Conditions for VivoCare 100

Your policy

VivoCare 100 is a whole-life insurance protection plan. Its value will increase by **us** adding regular bonuses.

We will pay benefits if the insured becomes **totally and permanently disabled** (before the age of 70), is diagnosed with a specified disease or medical condition, becomes **terminally ill**, or dies.

You may cash in this policy. However, this policy is designed to provide the best value in the long term, so **you** should consider this carefully. **We** recommend that **you** get financial advice.

1 What your policy covers

a Dread disease benefit

We classify each dread disease into:

- three stages (early stage, intermediate stage and advanced stage);
- two stages (early stage and advanced stage); or
- just one stage (early stage or advanced stage).

If the insured is diagnosed with any of the conditions, or undergoes any of the procedures in Table 1 below, **we** will pay a percentage of the **remaining basic sum assured** depending on the stage of the dread disease. **We** will also pay pro-rated bonuses if the dread disease is in the intermediate or advanced stage.

Table 1: Dread disease benefit table

Item	Dread disease benefit
1	Major cancers
2	Heart attack of specified severity
3	Stroke
4	Coronary artery by-pass surgery
5	Kidney failure
6	Aplastic anaemia
7	Blindness (Loss of sight)
8	End stage lung disease
9	End stage liver failure
10	Coma
11	Deafness (Loss of hearing)
12	Heart valve surgery
13	Loss of speech
14	Major burns
15	Major organ / bone marrow transplantation
16	Multiple sclerosis
17	Muscular dystrophy
18	Paralysis (Loss of use of limbs)
19	Parkinson's disease
20	Surgery to aorta
21	Alzheimer's disease / Severe dementia
22	Motor neurone disease
23	Primary pulmonary hypertension
24	HIV due to blood transfusion and occupationally acquired HIV
25	Benign brain tumour
26	Viral Encephalitis
27	Bacterial meningitis
28	Major head trauma
29	Other serious coronary artery disease
30	Progressive scleroderma
31	Myasthenia gravis
32	Necrotising fasciitis
33	Fulminant hepatitis
34	Apallic syndrome
35	Poliomyelitis
36	Loss of independent existence
37	Chronic adrenal insufficiency (Addison's disease)
38	Chronic relapsing pancreatitis
39	Cardiomyopathy

Every claim we pay for an intermediate-stage dread disease will reduce the **basic sum assured** and bonuses. Any future premiums, claims, or **cash value** will be based on the reduced **basic sum assured** (called the **remaining basic sum assured**) and bonuses. The policy will end when the **remaining basic sum assured** reaches zero.

Every claim we pay for an early stage dread disease will not reduce the **remaining basic sum assured** and bonuses. However, the total of all early stage dread disease claims cannot be more than 50% of the **remaining basic sum assured**. If any further payment for an early stage dread disease claim will result in the total of all early stage dread disease claims being more than 50%, **we** will not pay the claim.

Once **we** pay for an advanced-stage dread disease, the policy will end immediately.

This table shows the amount **we** will pay for dread disease benefits.

Dread disease	Benefit for each dread disease
Early stage dread disease	50% of the **remaining basic sum assured**, capped at $75,000 for each insured. No pro-rated bonuses.
Intermediate-stage dread disease	100% of **remaining basic sum assured**, capped at $150,000 for each insured, and pro-rated bonuses.
Advanced-stage dread disease	100% of **remaining basic sum assured**, and remaining bonuses.

For policies we have issued that have early stage dread disease benefits, **we** will pay no more than $75,000 for each insured (no matter how many policies **we** have issued to cover each insured) for each early stage dread disease.

For policies we have issued that have intermediate-stage dread disease benefits, **we** will pay no more than $150,000 (not including bonuses) for each insured (no matter how many policies **we** have issued to cover each insured) for each intermediate-stage dread disease.

Several claims arising under the same dread disease

If both early and intermediate-stage claims, or early and advanced-stage claims are made under the same dread disease, **we** will:

- only pay for the **higher staged** claim if the diagnosis date of each stage is within six months (if **we** have previously paid under the early stage, we will only pay for the difference); or
- pay both claims if the diagnosis date of each stage is more than six months apart.

But if you suffer from an advanced-stage event before an early or intermediate stage event, **we** will only pay for the advanced-stage event. **We** will not pay for the early or intermediate-stage event. And, if you suffer from an intermediate-stage event before an early stage event, **we** will only pay for the intermediate-stage event. **We** will not pay for the early stage event. **We** will use the diagnosis date or medical procedure date (as the case may be) to decide when the event took place.

Once **we** pay an early stage dread disease claim, **we** will not pay any future claims for an early stage of the same dread disease, even if it affects a different part of the body. Also, once **we** pay an intermediate-stage dread disease claim, **we** will not pay any future claims under intermediate- or early stage for the same dread disease.

Example 1
An insured woman is diagnosed with carcinoma-in-situ of her left breast, which meets the definition under early stage of **major cancers**. Three weeks later, she has a mastectomy to remove her left breast, which meets the definition under intermediate stage of **major cancers**. **We** will only pay for the intermediate-stage claim. **We** will not pay for both claims as the diagnosis and medical procedure dates of each stage are less than six months apart.

