

## Supplementary Rider Contract for eXTRA *premier secure*

This supplementary rider contract should be read together with the General Provisions for Life Insurance.

### 1. What do we pay?

#### 1.1 Critical Illness

1.1.1 eXTRA *premier secure* pays either part (for early and intermediate stage medical conditions) or all of the sum insured, and its attaching bonuses (if any), if the life insured is diagnosed with a medical condition or critical illness (described in Appendix 1 & 2) for the first time during the policy term.

1.1.2 If the life insured is diagnosed with an early stage medical condition, we will pay out a lump sum of S\$100,000 and waive all future premiums for this supplementary rider. This lump sum benefit is only paid out once during the policy term. Once paid, the early stage medical condition benefit will terminate. Coverage will continue through the policy term with the remaining sum insured payable on the diagnosis of an intermediate stage medical condition (if this benefit is still available) or a critical illness.

1.1.3 If the life insured is diagnosed with an intermediate stage medical condition, we will pay out a lump sum of S\$200,000 and waive all future premiums for this supplementary rider. This lump sum benefit is only paid out once during the policy term. Once paid, the intermediate stage medical condition benefit will terminate. Coverage will continue through the policy term with the remaining sum insured payable on the diagnosis of another early stage medical conditions (if this benefit is still available) or a critical illness.

1.1.4 Our payment of any critical illness or early and intermediate stage medical conditions benefits on this supplementary rider contract will proportionately reduce the sum insured of the basic policy.

#### 1.2 Special Benefits Medical Conditions

We will provide a lump sum benefit of \$25,000 for each of the following two medical conditions if the life insured survives at least 30 days from the date of diagnosis:

1.2.1 When the life insured has to undergo medically necessary Angioplasty and other Invasive Treatment for Coronary Artery Disease and/or

1.2.2 When the life insured has diabetic complications.

A claim under this benefit will not reduce the sum insured of the basic policy nor waive any future premiums for this supplementary rider. We will only pay once for each of the above two conditions.

**Angioplasty & Other Invasive Treatment For Coronary Artery** means the insured actually undergoes balloon angioplasty or similar intra arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. Diagnostic angiography is excluded.

**Diabetic complications** means:

- Diabetic retinopathy with the need to undergo laser treatment certified to be absolutely necessary by an ophthalmologist with support of Fluorescent Fundus Angiography report and vision is measured at 6/18 or worse in the better eye using a Snellen eye chart.
- A definite diagnosis of diabetic nephropathy by a nephrologist and is evident by eGFR less than 30 ml/min/1.73 m<sup>2</sup> with ongoing proteinuria greater than 300mg/24 hours.
- The actual undergoing of amputation of a leg / foot / toe / arm / hand / finger to treat gangrene that has occurred because of a complication of diabetes.

**Medically necessary** means those services and supplies provided by a physician to identify or treat an Injury or Illness which has been diagnosed or is reasonably suspected to be, and are:

- consistent with the diagnosis and treatment of the life insured's condition;
- according to standards of good medical practice;
- required for reasons other than for the convenience of the life insured or physician; and
- the most appropriate supply or level of service which can be safely provided to the life insured.

1.3 Accidental Death Benefit

We will pay the lesser of the sum insured or \$1 million upon the accidental death of the life insured during the policy term. Our payment of this benefit will not reduce the sum insured of the basic policy.

1.4 eXTRA *premier secure* is a non-participating policy. At expiry date, if we have not paid out any claims, the policy will end and no benefits will be payable.

**2. Our right to vary your premium**

The premium that you pay for eXTRA *premier secure* is not guaranteed and may change depending on the claims experience. We will write to you to tell you the new premiums at least 30 days before we make any changes to your premium.

**3. Guaranteed Renewability**

We guaranteed the renewal of eXTRA *premier secure* up to the cover expiry date as shown on your policy information page so long as you pay the premium on time.

**4. Termination of benefits**

This supplementary rider contract ends when any of the following events first happens:

- a. The basic policy ends;
- b. Death of the life insured;
- c. The premium is not paid on time;
- d. We paid out 100% of the sum insured of this supplementary rider contract;
- e. At the expiry date; or
- f. You request us in writing to terminate the policy.

