
PRODUCT SUMMARY: Advanced CI rider

The Proposer acknowledges receipt of all the pages of the Product Summary for the Main plan and Supplementary Benefits (where applicable). The contents have been explained to his/her satisfaction.

This Product Summary and Policy Illustration are for illustrative purposes only and shall not constitute a contract. The following is a simplified description of the key product features. The exact terms can be found in the Policy Contract. The quotation is based on standard life.

Details of Plan Provider:

Etiqa Insurance Pte. Ltd., (201331905K), One Raffles Quay, #22-01 North Tower, Singapore 048583.

Policy Owners' Protection Scheme:

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the Life Insurance Association (LIA) or SDIC web-sites (www.lia.org.sg or www.sdic.org.sg).

Nature and Objective of the Plan:

This is a Non-participating unit-deducting rider that accelerates the Death Benefit of the Basic policy if the Life insured is diagnosed with any of the covered 36 severe-stage critical illnesses while the rider is in force. At the rider Expiry date, if We have not paid out any claims, this rider will end and no Benefits will be payable.

This rider covers the Benefits described below.

PLAN BENEFIT

1. Critical Illness (CI) Benefit

If the Life insured is diagnosed with any of the covered severe-stage CI (except for Angioplasty & Other Invasive Treatment for Coronary Artery) while the rider is in force, We will pay the CI Benefit in one lump sum as an advancement of the Death Benefit of the Basic policy. When We make this payment, both the rider and the Basic policy ends.

If the Life insured is diagnosed with Angioplasty & Other Invasive Treatment for Coronary Artery, We will pay 10% of the CI Benefit, subject to a maximum amount of S\$25,000 per policy. This is only payable once and the CI Benefit will be reduced accordingly after such payment has been made. You must continue to pay the revised insurance charge to keep the rider in force

The maximum aggregate amount payable is Two Million Singapore Dollars (S\$2,000,000) per Life insured for all policies and riders issued by Us with CI Benefits.

The 36 covered critical illnesses are listed below:

No.	List of covered critical illnesses
1	Major Cancer*
2	Heart Attack of Specified Severity*
3	Stroke with Permanent Neurological Deficit*
4	Coronary Artery By-pass Surgery*
5	End Stage Kidney Failure*
6	Irreversible Aplastic Anaemia*
7	End Stage Lung Disease*
8	End Stage Liver Failure*
9	Coma*
10	Deafness (Irreversible Loss of Hearing)*
11	Open Chest Heart Valve Surgery*
12	Irreversible Loss of Speech*
13	Major Burns*
14	Major Organ / Bone Marrow Transplantation*
15	Multiple Sclerosis*
16	Muscular Dystrophy*
17	Idiopathic Parkinson's Disease*
18	Open Chest Surgery to Aorta*
19	Alzheimer's Disease / Severe Dementia*
20	Fulminant Hepatitis*
21	Motor Neurone Disease*
22	Primary Pulmonary Hypertension*
23	HIV Due to Blood Transfusion and Occupationally Acquired HIV*
24	Benign Brain Tumour*
25	Severe Encephalitis*
26	Severe Bacterial Meningitis*
27	Angioplasty & Other Invasive Treatment for Coronary Artery
28	Blindness (Irreversible Loss of Sight)*
29	Major Head Trauma*
30	Paralysis (Irreversible Loss of Use of Limbs)*
31	Progressive Scleroderma*
32	Persistent Vegetative State (Apallic Syndrome)*
33	Systemic Lupus Erythematosus with Lupus Nephritis*
34	Other Serious Coronary Artery Disease*
35	Poliomyelitis*
36	Loss of Independent Existence*

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

Please refer to Appendix B for the definitions of the covered critical illnesses.

2. Exclusions

There are certain conditions under which no Benefits will be payable. These conditions are stated as exclusions.

CI Benefit

We do not pay any Benefit if the CI is directly or indirectly, wholly or partly caused by:

- a) a Pre-existing condition;
- b) intentional acts (sane or insane) such as self-inflicted injuries, suicide or attempted suicide;
- c) effects of drug or alcohol addiction; or
- d) Acquired Immune Deficiency Syndrome (AIDS), AIDS-related conditions or infection in the presence of Human Immunodeficiency Virus (HIV) except HIV due to blood transfusion and occupationally acquired HIV.