Example 2
An insured man is diagnosed with early stage of **Parkinson's disease**. After more than six months, he is then diagnosed with the advanced stage of **Parkinson's disease**. **We** will pay for both early stage and advanced-stage claims as their diagnosis dates are more than six months apart. However, had the insured been diagnosed with advanced stage at the first diagnosis, **we** will only pay for the advanced stage claim.

Example 3
An insured man is diagnosed with a heart attack, which meets the definition under advanced stage of **heart attack of specified severity**. He then needs a pacemaker fitted, which meets the definition under early stage of **heart attack of specified severity**. **We** will only pay for the advanced-stage claim. **We** will not pay for the early stage claim as the advanced-stage event has happened first.

Several claims arising under different dread diseases due to the same event

If there are two or more claims made under different dread diseases, and the claims arise from the same event, **we** will only pay for one claim. In this case, we will pay for the **higher staged** or **highest staged** claim. **We** will not pay for both (or all) claims.

Example 4
An insured woman is diagnosed with liver cancer, which meets the definition under advanced stage of **major cancer**. She then has liver surgery, which meets the definition under early stage of **end-stage liver failure**. **We** will only pay for one claim, which is the advanced-stage claim, as both claims arise from the same event.

Example 5
An insured man loses the sight in one eye in a car accident, which meets the definition under early stage of **blindness**. Seven months later, he has a corneal transplant, which meets the definition under early stage of **major organ transplant**. **We** will only pay for one claim as both claims arise from the accident.

b Special benefit

If the insured is diagnosed with any of the conditions, or has any of the procedures in Table 2, **we** will pay 20% of the **remaining basic sum assured**, as long as the diagnosis or procedure takes place before the insured reaches age 85, and the policy has not ended.

Table 2: Special benefit table

Item	Special benefit
1	Angioplasty or other invasive treatment for coronary artery
2	Diabetic complications
3	Severe osteoporosis
4	Severe rheumatoid arthritis
5	Dengue haemorrhagic fever
6	Systemic lupus erythematosus
7	Crohn's disease
8	Ulcerative Colitis
9	Breast reconstructive surgery following a mastectomy
10	Pheochromocytoma

Every claim we pay for a special benefit will not reduce the **remaining basic sum assured** and bonuses.

For policies we have issued that have special benefits, **we** will pay no more than $30,000 for each insured (no matter how many policies **we** have issued to cover each insured) for each special benefit.

At most, **we** will pay this benefit five times, as long as each claim is not for the same special benefit as any of the earlier claims.

c Juvenile benefit

If the insured is diagnosed with any of the conditions in Table 3, **we** will pay 30% of the **remaining basic sum assured**, as long as the diagnosis takes place before the insured reaches age 18, and the policy has not ended.

Table 3: Juvenile benefit table

Item	Juvenile benefit
1	Osteogenesis imperfecta
2	Severe haemophilia
3	Insulin dependent diabetes mellitus
4	Kawasaki disease
5	Rheumatic fever with valvular impairment
6	Type I juvenile spinal amyotrophy
7	Wilson's disease
8	Systemic juvenile rheumatoid arthritis
9	Intellectual impairment due to sickness or injury
10	Glomerulonephritis with nephrotic syndrome

Every claim paid for a juvenile benefit will not reduce the **remaining basic sum assured** and bonuses.

For policies we have issued that have juvenile benefits, **we** will pay no more than $30,000 for each insured (no matter how many policies **we** have issued to cover each insured) for each juvenile benefit.

At most, **we** will pay this benefit five times, as long as each claim is not for the same juvenile benefit as any of the earlier claims.

d Total and permanent disability benefit

If the insured becomes **totally and permanently disabled** (before the age of 70), **we** will pay 100% of the **remaining basic sum assured** and the remaining bonuses, and this policy will end.

e Terminal illness, and death benefit

If the insured dies, or becomes **terminally ill**, we will pay 100% of the **remaining basic sum assured** and the remaining bonuses.

However, if either of these events happens before the insured is age 65, **we** will pay:

- 100% of the **remaining basic sum assured**, and the remaining bonuses; or
- 300% of the **remaining basic sum assured** (minimum benefit);

whichever is higher.

This policy will end when **we** make any one of these payments.

2 Our responsibilities to you

a Cash value, paid-up policy, and reducing the sum assured

When **you** have been paying premiums for this policy for at least two years, **you** may cash in this policy for its **cash value** and it will end.

You can also convert this policy to a **paid-up** policy. This will reduce the **basic sum assured** and **you** will not pay any further premiums. **You** will keep any bonuses added to this policy before the date **you** convert it. If **we** declare any future bonuses on this policy, they will be based on the reduced **basic sum assured**.

We may review and change the way **we** work out the **cash value** and the **paid-up** sum assured.

Once **paid-up**, **we** will reduce all future benefits and the minimum benefit condition will not apply. **We** will work out the limits under the dread disease benefit, special benefit, and juvenile benefit according to the reduced b**asic sum assured**. Any claims we have paid earlier will reduce these limits as a result.