**5. What is not covered?**

We do not pay the benefit when:

5.1 The covered illness is caused by:

- A pre-existing condition;
- The life insured being diagnosed as having deafness before reaching age 2;
- The life insured being diagnosed with a critical illness caused by a congenital or inherited disorder before reaching age 6;
- Intentional acts (sane or insane) such as self-harm or attempted suicide within one (1) year of the policy issue date or the date of the last reinstatement of the policy (whichever is later);

- Effects of drug or alcohol addiction;
- HIV infection, acquired immunodeficiency syndrome (AIDS) or any AIDS related condition, unless the HIV infection is due to blood transfusion or occupationally acquired HIV (as defined in Appendix 1 – list of critical illnesses); or
- The life insured did not survive for 30 days after diagnosis of the medical conditions described in clause 1.2 of this supplementary rider contract.

5.2 The covered illness is diagnosed during the waiting period. The waiting period is:

- 90 days for major cancer, coronary artery bypass surgery, heart attack of specified severity, diabetic complications, angioplasty and other invasive treatment for coronary artery, other serious coronary artery disease and all intermediate stage medical conditions as defined in Appendix 2, and
- 120 days for all early stage medical conditions as defined in Appendix 2 from the date of policy issue or the last reinstatement date, whichever is later.

5.3 The accidental death is caused by:

- intentional acts (sane or insane) such as self-harm, suicide or attempted suicide;
- state of an unsound mind;
- war (declared or not), revolution or any warlike operation, acts of foreign enemy, hostilities, rebellion, civil war, insurrection, military or usurped powers, terrorism, provoking an assault;
- military or naval service to restore public order or maintain civil order; engaging in commando or bomb disposal duties/training;
- unlawful acts, attempting an offence, resisting arrest by a law enforcement officer or wilful exposure to unnecessary danger except in the attempt to save a human life;
- racing of any kind, other than on foot; flying in an aircraft not operated by a commercial airline;
- participation in hazardous activities; participation in professional or competitive sports where the life insured would or could earn income or remuneration from engaging in such sports;
- radiation or contamination from radioactivity, engaging in commando or bomb disposal duties/training, active military duties such as maintenance of civil order, engagement in hostilities, whether war is declared or not, and travel by military aircraft or waterborne vessel; or
- sexually transmitted infections, human immunodeficiency virus (HIV) or any HIV-related illness including acquired immunity deficiency syndrome (AIDS).

**6. Critical illnesses are defined in Appendix 1 - List of Critical Illnesses for eXTRA premier secure policy. Early and intermediate stage medical conditions are defined in Appendix 2 – List of early and intermediate stage medical conditions for eXTRA premier secure policy.**

## **Appendix 1: List of Critical Illnesses for eXTRA premier secure policy**

Critical illness means any one of the following:

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

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

The following are excluded:

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

### **2. 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.

### **3. Aplastic Anaemia**

Chronic persistent 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;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist.

### **4. Bacterial Meningitis**

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:

- The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- A consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

### **5. Benign Brain Tumor**

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.

### **6. 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 the 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

### **7. Cardiomyopathy**

A definite diagnosis of cardiomyopathy by a cardiologist which results in permanently impaired ventricular function and resulting in permanent physical impairment of at least Class III of the New York Heart Association's classification of cardiac impairment. The diagnosis has to be supported by echocardiographic findings of compromised ventricular performance.

The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following:

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.

Cardiomyopathy directly related to alcohol or drug abuse is excluded.

## 8. 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.

## 9. 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.

## 10. 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".

## 11. End Stage Liver Failure

End stage liver failure as evidenced by all of the following:

- Permanent jaundice;
- Ascites; and
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

## 12. End Stage Lung Disease

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

- FEV<sub>1</sub> test results which are consistently less than 1 litre;

- Permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO<sub>2</sub> ≤ 55mmHg); and
- Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

## 13. Fulminant Hepatitis

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- Rapid decreasing of liver size 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.

## 14. 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 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

## 15. Heart Valve Surgery

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

## 16. HIV Due to Blood Transfusion and Occupationally Acquired HIV

(A) Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:

- The blood transfusion was medically necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later;
- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and
- The insured does not suffer from Thalassaemia Major or Haemophilia.

(B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, date of endorsement or date of reinstatement of this Supplementary Contract, whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to the Company's satisfaction:

- Proof of the accident giving rise to the infection must be reported to the Company within 30 day of the accident taking place;
- Proof that the accident involved a definite source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

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

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

## 17. Kidney Failure

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

## 18. 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 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 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.