Waiting Period

We will not pay any benefit if:

- Major Cancer, Heart Attack of Specified Severity, as well as Other Serious Coronary Artery Disease is diagnosed; or
- the date of diagnosis of Coronary Artery disease leading to the performance of Coronary Artery By-Pass Surgery or Angioplasty and Other Invasive Treatments for Coronary Artery is;

within ninety (90) days from the:

- rider issue date;
- Rider commencement date;
- effective date of the increase of the rider's Sum insured; or
- latest Reinstatement date

whichever is the latest.

When there is condition(s) specific to the Life insured which We will not cover, We will state them on Our Letter of Conditional Acceptance. When any of the exclusion happens, We will return the total Insurance charge paid for this rider without interest back into the Basic policy's Account value, less any amounts owing to Us.

3. Other Material Information

Termination

Your rider will be terminated when one of these events happens first:

- a) termination or full surrender of the Basic policy;
- b) upon death of the Life insured;
- c) on the Maturity date of the Basic policy;
- d) We paid out the rider Benefit subject to the maximum aggregate amount;
- e) rider Expiry date;
- f) Change of Life insured of the Basic policy;
- g) voided and cancelled under the terms of suicide and incontestability clauses;
- h) revocation – Us exercising the right to amend or revoke or adjust the benefits of the Policy if there is incorrect or incomplete information in the Application or in any statement, representation or document given to Us;

- i) insufficient Account Value in Basic policy for rider's insurance charge deduction through cancellation of units;
- j) Your written request and Our acceptance of the application to terminate this rider. If You write to Us to terminate Your rider, there will not be any prorated refund of insurance charge and Your rider will terminate from the insurance charge due date immediately following the date We accept Your written request for termination;
- k) any other cause of termination as permitted under or any change of laws or regulatory requirements, including court orders.

Insurance Charge

We will charge an insurance charge on Your policy on each policy monthiversary for the cost of providing the Benefit under this rider.

The insurance charge is payable throughout the policy term and is deducted through cancellation of units of the Basic policy on each policy monthiversary. The insurance charge is based on the Life insured's attained age, gender, smoker status as well as the net sum at risk at the time this charge is due. If the net sum at risk is lesser than or equals to zero, there shall be no insurance charge.

Net sum at risk = 105% of (the total Premium paid plus Top-up less withdrawal) less Account Value, subject to a minimum of 0

The insurance charge for this rider is not guaranteed and may change depending on the claims experience. We will write to you to tell you the new insurance charge at least thirty (30) days before we make any changes.

Please refer to Appendix A for the insurance charge rate.

Impact of Early Surrender

As this product has no savings or investment feature, there is no cash value if the rider ends or if the rider is terminated prematurely.

Note

Age means the attained age.

Life insurance is a contract of utmost good faith and a proposer is required to disclose in proposal form fully and faithfully all the facts, which he knows or ought to know, as otherwise the policy issued may be void.

The terms and conditions of your policy are contained in your policy contract.

Appendix A – Insurance Charge table

Annual Insurance Charge for CI Benefit (per S\$1,000 Net Sum At Risk)				
ANB	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
1	0.802	0.802	0.629	0.629
2	0.802	0.802	0.629	0.629
3	0.802	0.802	0.629	0.629
4	0.802	0.802	0.629	0.629
5	0.802	0.802	0.629	0.629
6	0.802	0.802	0.629	0.629
7	0.802	0.802	0.629	0.629
8	0.802	0.802	0.629	0.629
9	0.802	0.802	0.629	0.629
10	0.802	0.802	0.629	0.629
11	0.802	0.802	0.629	0.629
12	0.802	0.802	0.629	0.629
13	0.802	0.802	0.629	0.629
14	0.802	0.802	0.629	0.629
15	0.802	0.802	0.629	0.629
16	0.802	0.802	0.629	0.629
17	0.802	0.802	0.629	0.629
18	0.802	0.802	0.629	0.629
19	0.802	0.802	0.629	0.629
20	0.802	0.802	0.660	0.770
21	0.802	0.802	0.739	0.912
22	0.802	0.802	0.755	0.912
23	0.802	0.802	0.786	0.943
24	0.802	0.802	0.802	0.959
25	0.802	0.802	0.833	0.959
26	0.802	0.802	0.849	1.006
27	0.802	0.802	0.880	1.038
28	0.802	0.818	0.912	1.069
29	0.802	0.818	0.928	1.100
30	0.802	0.959	1.022	1.210
31	0.802	1.100	1.116	1.320
32	0.880	1.242	1.210	1.415
33	0.959	1.383	1.289	1.525
34	1.038	1.509	1.383	1.635
35	1.038	1.540	1.525	1.808
36	1.053	1.588	1.666	1.980
37	1.116	1.682	1.886	2.248
38	1.242	1.855	2.106	2.515
39	1.368	2.043	2.373	2.845
40	1.509	2.279	2.672	3.238
41	1.588	2.389	2.829	3.426
42	1.666	2.499	2.986	3.615
43	1.808	2.719	3.332	4.023
44	1.996	2.986	3.662	4.463
45	2.138	3.206	3.992	4.903