Similarly if **you** decide to reduce your policy's **basic sum assured** to reduce your premiums, **we** will work out the limits under the dread disease benefit, special benefit, and juvenile benefit according to the reduced **basic sum assured**. If we have paid any claims earlier, this will also reduce these limits as a result.

Here are four examples on how **we** work out the early stage dread disease benefit when **you** ask to reduce your policy's **basic sum assured**.

Example A: Basic sum assured of $300,000

Sequence of events	Claim payout	Remaining basic sum assured	Remaining early stage dread disease benefit
(a) Early stage dread disease claim under heart attack of specified severity	$75,000	$300,000	(50% of $300,000) - $75,000 = $75,000
(b) Reduction in sum assured to $240,000		$240,000	(50% of $240,000) - $75,000 = $45,000
(c) Early stage dread disease claim under major cancers	$45,000	$240,000	$45,000 - $45,000 = $0

Example B: Basic sum assured of $300,000

Sequence of events	Claim payout	Remaining basic sum assured	Remaining early stage dread disease benefit
(a) Intermediate-stage dread disease claim under heart attack of specified severity	$150,000	$300,000 - $150,000 = $150,000	50% of $150,000 = $75,000
(b) Early stage dread disease claim under major cancers	$75,000	$150,000	$75,000 - $75,000 = $0
(c) Reduction in sum assured to $50,000		$50,000	$0

Example C: Basic sum assured of $400,000

Sequence of events	Claim payout	Remaining basic sum assured	Remaining early stage dread disease benefit
(a) Early stage dread disease claim under heart attack of specified severity	$75,000	$400,000	(50% of $400,000) - $75,000 = $125,000
(b) Intermediate-stage dread disease claim under heart attack of specified severity within six months	$75,000	$400,000 - $150,000 = $250,000	(50% of $250,000) = $125,000
(c) Early stage dread disease claim under major cancers	$75,000	$250,000	$125,000 - $75,000 = $50,000
(d) Reduction in sum assured to $200,000		$200,000	(50% of $200K) - $75,000 = $25,000

Note: (a) and (b) are claims arising under the same dread disease. As the diagnosis date of each stage is within six months, **we** will consider both (a) and (b) to be one intermediate claim.

Example D: Basic sum assured of $400,000

Sequence of events	Claim payout	Remaining basic sum assured	Remaining early stage dread disease benefit
(a) Early stage dread disease claim under heart attack of specified severity	$75,000	$400,000	(50% of $400,000) - $75,000 = $125,000
(b) Intermediate-stage dread disease claim under heart attack of specified severity after six months	$150,000	$400,000 - $150,000 = $250,000	(50% of $250,000) - $75,000 = $50,000
(c) Early stage dread disease claim under major cancers	$50,000	$250,000	$50,000 - $50,000 = $0
(d) Reduction in sum assured to $200,000		$200,000	$0

b Loans

You may take a loan from this policy depending on **our** terms and conditions. **We** will take all loans and their interest from any amount **we** may be due to pay under this policy. If at any time the amount of the loans and interest is more than the **cash value**, this policy will end.

You may repay all or part of the loan at any time. The interest charged on the loan will be based on the rate agreed at the time **you** took the loan. **We** may change the interest rate at any time by giving **you** 30 days' notice.

c Bonuses

You have bought a participating policy from **us** and it forms part of the Life Participating Fund. This policy will share in the profits and losses from this fund as **we** add bonuses. There are two types of bonuses.

- **We** add an 'annual' or 'reversionary' bonus to this policy each year. Once **we** have added an annual bonus, **we** cannot remove it.
- The 'terminal' or 'special' bonus is an extra bonus which **we** pay at the time we end this policy, for example, when we end this policy because of a claim or because **you** cash in this policy.

Bonuses are not guaranteed. They are recommended by **our** appointed actuary and approved by **our** board of directors. This policy will become eligible for bonuses after two years from the **policy entry date**.

We do not allow bonuses to be cashed in on their own for this policy.

3 Your responsibilities

You will pay your first premium at the time **you** apply for this policy. **You** will then pay future premiums when they are due. **You** will have 30 days as a period of grace to make these payments for this policy to continue. If **we** are due to pay any benefits during this period, **we** will take off any unpaid premiums from the benefits.

If **you** still have not paid the premium after the period of grace, **we** will pay the premiums on your behalf so the policy and its riders can continue. **We** will only do this if the policy has enough **cash value** to repay them. **We** treat this as a loan (called an automatic premium loan) and charge **you** interest. If there is not enough **cash value**, this policy will end.

We will take these loans and interest from any amount **we** may be due to pay under this policy. If at any time the amount of the loans and interest is more than the **cash value**, this policy will end.

If this policy ends because there is not enough **cash value**, **you** can reinstate it within 36 months by paying the premiums **you** owe along with interest. This applies as long as **you** give **us** satisfactory proof of the insured's good health and there is no change in the risks covered by this policy.

If this policy were to continue after an intermediate-stage dread disease claim, **we** will adjust future premiums for this policy based on the **remaining basic sum assured**.