## 19. 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.

## 20. Major Burns

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

## 21. Major Cancers

A malignant tumour positively diagnosed with histological confirmation and characterized 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 another equivalent or lesser classification;
- All Thyroid cancers 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 T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3; and
- All tumours in the presence of HIV infection.

## 22. 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 Life Assured.

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 Life Assured. 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.

## 23. 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.

## 24. 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.

## 25. 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

## 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 Life Assured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living:

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

(vi) Feeding- the ability to feed oneself once food has been prepared and made available.

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. 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.

### **28. 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.

### **29. Parkinson’s Disease**

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

- The disease cannot be controlled with medication;
- Signs of progressive impairment; and
- Inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 6 “Activities of Daily Living” for a continuous period of at least 6 months:

Activities of Daily Living:

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

Drug-induced or toxic causes of Parkinsonism 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.

### **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.

### **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 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 fasciitis; and
- CREST syndrome.

### **33. Stroke**

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral 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 Life Assured.

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 Life Assured. 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.

#### **34. 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.

#### **35. Systemic Lupus Erythematosus With Lupus Nephritis**

A multi-system, multifactorial, autoimmune disorder characterised 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 the WHO Classification). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

- Class I Minimal Change Lupus Glomerulonephritis
- Class II Messangial Lupus Glomerulonephritis
- Class III Focal Segmental Proliferative Lupus Glomerulonephritis
- Class IV Diffuse Proliferative Lupus Glomerulonephritis

#### **Class V Membranous Lupus Glomerulonephritis**

#### **36. Terminal Illness**

The conclusive diagnosis of an illness that is expected to result in the death of the Life Assured within 12 months. This diagnosis must be supported by a specialist and confirmed by the Company's appointed doctor.

Terminal illness in the presence of HIV infection is excluded.

#### **37. 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.

**Appendix 2 : List of Early and Intermediate Stage Medical Conditions for eXTRA *premier secure* policy**

Critical illness	Types of Medical Conditions (according to Severity Levels)	Definition
1. Alzheimer's Disease / Severe Dementia	<u>Early Stage Medical Conditions:</u> 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"> <li>• Remember;</li> <li>• Reason; and</li> <li>• Perceive, understand, express and give effect to ideas</li> </ul> <p>This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>• Non-organic diseases such as neurosis and psychiatric illnesses; and</li> <li>• Alcohol related brain damage</li> </ul>
2. Aplastic Anaemia	<u>Early Stage Medical Conditions:</u> Reversible Aplastic Anaemia	<p>Acute reversible bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with any one of the following:</p> <ul style="list-style-type: none"> <li>• Blood product transfusion;</li> <li>• Marrow stimulating agents;</li> <li>• Immunosuppressive agents; or</li> <li>• Bone marrow transplantation.</li> </ul> <p>The diagnosis must be confirmed by a haematologist.</p>
3. Bacterial Meningitis	<u>Early Stage Medical Conditions:</u> 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"> <li>• The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and</li> <li>• A consultant neurologist.</li> </ul> <p>Bacterial Meningitis in the presence of HIV infection is excluded.</p>
4. Benign Brain Tumour	<u>Early Stage Medical Conditions:</u> Surgical removal of pituitary tumour; or	<p>The actual undergoing of surgical removal of pituitary tumour necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. Partial removal of pituitary microadenoma is specifically excluded; or</p>