46	2.326	3.489	4.353	5.390
47	2.530	3.788	4.715	5.862
48	2.766	4.165	5.029	6.302
49	3.080	4.636	5.328	6.726
50	3.426	5.139	5.579	7.119
51	3.803	5.720	5.846	7.543
52	4.259	6.380	6.082	7.936
53	4.746	7.119	6.380	8.439
54	5.265	7.889	6.600	8.863
55	5.830	8.738	6.805	9.272
56	6.459	9.696	7.025	9.696
57	7.056	10.592	7.198	10.073
58	7.622	11.440	7.433	10.529
59	7.795	11.692	7.512	10.796
60	7.952	11.928	7.638	11.142
61	8.345	12.525	8.030	11.833
62	8.753	13.138	8.282	12.368
63	9.178	13.766	8.643	13.012
64	10.105	15.149	9.193	13.970
65	11.205	16.799	9.869	15.118
66	12.509	18.763	10.655	16.406
67	13.939	20.900	11.488	18.025
68	15.526	23.289	12.368	19.408
69	17.129	25.693	13.012	20.680
70	18.873	28.302	13.578	21.859
71	22.142	33.220	13.892	22.425
72	25.410	38.123	15.259	23.918
73	28.428	42.633	16.705	26.008
74	31.680	47.520	18.150	28.663
75	33.268	49.893	19.659	30.203
76	34.933	52.392	20.680	31.036
77	36.678	55.016	22.629	31.838
78	38.500	57.766	24.483	33.880
79	40.433	60.658	26.463	35.923
80	42.460	63.690	28.569	37.998
81	46.923	70.385	30.863	40.182
82	49.280	73.905	33.299	42.555
83	51.732	77.268	36.065	45.258
84	54.325	78.870	38.972	48.133
85	57.043	80.410	42.099	51.260
86	59.888	81.950	45.430	54.560
87	62.889	83.270	49.123	58.206
88	66.032	84.418	53.130	62.182
89	69.332	85.470	57.609	66.692
90	72.805	86.240	62.465	71.548
91	76.435	86.586	67.776	76.812
92	80.253	87.733	73.638	82.563
93	84.276	90.043	80.080	88.849

94	88.488	93.720	87.183	95.700
95	92.919	97.539	95.009	103.180
96	97.555	101.530	103.605	111.399
97	102.442	105.710	113.128	120.388
98	107.565	110.048	124.473	131.953
99	112.939	114.683	136.463	138.569
100	118.582	119.514	149.608	151.917

Appendix B – Definitions of the covered critical illnesses

Critical illness means any one of the following:

1 Major Cancer

A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma.

Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
 - Pre-malignant;
 - Non-invasive;
 - Carcinoma-in-situ (Tis) or Ta;
 - Having borderline malignancy;
 - Having any degree of malignant potential;
 - Having suspicious malignancy;
 - Neoplasm of uncertain or unknown behaviour; or
 - All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;
- Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;
- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- All tumours in the presence of HIV infection.

2 Heart Attack of Specified Severity

Death of heart muscle due to ischaemia, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:

- History of typical chest pain;
- New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;
- Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company.

For the above definition, the following are excluded:

- Angina;
- Heart attack of indeterminate age; and
- A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

3 Stroke with Permanent Neurological Deficit

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

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and
- Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks;
- Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
- Vascular disease affecting the eye or optic nerve;
- Ischaemic disorders of the vestibular system; and
- Secondary haemorrhage within a pre-existing cerebral lesion.