The premium that **you** pay for this policy is not guaranteed. **We** will give **you** six months' notice before **we** make any change.

4 What you need to be aware of

a Suicide

This policy is not valid if the insured commits suicide within one year from the **cover start date**.

We will refund the total premiums paid, without interest, from the **cover start date**.

b Dread disease benefit, special benefit, and juvenile benefit

We only cover the medical conditions or procedures **we** define in this policy. The name of each dread disease benefit, special benefit or juvenile benefit is only a guide to what is covered. The full definition of each benefit covered and the circumstances in which **you** can claim are given in this policy.

You must provide adequate medical evidence and **we** may ask the insured to have a medical examination by a doctor **we** have appointed. Every diagnosis must be supported by acceptable clinical, radiological, histological and laboratory evidence and confirmed by a **registered medical practitioner**.

We will not pay these benefits if your claim arises from:

- deliberate acts such as self-inflicted injuries, illnesses or attempted suicide;
- deliberate misuse of drugs or alcohol;
- acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency virus (HIV), except as stated under **HIV due to blood transfusion** and **occupationally acquired HIV**;
- any congenital defect or disease which has shown its signs or was diagnosed before the insured reaches the age of six, and the claim is made on a juvenile benefit other than **osteogenesis imperfecta**, **severe haemophilia**, or **Type I juvenile spinal amyotrophy**;
- a special benefit, juvenile benefit, or an early stage dread disease benefit where the insured did not survive for seven days after its diagnosis, or after having the medical procedure;
- a special benefit or juvenile benefit where the insured suffered symptoms of, had investigations for, or was diagnosed with the disease any time before or within 90 days after the **cover start date**; or
- an early, or intermediate-stage dread disease benefit under **major cancers**, **heart attack of specified severity**, **other serious coronary artery disease**, or **coronary artery by-pass surgery**, where the insured suffered symptoms of, was investigated for, or was diagnosed with the disease any time before or within 90 days after the **cover start date**. For **coronary artery by-pass surgery**, the date of diagnosis will be the date the medical condition that leads to the surgical procedure is diagnosed, and not the date of the surgical procedure.

- an advanced-stage dread disease benefit under **major cancers**, **heart attack of specified severity**, **other serious coronary artery disease**, or **coronary artery by-pass surgery**, where the insured was diagnosed with the disease within 90 days after the **cover start date**. For c**oronary artery by-pass surgery**, the date of diagnosis will be the date the medical condition that leads to the surgical procedure is diagnosed, and not the date of the surgical procedure.

c Total and permanent disability benefit

Under the definition of **total and permanent disability** (TPD), if the insured is under 65 years old, he or she must be unable to carry out any occupation. **We** do not pay if the insured is merely unable to perform the same job as before, or is unable to perform a job to which his or her training, education or experience is suited for.

If the insured is 65 years old and above, but under 70 years old, he or she must be suffering from a **severe disability**. Otherwise, **we** will not pay the benefit.

However, if there is **total physical loss**, and the insured is under 70 years old, **we** will pay.

We will pay this benefit in a lump sum, up to $1 million each year. If the benefit is more than $1 million, **we** will pay in yearly installments. Once **we** begin paying the TPD benefit, this policy and all riders will immediately end and **you** will not have to pay premiums.

If before **we** have finished paying all the yearly TPD installments the insured dies, becomes **terminally ill**, or is diagnosed with an advanced-stage dread disease, **we** will pay the rest of the yearly TPD installments in a lump sum. **We** will not pay for death, **terminal illness** or dread disease as the policy would have already ended.

We may ask **you** to provide proof of continued TPD before each yearly installment. If the insured is no longer **totally and permanently disabled**, **we** will stop the yearly TPD installments and **you** will have to pay the premiums again. The policy will then resume, but the benefits under the resumed policy will be based on a reduced amount, to take into account the amount of TPD benefit which we have already paid. **We** will tell **you** the amount of the reduced benefits.

We will not pay this benefit if your claim arises from:

- deliberate acts such as self-inflicted injuries, illnesses or attempted suicide;
- unlawful acts, provoked assault, or deliberate exposure to danger; or
- the effects of alcohol, drug or any dependence.

We will also not pay this benefit unless the insured is certified by a **registered medical practitioner** to have been **totally and permanently disabled** for at least six months in a row.

If the insured is also covered for TPD under any policies which have been issued in the past (whether issued by **us** or by any other insurer), the total TPD benefit due under all these policies cannot be more than S$3.75 million (not including bonuses). In this case **we** will first take into account the amounts due under the earlier policies, and then pay out only an amount to bring the total payments to S$3.75 million (not including bonuses). We will then reduce the cover for all other benefits (for example, death, **terminal illness**, dread disease, special and juvenile benefit) by the TPD payment. This remaining cover will continue as long as **you** pay premiums on it. **We** will work out the remaining cover and the reduced premium **you** will need to pay for this remaining cover.

d Making a claim

We must be told within six months after the diagnosis or the event giving rise to the claim.

e Refusing to pay a claim

After **you** have been continuously covered for one year from the **cover start date**, **we** will pay your claim unless:

- it is a case of fraud;
- **you** fail to pay a premium;
- the insured has a **material pre-existing condition**; or
- the claim is excluded or not covered under the terms of the policy.

f Transferring the legal benefit of the policy

You cannot assign (transfer) this policy unless **you** tell **us** in writing and **we** agree to the assignment.

g Excluding third-party rights

Anyone not directly involved in this policy cannot enforce it under the Contracts (Rights of Third Parties) Act (Chapter 53B).