Critical illness	Types of Medical Conditions (according to Severity Levels)	Definition
	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.
5. Blindness (Loss of Sight)	<u>Early Stage Medical Conditions:</u> Loss of sight in one eye  <u>Intermediate Stage Medical Conditions:</u> Optic Nerve Atrophy with low vision	Total and irreversible loss of sight in one eye: <ol style="list-style-type: none"> <li>a. as a result of illness or accident,</li> <li>b. must be certified by an ophthalmologist, and</li> <li>c. is not due to alcohol or drug misuse</li> </ol> The unequivocal diagnosis of optic nerve atrophy affecting one or both eyes. There must also be permanent and irreversible loss of sight to both eyes to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in the better eye using a Snellen eye chart. The optic nerve atrophy and degree of visual loss of sight must be certified by an ophthalmologist. Optic nerve atrophy resulting from alcohol or drug misuse will be excluded.
6. Coma	<u>Early Stage Medical Conditions:</u> Coma for 48 hours  <u>Intermediate Stage Medical Conditions:</u> Severe Epilepsy; or	Coma that persists for at least 48 hours. This diagnosis must be supported by evidence of all of the following: <ol style="list-style-type: none"> <li>a. no response to external stimuli for at least 48 hours,</li> <li>b. the use of life support measures to sustain life, and</li> <li>c. Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.</li> </ol> Coma resulting directly from alcohol or drug abuse is excluded. Medically induced coma also does not fulfil this definition.  Severe epilepsy confirmed by all of the following: <ol style="list-style-type: none"> <li>a. Diagnosis made by a consultant neurologist by the use of electroencephalography (EEG), magnetic resonance imaging (MRI), position emission tomography (PET) or any other appropriate diagnosis test that is available,</li> <li>b. There must be documentation of recurrent unprovoked tonic-clonic or grand mal seizures of more than 5 attacks per week, and be known to be resistant to optimal therapy as confirmed by drug serum-level testing, and</li> <li>c. The Life Insured must have been taking at least 2 prescribed anti-epileptic (anti-convulsant) medications</li> </ol>

Critical illness	Types of Medical Conditions (according to Severity Levels)	Definition
		<p>for at least 6 months on the recommendation of a consultant neurologist.</p> <p>Febrile or absence (petit mal) seizures alone will not satisfy the requirement of this definition.</p>
	Coma for 72 hours	<p>Coma that persists for at least 72 hours. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> <li>a. no response to external stimuli for at least 72 hours;</li> <li>b. the use of life support measures to sustain life; and</li> <li>c. brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.</li> </ul> <p>Coma resulting directly from alcohol or drug abuse is excluded. Medically induced coma also does not fulfil this definition.</p>
7. Coronary Artery By-pass Surgery	<u>Early Stage Medical Conditions:</u> Keyhole coronary bypass surgery or Coronary Artery Arthrectomy Or Transmyocardial Laser Revascularisation or Enhanced External Counterpulsation Device Insertion	<p>The actual undergoing for the first time for the correction of the narrowing or blockage of one or more coronary arteries via “Keyhole” surgery, Athrectomy, Transmyocardial laser revascularisation or Enhanced external counterpulsation.</p> <p>All other surgical procedures will be excluded from this benefit.</p>
8. Deafness (Loss of Hearing)	<u>Early Stage Medical Conditions:</u> Partial loss of hearing; or  Cavernous sinus thrombosis surgery  <u>Intermediate Stage Medical Conditions:</u> Cochlear implant surgery	<p>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; or</p> <p>The actual undergoing of a surgical drainage for Cavernous Sinus Thrombosis. The presence of Cavernous Sinus Thrombosis as well as the requirement for surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field.</p> <p>The actual undergoing of a surgical cochlear implant as a result of permanent damage to the cochlea or auditory nerve. The surgical procedure as well as the insertion of the implant must be certified to be absolutely necessary by an Ear, Nose, and Throat (ENT) specialist.</p>

Critical illness	Types of Medical Conditions (according to Severity Levels)	Definition
9. End Stage Liver Failure	<p><u>Early Stage Medical Conditions:</u> Liver surgery</p> <p><u>Intermediate Stage Medical Conditions:</u> Liver Cirrhosis</p>	<p>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 insured.</p> <p>Liver disease secondary to alcohol and drug abuse are excluded.</p> <p>Cirrhosis of Liver with 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.</p>
10. End Stage Lung Disease	<p><u>Early Stage Medical Conditions:</u> Severe Asthma; or</p> <p>Insertion of a Veno-cava filter</p> <p><u>Intermediate Stage Medical Conditions:</u> Surgical removal of one lung</p>	<p>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; or</p> <p>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.</p> <p>Complete surgical removal of the entire right or left lung as a result of an illness or an accident of the Life Insured. Partial removal of a lung is not included in this benefit.</p>
11. Fulminant Hepatitis	<p><u>Early Stage Medical Conditions:</u> Hepatitis with Cirrhosis</p>	<p>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.</p> <p>Liver diseases secondary to alcohol and drug abuse are excluded.</p>
12. Heart Attack of Specified Severity	<p><u>Early Stage Medical Conditions:</u> Cardiac pacemaker insertions; or</p>	<p>Insertion of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified as absolutely necessary by a consultant cardiologist; or</p>