4 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.

5 End Stage Kidney Failure

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

6 Irreversible Aplastic Anaemia

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

- Blood product transfusion;
- Bone marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow or haematopoietic stem cell transplantation.

The diagnosis must be confirmed by a haematologist.

7 End Stage Lung Disease

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

- FEV₁ test results which are consistently less than 1 litre;
- Permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($\text{PaO}_2 \leq 55\text{mmHg}$); and
- Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

8 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.

9 Coma

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

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

For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.

10 Deafness (Irreversible Loss of Hearing)

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

Total means “the loss of at least 80 decibels in all frequencies of hearing”.

Irreversible means “cannot be reasonably restored to at least 40 decibels by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention.”

11 Open Chest Heart Valve Surgery

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

12 Irreversible Loss of Speech

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

All psychiatric related causes are excluded.

13 Major Burns

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

14 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.

15 Multiple Sclerosis

The definite diagnosis of Multiple Sclerosis, and must be supported by all of the following:

- Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; and
- Multiple neurological deficits which occurred over a continuous period of at least 6 months.

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

16 Muscular Dystrophy

The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Life insured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

17 Idiopathic Parkinson's Disease

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

- The disease cannot be controlled with medication; and
- Inability of the Life insured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

18 Open Chest Surgery to Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

19 Alzheimer's Disease / Severe Dementia

Deterioration or loss of cognitive function as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life insured. 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.

20 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.

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 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. |

23 HIV Due to Blood Transfusion and Occupationally Acquired HIV

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

- The blood transfusion was medically necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later; and
- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood.

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

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

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

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

24 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 has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
- Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- Cysts;
- Abscess;
- Angioma;
- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland, spinal cord and skull base.

25 Severe Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in permanent neurological deficit which must be documented for at least 6 weeks. This diagnosis must be certified by a consultant neurologist, and supported by any confirmatory diagnostic tests.

Encephalitis caused by HIV infection is excluded.

26 Severe Bacterial Meningitis

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

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

Bacterial Meningitis in the presence of HIV infection is excluded.

27 Angioplasty & Other Invasive Treatment for Coronary Artery

The actual undergoing of balloon angioplasty or similar intra-arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.

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

If the Life insured is diagnosed with Angioplasty & Other Invasive Treatment for Coronary Artery, We will pay 10% of the CI Benefit, subject to a maximum amount of S\$25,000 per policy. This is only payable once and the CI Benefit will be reduced accordingly after such payment has been made.

Diagnostic angiography is excluded.

28 Blindness (Irreversible Loss of Sight)

Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.

The blindness must not be correctable by surgical procedures, implants or any other means.

29 Major Head Trauma

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head Injury.

The following are excluded:

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

30 Paralysis (Irreversible Loss of Use of Limbs)

Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

31 Progressive Scleroderma

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

The following are excluded:

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

32 Persistent Vegetative State (Apallic Syndrome)

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved Hospital. This condition has to be medically documented for at least one month.

33 Systemic Lupus Erythematosus with Lupus Nephritis

The unequivocal diagnosis of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class VI Lupus Nephritis, established by renal biopsy, and in accordance with the RPS/ISN classification system). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

The RPS/ISN classification of lupus nephritis:

Class I	Minimal mesangial lupus nephritis
Class II	Mesangial proliferative lupus nephritis
Class III	Focal lupus nephritis (active and chronic; proliferative and sclerosing)
Class IV	Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global)
Class V	Membranous lupus nephritis
Class VI	Advanced sclerosis lupus nephritis

34 Other Serious Coronary Artery Disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by invasive coronary angiography, regardless of whether or not any form of coronary artery surgery has been performed.

Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.

35 Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause,
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

The diagnosis must be confirmed by a consultant neurologist or specialist in the relevant medical field.

36 Loss of Independent Existence

A condition as a result of a disease, illness or injury whereby the Life insured is unable to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living", for a continuous period of 6 months. This condition must be confirmed by the company's approved doctor.

Non-organic diseases such as neurosis and psychiatric illnesses are excluded.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

Others

The following two terms can be found in some of the above definitions, and their meanings are as follows:

1. Permanent Neurological Deficit

Permanent means expected to last throughout the lifetime of the Life insured.

Permanent neurological deficit means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life insured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

2. Activities of Daily Living (ADLs)

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