5 Definitions

Basic sum assured means the sum assured of the basic plan 'VivoCare 100 - Basic'.

Cash value means the amount available when **you** cancel a policy that has a savings feature before **we** pay a benefit under it (for example, for death), or it becomes due for payment (maturity), for example, an endowment policy. **We** work out the amount of the **cash value**.

Cover start date means the date:

- **we** issue the policy;
- **we** issue an endorsement to include or increase a benefit; or
- **we** reinstate the policy;

whichever is latest.

Higher staged means intermediate stage when compared with early stage. It also refers to advanced stage when compared with intermediate stage.

Highest staged means advanced stage when compared with early stage and intermediate stage.

Material pre-existing condition means any condition that existed before the **cover start date** which would have reasonably affected **our** decision to accept your application and for which:

- the insured had symptoms that would have caused any sensible person to get medical treatment, advice or care;
- treatment was recommended by or received from a medical practitioner; or
- the insured had medical tests or investigations.

Paid-up means not paying any future premium payments and reducing the sum assured after the policy has built up a **cash value**.

Policy entry date means the 'Policy entry date' shown in the policy schedule.

Registered medical practitioner means a doctor who is qualified in western medicine and is legally licensed in Singapore or has the qualifications recognised by the Singapore Medical Council.

Remaining basic sum assured means the original sum assured less any payment made for intermediate-stage dread disease. If the policy is converted to **paid-up**, or the policy owner has reduced its **basic sum assured**, it means the **paid-up** sum assured or reduced **basic sum assured** (as the case may be) less any future payment made for intermediate-stage dread disease.

Severe disability means the inability to perform at least three of the following activities of daily living, even with the aid of special equipment and always needing the help of another person throughout the entire activity.

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

Terminal illness, and **terminally ill** mean an illness which, in the opinion of the **registered medical practitioner** involved and a **registered medical practitioner we** have appointed, is highly likely to lead to death within 12 months. However, **we** do not cover **terminal illness** in the presence of human immunodeficiency virus (HIV).

Total and permanent disability, and **totally and permanently disabled**, mean any of the below.

- If the insured is under 65 years old, **total and permanent disability**, and **totally and permanently disabled** mean **total physical loss**, or the inability to take part in any paid work for the rest of a person's life.
- If the insured is 65 years old and above but under 70 years old, **total and permanent disability**, and **totally and permanently disabled** mean **total physical loss**, or **severe disability**.

Total physical loss means:

- the total and permanent loss of sight in both eyes;
- the loss of, or total and permanent loss of use of, two limbs at or above the wrist or ankle; or
- the total and permanent loss of sight in one eye and the loss of, or total and permanent loss of use of, one limb at or above the wrist or ankle.

We, **us**, **our** means NTUC Income Insurance Co-operative Limited.

You means the policyholder shown in the policy schedule.

Plain English Campaign's Crystal Mark does not apply to the following section.

6 Definition of early, intermediate and advanced stage dread diseases

6.1 Major cancers	**Early stage** • Carcinoma-in-situ (CIS) Carcinoma-in-situ (CIS) 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. In the case of the cervix uteri, Pap smear alone is not acceptable and should be accompanied with cone biopsy or colposcopy with the cervical biopsy report clearly indicating presence of CIS. Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II and CIN III (where there is severe dysplasia without Carcinoma-in-situ) does not meet the required definition and are specifically excluded. Carcinoma-in-situ of the skin (both Melanoma & Non-melanoma) and Carcinoma-in-situ of the biliary system are specifically excluded. This coverage is available to the first occurrence of CIS only. • Early prostate cancer Prostate cancer that is histologically described using the TNM Classification as T1N0M0 or prostate cancers described using another equivalent classification. • Early thyroid cancer Thyroid cancer that is histologically described using the TNM Classification as T1N0M0 as well as papillary microcarcinoma of thyroid that is less than 2cm in diameter. • Early bladder cancer Bladder cancer that is histologically described using the TNM Classification as T1N0M0 as well as Papillary microcarcinoma of bladder. • Early chronic lymphocytic leukaemia Chronic lymphoctic leukaemia (CLL) RAI Stage 1 or 2. CLL RAI stage 0 or lower is excluded.

	Intermediate stage • Carcinoma-in-situ of specified organs treated with radical surgery 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 (oopherectomy), fallopian tube (salpingectomy), colon (colectomy) or stomach (gastrectomy). The diagnosis of the carcinoma-in-situ must always be positively diagnosed upon the basis of a microscopic examination of fixed tissues additionally supported by a biopsy of the removed organ. Clinical diagnosis does not meet this standard. Early prostate cancer that is histologically described using the TNM Classification as T1a, T1b or T1c, 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. 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, partial prostatectomy and partial gastrectomy are specifically excluded. 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.
	Advanced stage • 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.

