprescribed drugs where such drugs are required by law to be prescribed by a registered doctor.
- 6) The Critical Illness is directly or indirectly due to a medical condition excluded under this Supplementary Contract or any endorsements which may be issued by us.

F. MAKING A CLAIM

You must send us the following as soon as practicable:

- Notification of the diagnosis of a critical illness
- A completed claim form
- Medical reports including clinical, radiological, histological and laboratory evidences from the Registered Medical Practitioner at your own expense.

We reserve the right to ask you to provide, at your own expense, more documents or evidence to our satisfaction to help us assess the claim and to appoint a registered doctor to re-examine the Insured Member.

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

GROUP CRISIS COVER EXTRA BENEFIT

SCHEDULE OF CRITICAL ILLNESS

1. Heart Attack of Specified Severity

Death of heart muscle due to obstruction of blood flow, 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 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 a 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

2. Stroke

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intercerebral embolism and cerebral thrombosis resulting in permanent neurological deficit with persisting clinical symptoms. 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; and
- Ischaemic disorders of the vestibular system.

Permanent means expected to last throughout the lifetime of the Insured Member.

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 Member. 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.

3. 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

GROUP CRISIS COVER EXTRA BENEFIT

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.

4. Major Cancers

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 malignant tumour includes leukemia, lymphoma and sarcoma. 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;
 - Having borderline malignancy;
 - Having any degree of malignant potential;
 - Having suspicious malignancy;
 - Neoplasm of uncertain or unknown behavior; or
 - Cervical Dysplasia CIN-1, CIN-2 and CIN-3;
- Any non-melanoma skin carcinoma 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 any equivalent or lesser classification;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All tumors of the Unitary Bladder histologically classified as T1N0M0 (TMN Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as T1N0N0 (TMN Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- Chronic Lymphocytic Leukemia less than RAI Stage 3; and
- All tumours in the presence of HIV infection.

5. Kidney failure

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

6. Major Head Trauma

Accidental head injury resulting in permanent neurological deficit with persisting clinical symptoms to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "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.

Permanent means expected to last throughout the lifetime of the Insured Member.

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 Member. Symptoms that

*Note: This benefit definition is compiled for presentation purposes and does not form any part of a policy contract.
The exact benefits are spelt-out in the policy document.
GCCE 01/02/2015*



GROUP CRISIS COVER EXTRA BENEFIT

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.

7. 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.

8. Multiple Sclerosis

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

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

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

9. 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.

10. 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.

11. Blindness (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 use of visual aids, vision is measured at 3/60 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.

*Note: This benefit definition is compiled for presentation purposes and does not form any part of a policy contract.
The exact benefits are spelt-out in the policy document.
GCCE 01/02/2015*



GROUP CRISIS COVER EXTRA BENEFIT

12. Alzheimer's Disease / Severe Dementia

Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Insured Member. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by our appointed doctor.

The following are excluded:

- Non-organic diseases such as neurosis and psychiatric illnesses; and
- Alcohol related brain damage.

13. 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.

14. Coma

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

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

Coma resulting directly from alcohol or drug abuse is excluded.

15. Deafness (Loss of Hearing)

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist. Total means "the loss of at least 80 decibels in all frequencies of hearing".

16. Loss of Speech

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

All psychiatric related causes are excluded.

17. Heart Valve Surgery

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

18. Major Burns

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



GROUP CRISIS COVER EXTRA BENEFIT

19. Terminal Illness

The conclusive diagnosis of an illness that is expected to result in the death of the Insured Member within 12 months. This diagnosis must be supported by a specialist and confirmed by our appointed doctor. Terminal Illness in the presence of HIV infection is excluded.

20. HIV Due to Blood Transfusion and Occupationally Acquired HIV

- A) Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:
- The blood transfusion was medically necessary or given as part of a medical treatment;
 - The blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later;
 - The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and
 - The Insured Member does not suffer from Thalassaemia Major or Haemophilia.
- B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, Date of endorsement or date of reinstatement of this Supplementary Contract, whichever is the later whilst the Insured Member was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to our satisfaction:
- Proof of the accident giving rise to the infection must be reported to us within 30 days of the accident taking place;
 - Proof that the accident involved a definite source of the HIV infected fluids;
 - Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and
 - HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This benefit is only payable when the occupation of the insured is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic (in Singapore).

This benefit will not apply under either section A or B where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

21. 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.

22. Parkinson's Disease

The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- The disease cannot be controlled with medication;
- Signs of progressive impairment; and

Note: This benefit definition is compiled for presentation purposes and does not form any part of a policy contract. The exact benefits are spelt-out in the policy document.
GCCE 01/02/2015



GROUP CRISIS COVER EXTRA BENEFIT

- Inability of the Insured Member to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living:

- (i) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- (ii) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- (iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
- (iv) Mobility - the ability to move indoors from room to room on level surfaces;
- (v) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- (vi) Feeding - the ability to feed oneself once food has been prepared and made available.

Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson's Disease 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.

23. 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.

24. 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 one 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.

25. Aplastic Anaemia

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

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

The diagnosis must be confirmed by a haematologist.

Note: This benefit definition is compiled for presentation purposes and does not form any part of a policy contract.
The exact benefits are spelt-out in the policy document.
GCCE 01/02/2015

GROUP CRISIS COVER EXTRA BENEFIT

26. 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 Insured Member to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living:

- (i) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- (ii) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- (iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
- (iv) Mobility - the ability to move indoors from room to room on level surfaces;
- (v) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- (vi) Feeding - the ability to feed oneself once food has been prepared and made available.

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.

27. 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.

28. 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 is life threatening;
- It has caused damage to the brain;
- It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
- Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

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



GROUP CRISIS COVER EXTRA BENEFIT

29. Viral Encephalitis

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

30. 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 revascularization must be considered medically necessary by a consultant cardiologist.

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

This Limited Advance Payment Benefit is equal to 10% of the Rate of Benefits in the Second Schedule under this policy subject to a S\$25,000 maximum sum payable. This benefit is payable only once and shall be deducted from the amount of this Supplementary Contract, thereby reducing the amount of the Sum Assured which may be payable herein.

Diagnostic angiography is excluded.

31. 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.

32. Systemic Lupus Erythematosus with Lupus Nephritis

A multi-system, multifactorial, autoimmune disorder characterized by the development of auto-antibodies directed against various self-antigens. 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 V Lupus Nephritis, established by renal biopsy, and in accordance with WHO classification). The final diagnosis must be confirmed by a certified doctor specializing in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

- Class 1 Minimal Change Lupus Glomerulonephritis
- Class II Mesangial Lupus Glomerulonephritis
- Class III Focal Segmental Proliferative Lupus Glomerulonephritis
- Class IV Diffuse Proliferative Lupus Glomerulonephritis
- Class V Membranous Lupus Glomerulonephritis

33. 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 coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed.

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



GROUP CRISIS COVER EXTRA BENEFIT

34. Paralysis (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.

35. 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.

36. Loss of Independent Existence

A condition as a result of a disease, illness or injury whereby the Insured Member is unable to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living", for a continuous period of 6 months.

Activities of Daily Living:

- (i) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- (ii) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- (iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
- (iv) Mobility - the ability to move indoors from room to room on level surfaces;
- (v) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- (vi) Feeding - the ability to feed oneself once food has been prepared and made available.

This condition must be confirmed by our 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.

37. Progressive Scleroderma

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

The following are excluded:

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