Critical illness	Types of Medical Conditions (according to Severity Levels)	Definition
	<p>Pericardectomy</p> <p><u>Intermediate Stage Medical Conditions:</u> Cardiac defibrillator insertion; or</p> <p>Early Cardiomyopathy</p>	<p>The undergoing of a pericardectomy or undergoing of any surgical procedure requiring keyhole cardiac surgery as a result of pericardial disease. Both these surgical procedures must be certified to be absolutely necessary by a consultant cardiologist.</p> <p>Insertion of a permanent cardiac defibrillator as a result of cardiac arrhythmia which cannot be treated via any other method. The surgical procedure must be certified to be absolutely necessary by a consultant cardiologist.</p> <p>The unequivocal diagnosis of Cardiomyopathy which have resulted in the presence of a 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. The NYHA Classification of Cardiac Impairment (Source: "Current Medical Diagnosis and Treatment – 39th Edition"):</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>
13. Heart Valve Surgery	<u>Early Stage Medical Conditions:</u> 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 thoractomy incision is excluded.
14. HIV Due to Blood Transfusion and Occupationally Acquired HIV	<u>Early Stage Medical Conditions:</u> HIV due to Assault, Organ Transplant or Occupationally Acquired HIV	<p>A) Infection with Human Immunodeficiency Virus (HIV) through an organ transplant, provided that all of the following conditions are met:</p> <ul style="list-style-type: none"> <li>• The organ transplant was Medically Necessary or given as part of a medical treatment;</li> <li>• The organ transplant was received in Singapore after the Cover Start Date, date of</li> </ul>

Critical illness	Types of Medical Conditions (according to Severity Levels)	Definition
		<p>endorsement or date of reinstatement of this supplementary contract, whichever is the later; and</p> <ul style="list-style-type: none"> <li>• The source of the infection is established to be from the Institution that provided the transplant and the Institution is able to trace the origin of the HIV to be infected transplanted organ.</li> </ul> <p>B) Infection with Human Immunodeficiency Virus (HIV) which resulted from a physical or sexual assault occurring after the Cover Start Date, date of endorsement or date of reinstatement of this Supplementary Contract, whichever is the later, provided that all the following conditions are met:</p> <ul style="list-style-type: none"> <li>• The incident must be reported to the appropriate authority and that a criminal case must be opened;</li> <li>• Proof of the assault giving rise to the infection must be reported to the Company within 30 days of the assault taking place;</li> <li>• Proof that the assault involved a definite source of the HIV infected fluids;</li> <li>• Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented assault. This proof must include a negative HIV antibody test conducted within 5 days of the assault.</li> </ul> <p>C) Infection with 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 case is being exercised, provided that all the following conditions are met:</p> <ul style="list-style-type: none"> <li>• Proof that the incident has been reported to the appropriate authority;</li> <li>• Proof of the accident giving rise to the infection must be reported to the Company within 30 days of the accident taking place;</li> <li>• Proof that the accident involved a definite source of the HIV infected fluids;</li> </ul>

Critical illness	Types of Medical Conditions (according to Severity Levels)	Definition
		<ul style="list-style-type: none"> <li>• Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident.</li> </ul> <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>
15. Kidney Failure	<u>Early Stage Medical Conditions:</u> Surgical removal of one kidney; or  Chronic Kidney Disease	<p>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.</p> <p>A nephrologist must take a diagnosis of chronic kidney disease with permanently impaired renal function. There must be laboratory evidence that shows that renal function is severely an eGFR less than 15 ml/min/1.73m<sup>2</sup> body surface area, persisting for a period of 6 months or more.</p>
16. Loss of Speech	<u>Early Stage Medical Conditions:</u> Loss of Speech due to neurological disease	<p>Total and irreversible loss of the ability to speak due to disease or 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>
17. Major Burns	<u>Early Stage Medical Conditions:</u> Moderately severe burns	<p>Second degree (partial thickness of the skin) burns covering at least 20% of the surface of the life insured's body; or  Third degree (full thickness of the skin) burns covering at least 50% of the face of the Life Insured.</p>
18. Major Cancers	<u>Early Stage Medical Conditions:</u> Carcinoma in situ of specified organs	<p>Carcinoma in situ of the following: Breast, uterus, ovary, fallopian tube, vulva, vagina, cervix uteri, colon, rectum, penis, testis, lung, liver, stomach, nasopharynx or bladder.  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</p>