6.2 Heart attack of specified severity	**Early stage** • Cardiac pacemaker implantation Implantation 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, beneficial, and effective by a consultant cardiologist. The insertion of any type of temporary cardiac pacing is specially excluded. • Pericardectomy The undergoing of a pericardectomy as a result of pericardial disease or undergoing of any surgical procedure requiring keyhole cardiac surgery. Both these surgical procedures must be certified to be absolutely necessary by a specialist in the relevant field.
	Intermediate stage • Cardiac defibrillator implantation Implantation of a permanent cardiac defibrillator that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac defibrillator must be certified as absolutely necessary, beneficial, and effective by a consultant cardiologist.
	Advanced stage • 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

6.3 Stroke	**Early stage** • Brain aneurysm surgery The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arterio-venous malformation via craniotomy. The surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field. Endovascular repair or procedures are not covered. • Cerebral shunt insertion The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a consultant neurologist.
	Intermediate stage • Carotid artery surgery The actual undergoing of endarterectomy of the common 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 common carotid artery is specifically excluded.

	Advanced stage • 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 six 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.

6.4 Coronary artery by-pass surgery	**Early stage** • Keyhole coronary bypass surgery (but not MIDCAB) or coronary artery arthrectomy or transmyocardial laser revascularisation or enhanced external counterpulsation device insertion The actual undergoing for the first time for the correction of the narrowing or blockage of one or more coronary arteries via “keyhole” surgery (but not MIDCAB), atherectomy, transmyocardial laser revascularisation or enhanced external counterpulsation. All other surgical procedures will be excluded from this benefit. A claim admitted under early stage of **coronary artery by-pass surgery** will terminate all benefits under early stage of **other serious coronary artery disease**. MIDCAB refers to Minimally Invasive Direct Coronary Artery Bypass
	Advanced Stage • 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.

6.5 Kidney failure	**Early stage** • Surgical removal of one kidney The complete surgical removal of one kidney necessitated by any illness or accident. The need for the surgical removal of the kidney must be certified to be absolutely necessary by a nephrologist. Kidney donation is excluded.
	Intermediate stage • Chronic kidney disease Chronic kidney disease with permanently impaired renal function diagnosed by a specialist in the relevant field, with laboratory evidence of severely decreased with an eGFR level of less than 15 ml/min/1.73m2 body surface area, persisting for a period of at least 6 months.
	Advanced stage • Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

6.6 Aplastic anaemia	**Early stage** • Reversible aplastic anaemia Acute reversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with any one of the following: - Blood product transfusion; - Marrow stimulating agents; - Immunosuppressive agents; or - Bone marrow transplantation. The diagnosis must be confirmed by a haematologist.
	Intermediate stage • Myelodysplastic Syndrome or Myelofibrosis Myelodysplastic syndrome or myelofibrosis requiring regular and permanent transfusion of blood products for severe recurrent anaemia. Diagnosis of Myelodysplastic Syndrome (MDS) or Myelofibrosis must be confirmed by haematologist as a result of marrow biopsy. The condition must be deemed incurable and blood transfusion support must be an indefinite requirement.
	Advanced stage • 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.

6.7 Blindness (Loss of sight)	**Early stage** • Loss of sight in one eye Permanent and irreversible loss of sight in one eye as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in one eye using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in one eye. The blindness must be confirmed by an ophthalmologist. Blindness resulting from alcohol or drug misuse will be excluded.

	Intermediate stage • Optic nerve atrophy with low vision The unequivocal diagnosis of optic nerve atrophy affecting 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.
	Advanced stage • Permanent and 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 ophthalmologist.

6.8 End stage lung disease	**Early stage** • Severe asthma Evidence of an acute attack of severe asthma with persistent status asthmaticus that requires hospitalisation and assisted ventilation with a mechanical ventilator for a continuous period of at least 4 hours on the advice of a respiratory physician. • Insertion of a vena cava filter The surgical insertion of a vena cava filter after there has been documented proof of recurrent pulmonary emboli. The need for the insertion of a vena cava filter must be certified to be absolutely necessary by a specialist in the relevant field.
	Intermediate stage • Surgical removal of one lung Complete surgical removal of a lung as a result of an illness or an accident of the insured. Partial removal of a lung is not included in this benefit.
	Advanced stage • End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following: - FEV1 test results which are consistently less than one litre; - Permanent supplementary oxygen therapy for hypoxemia; - Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($PaO_2 \leq 55mmHg$); and - Dyspnea at rest. The diagnosis must be confirmed by a respiratory physician.

6.9 End stage liver failure	**Early stage** • Liver surgery Partial hepatectomy of at least one entire lobe of the liver that has been found necessary as a result of illness or accident as suffered by the insured. Liver disease secondary to alcohol and drug abuse and liver donation is excluded.
	Intermediate stage • Liver cirrhosis Cirrhosis of Liver with a HAI-Knodell Score of 6 and above as evident by liver biopsy. The diagnosis of 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 is excluded.

	Advanced stage • 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.

6.10 Coma	**Early stage** • Coma for 48 hours Coma that persists for at least 48 hours. This diagnosis must be supported by evidence of all of the following: - No response to external stimuli for at least 48 hours; - The use of life support measures 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. Medically induced coma also does not fulfil this definition.
	Intermediate stage • Severe epilepsy Severe epilepsy confirmed by all of the following: - Diagnosis made by a consultant neurologist by the use of electroencephalography (EEG), magnetic resonance imaging (MRI), position emission tomography (PET) or any other appropriate diagnostic test that is available; - 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 - The insured must have been taking at least 2 prescribed antiepileptic (anti-convulsant) medications for at least 6 months on the recommendation of a consultant neurologist. Febrile or absence (petit mal) seizures alone will not satisfy the requirement of this definition. • Coma for 72 hours Coma that persists for at least 72 hours. This diagnosis must be supported by evidence of all of the following: - No response to external stimuli for at least 72 hours; - The use of life support measures 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. Medically induced coma also does not fulfill this definition.
	Advanced stage • 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.

6.11 Deafness (Loss of hearing)	**Early stage** • Partial loss of hearing Permanent binaural hearing loss with the loss of at least 60 decibel in all frequencies of hearing as a result of illness or accident. The hearing loss must be established by an ear, nose, throat (ENT) specialist and supported by an objective diagnostic test to indicate the quantum loss of hearing. • Cavernous sinus thrombosis surgery The actual undergoing of a surgical drainage for cavernous sinus thrombosis. The presence of cavernous sinus thrombosis as well as the requirement for surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field.
	Intermediate stage • Cochlear implant surgery The actual undergoing of a surgical cochlear implant as a result of permanent damage to the cochlea or auditory nerve. The surgical procedure as well as the insertion of the implant must be certified to be absolutely necessary by an ear, nose, throat (ENT) specialist.
	Advanced stage • 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, and throat (ENT) specialist. Total means “the loss of at least 80 decibels in all frequencies of hearing”.

6.12 Heart valve surgery	**Early stage** • Percutaneous valvuloplasty or valvotomy The actual undergoing of simple percutaneous balloon valvuoplasty or valvotomy without any deployment of device or prosthesis necessitated by damage of the heart valve as confirmed by a specialist in the relevant field and established by a cardiac echocardiogram. All other surgical corrective methods will be excluded from this benefit.
	Intermediate stage • Percutaneous valve replacement or device repair This benefit is payable where a heart valve is replaced or repaired by the deployment of a permanent device or prosthesis by percutaneous intravascular techniques not involving a thoracotomy. Percutaneous balloon valvuloplasty and other percutaneous repair procedures where no new valve or any percutaneous device or prosthesis is deployed are excluded.
	Advanced stage • 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.

6.13 Loss of speech	**Early stage** • Permanent (or temporary) tracheostomy The performance of tracheostomy for the treatment of lung disease or airway disease or as a ventilatory support measure following major trauma or burns. The insured must have been a patient in a designated intensive care unit under the care of a medical specialist. The benefit only payable if the tracheostomy is required to remain in place and functional for a period of three months. This benefit would not be payable in addition to any ICU, **major head trauma**, **major burns**, **end stage lung disease** or **major cancers** benefit.

	Intermediate stage • Loss of speech due to any cause Total and irrecoverable loss of the ability to speak due to injury or disease. 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.
	Advanced stage • 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.

6.14 Major burns	**Early stage** • Mild severe burns - Second degree (partial thickness of the skin) burns covering at least 20% of the surface of the insured's body; or - Third degree (full thickness of the skin) burns covering at least 50% of the face of the insured.
	Intermediate stage • Moderately severe burns Third degree (full thickness of the skin) burns covering at least 10% of the surface of the insured's body which requires skin grafting.
	Advanced stage • Third degree (full thickness of the skin) burns covering at least 20% of the surface of the insured's body.

6.15 Major organ/ bone marrow transplantation	**Early stage** • Small bowel transplant 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. • Corneal transplant The receipt of a transplant of a whole cornea due to irreversible scarring with resulting reduced visual acuity, which cannot be corrected with other methods.
	Intermediate stage • Major organ/bone marrow transplant (on waitlist) This benefit covers those who are on an official organ transplant waiting list for the receipt of a transplant of: - human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or - one of the following human organs: heart, lung, liver, kidney or pancreas that resulted from irreversible end stage failure of the relevant organ. Other stem cell transplants are excluded. This benefit is limited to those on the official waitlist for organ transplant on Ministry of Health Singapore list of hospitals only.

	Advanced stage • 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.