Critical illness	Types of Medical Conditions (according to Severity Levels)	Definition
		<p>be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.</p> <p>Clinical diagnosis 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. Carcinoma in situ of the biliary system is also specifically excluded.</p>
	<p>Early Prostate Cancer</p> <p>Early Thyroid Cancer</p> <p>Early Bladder Cancer Early Chronic Lymphocytic Leukaemia</p> <p>Early Melanoma</p> <p><u>Intermediate Stage Medical Conditions:</u> Carcinoma in situ of specified organs treated with Radical Surgery</p>	<p>Prostate Cancer that is histologically described using TNM Classifications as T1a or T1b or Prostate cancers described using another equivalent classification.</p> <p>Thyroid Cancer that is histologically described using the TNM Classifications as T<sub>1</sub>N<sub>0</sub>M<sub>0</sub> as well as Papillary microcarcinoma of thyroid that is less than 1cm in diameter.</p> <p>Papillary microcarcinoma of Bladder. Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. CLL RAI stage 0 or lower is excluded.</p> <p>Invasive melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3. Non-invasive melanoma histological described as “in-situ” is excluded.</p> <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 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 T1a or T1b or Prostate cancers described using another equivalent classification is also covered if it has been treated with a radical prostatectomy. All grades of cervical intraepithelial neoplasia (CIN) and prostatic intraepithelial neoplasia (PIN) are specifically excluded.</p>

Critical illness	Types of Medical Conditions (according to Severity Levels)	Definition
		<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>
19. Major Head Trauma	<p><u>Early Stage Medical Conditions:</u> Facial reconstructive surgery; or</p> <p>Spinal cord injury</p>	<p>The actual undergoing of re-constructive surgery above the neck (restoration or reconstruction 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 cosmetic nose surgery are all excluded; or</p> <p>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.</p>
20. Major Organ / Bone Marrow Transplantation	<p><u>Early Stage Medical Conditions:</u> Small bowel transplant; or</p> <p>Corneal transplant</p>	<p>The receipt of a transplant of at least one metre of small bowel with its own blood supply via a laparotomy resulting from intestinal failure; or</p> <p>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.</p>
21. Motor Neurone Disease	<p><u>Early Stage Medical Conditions:</u> Early Motor Neurone Disease</p>	<p>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</p>

Critical illness	Types of Medical Conditions (according to Severity Levels)	Definition
		sclerosis. A neurologist must make the definite diagnosis of a motor neurone disease and this diagnosis must be supported by appropriate investigations.
22. Multiple Sclerosis	<u>Early Stage Medical Conditions:</u> Early Multiple Sclerosis	<p>There must be a definite diagnosis of Multiple Sclerosis confirmed by a neurologist. The diagnosis must be supported by all of the following:</p> <ul style="list-style-type: none"> <li>a. Investigations that unequivocally confirm the diagnosis to be Multiple Sclerosis; and</li> <li>b. Well documented history of exacerbations and remissions of neurological signs.</li> </ul> <p>Other causes of neurological damage such as SLE and HIV are excluded.</p>
23. Muscular Dystrophy	<u>Early Stage Medical Conditions:</u> Moderately severe Muscular Dystrophy	<p>A group of hereditary degenerative diseases of muscle characterized 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 Insured to perform (whether aided or unaided) at least 2 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months.</p> <p>Activities of Daily Living:</p> <ul style="list-style-type: none"> <li>i. Washing – the ability to wash in the bath or shower (include getting into and out of the bath or shower) or wash satisfactorily by other means;</li> <li>ii. Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;</li> <li>iii. Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa;</li> <li>iv. Mobility – the ability to move indoors from room to room on level surfaces;</li> <li>v. Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;</li> <li>i. Feeding – the ability to feed oneself once food has been prepared and made available.</li> </ul>
24. Parkinson's Disease	<u>Early Stage Medical Conditions:</u> Moderately severe Parkinson's Disease	<p>The unequivocal diagnosis of idiopathic Parkinson's disease by a consultant neurologist.</p> <p>The diagnosis must be supported by all of the following conditions:</p>

Critical illness	Types of Medical Conditions (according to Severity Levels)	Definition
		<p>a. The disease cannot be controlled with medication,</p> <p>b. Signs of progressive impairment, and</p> <p>c. Inability of the Life Insured to perform (whether aided or unaided) at least 2 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months.</p> <p>Activities of Daily Living:</p> <p>i. Washing – the ability to wash in the bath or shower (include getting into and out of the bath or shower) or wash satisfactorily by other means;</p> <p>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;</p> <p>iii. Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa;</p> <p>iv. Mobility – the ability to move indoors from room to room on level surfaces;</p> <p>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;</p> <p>vi. Feeding – the ability to feed oneself once food has been prepared and made available.</p> <p>Drug-induced or toxic causes of Parkinsonism are excluded.</p>
25. Primary Pulmonary Hypertension	<u>Early Stage Medical Conditions:</u> Early Pulmonary Hypertension	<p>Primary or Secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of permanent physical impairment of at least Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment.</p> <p>The NYHA Classification of Cardiac Impairment (Source: "Current Medical Diagnosis and Treatment – 39<sup>th</sup> Edition"):</p> <p>Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or angina 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>

Critical illness	Types of Medical Conditions (according to Severity Levels)	Definition
		<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>
	<p><u>Intermediate Stage Medical Conditions:</u> Secondary Pulmonary Hypertension</p>	<p>Secondary pulmonary hypertension with established right ventricular 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 catheterization by a consultant cardiologist.</p> <p>The NYHA Classification of Cardiac Impairment (Source: "Current Medical Diagnosis and Treatment – 39<sup>th</sup> Edition"):</p> <p>Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or angina pain.</p> <p>Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.</p> <p>Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</p> <p>Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p>
<p>26. Progressive Scleroderma</p>	<p><u>Early Stage Medical Conditions:</u> Early Progressive Scleroderma</p> <p><u>Intermediate Stage Medical Conditions:</u> Progressive Scleroderma with CREST syndrome</p>	<p>A rheumatologist must make the definite diagnosis of progressive systemic scleroderma, based on clinically accepted criteria. The diagnosis must be unequivocally supported by biopsy and serological evidence.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>• Localised scleroderma (linear scleroderma or morphea);</li> <li>• Eosinophilic fasciitis; and</li> <li>• CREST syndrome</li> </ul> <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>

Critical illness	Types of Medical Conditions (according to Severity Levels)	Definition
		<p>The following are excluded:</p> <ul style="list-style-type: none"> <li>• Localised scleroderma (linear scleroderma or morphea); and</li> <li>• Eosinophilic fasciitis.</li> </ul>
27. Stroke	<p><u>Early Stage Medical Conditions:</u> Brain aneurysm surgery; or</p> <p>Cerebral shunt insertion</p> <p><u>Intermediate Stage Medical Conditions:</u> Carotid artery surgery</p>	<p>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; or</p> <p>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.</p> <p>The actual undergoing of Endarterectomy of the carotid artery which has been necessitated as a result of at least 80% narrowing of the carotid artery as diagnosed by an arteriography or any other appropriate diagnostic test that is available. Endarterectomy of blood vessels other than the carotid artery are specifically excluded.</p>
28. Surgery to Aorta	<p><u>Early Stage Medical Conditions:</u> Minimally invasive surgery to Aorta; or</p> <p>Large asymptomatic aortic aneurysm</p>	<p>The actual undergoing of surgery via minimally invasive or intra-arterial techniques to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as evidenced by a cardiac echocardiogram or any other appropriate diagnostic test that is available and confirmed by a consultant cardiologist. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches; or</p> <p>Large symptomatic abdominal or thoracic aortic aneurysm or aortic dissection as evidenced by appropriate imaging technique. The aorta must be enlarged greater than 55mm in diameter and the diagnosis must be confirmed by a consultant cardiologist.</p>
29. Viral Encephalitis	<p><u>Early Stage Medical Conditions:</u> Encephalitis with full recovery</p>	<p>Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection requiring hospitalisation. The diagnosis must be confirmed by a consultant neurologist and supported with appropriate investigations proving acute viral infection of the brain. Encephalitis caused by HIV infection is excluded.</p>

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