6.16 Multiple sclerosis	**Early stage** • Early multiple sclerosis There must be a definite diagnosis of multiple sclerosis confirmed by a neurologist. The diagnosis must be supported by all of the following: - Investigations that unequivocally confirm the diagnosis to be multiple sclerosis; and - Well documented history of exacerbations and remissions of neurological signs. Other causes of neurological damage such as systemic lupus erythematosus (SLE) and HIV are excluded.
	Intermediate stage • Mild multiple sclerosis There must be a definite diagnosis of multiple sclerosis confirmed by a neurologist. The diagnosis must be supported by all of the following: - Investigations that unequivocally confirm the diagnosis to be multiple sclerosis; - Multiple neurological deficits which occurred over a continuous period of at least three months; and - Well documented history of exacerbations and remissions of neurological signs. Other causes of neurological damage such as systemic lupus erythematosus (SLE) and HIV are excluded.
	Advanced stage • 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 six months; and - Well documented history of exacerbations and remissions of said symptoms or neurological deficits. Other causes of neurological damage such as systemic lupus erythematosus (SLE) and HIV are excluded.

6.17 Muscular dystrophy	**Early stage** • Spinal cord disease or injury resulting in bowel and bladder dysfunction Spinal cord disease or chorda equina injury resulting in permanent bowel dysfunction and bladder dysfunction requiring permanent regular self catheterisation or a permanent urinary conduit. The diagnosis must be supported by a consultant neurologist and the permanency assessed at six months.

	Intermediate stage • Moderately severe muscular dystrophy A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist. The condition must result in the inability of the insured to perform (whether aided or unaided) at least two of the following six "Activities of Daily Living" for a continuous period of at least six months: "Activities of Daily Living": - Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; - Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; - Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa; - Mobility - the ability to move indoors from room to room on level surfaces; - Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; - 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.
	Advanced stage • A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist. The condition must result in the inability of the insured to perform (whether aided or unaided) at least three of the following six "Activities of Daily Living" for a continuous period of at least six months: "Activities of Daily Living": - Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; - Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; - Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa; - Mobility - the ability to move indoors from room to room on level surfaces; - Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; - 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.

6.18 Paralysis (Loss of use of limbs)	**Early stage** • Total and irreversible loss of use of at least one entire limb due to injury or disease persisting for a period of at least six weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist. Self-inflicted injuries are excluded.
	Intermediate stage • The medically necessary amputation of one limb above the knee or elbow. Self-inflicted injuries are excluded.

	Advanced stage • Total and irreversible loss of use of at least two entire limbs due to injury or disease persisting for a period of at least six weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist. Self-inflicted injuries are excluded.

6.19 Parkinson's disease	**Early Stage** • Early Parkinson's disease The unequivocal diagnosis of idiopathic Parkinson's disease by a specialist in the relevant field. This diagnosis must be supported by all of the following conditions: - The disease cannot be controlled with medication; and - There are signs of progressive neurological impairment. Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson's Disease are excluded. The coverage of this condition will cease at age 85 of the insured.
	Intermediate Stage • Moderately severe Parkinson's disease The unequivocal diagnosis of idiopathic Parkinson's disease by a consultant neurologist. The 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 insured to perform (whether aided or unaided) at least two of the six "Activities of Daily Living" for a continuous period of at least six months. "Activities of Daily Living": - Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; - Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; - Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa; - Mobility - the ability to move indoors from room to room on level surfaces; - Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; - 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.

	Advanced stage • 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 insured to perform (whether aided or unaided) at least three of the following six "Activities of Daily Living" for a continuous period of at least six months: "Activities of Daily Living": - Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; - Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; - Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa; - Mobility - the ability to move indoors from room to room on level surfaces; - Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; - 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.

6.20 Surgery to aorta	**Early stage** • Large asymptomatic aortic aneurysm Large asymptomatic 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.
	Intermediate stage • Minimally invasive surgery to aorta The actual undergoing of surgery via minimally invasive or intra-arterial techniques to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as evidenced by a cardiac echocardiogram or any other appropriate diagnostic test that is available and confirmed by a consultant cardiologist. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.
	Advanced stage • 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.

6.21 Alzheimer's disease/severe dementia	**Early stage** • Diagnosis of Alzheimer's disease or dementia A definite diagnosis of Alzheimer's disease or dementia due to irreversible organic brain disorders by a consultant neurologist. The Mini Mental State Examination score must be 24 or less out of 30; or the insured must have undergone two neuropsychometric tests performed six months apart with a battery of tests which clearly define the severity of the impairment. The insured must have been placed on disease modifying treatment prescribed by a specialist and must be under the continuous care of a specialist. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the insurer's appointed doctor. The following are excluded: - Non-organic diseases such as neurosis and psychiatric illnesses; and - Alcohol related brain damage. The coverage of this condition will cease at age 85 of the insured.
	Intermediate stage • Moderately severe Alzheimer's disease or dementia A definite diagnosis of Alzheimer's disease or dementia due to irreversible organic brain disorders by a consultant neurologist. The Mini Mental State Examination score must be less than 20 out of 30; or the insured must have undergone two neuropsychometric tests performed six months apart with a battery of tests which clearly define the severity of the impairment. There must also be permanent clinical loss of the ability to do all the following: - Remember; - Reason; and - Perceive, understand, express and give effect to ideas. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the insurer's appointed doctor. The following are excluded: - Non-organic diseases such as neurosis and psychiatric illnesses; and - Alcohol related brain damage.
	Advanced stage • Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the insured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the insurer's appointed doctor. The following are excluded: - Non-organic diseases such as neurosis and psychiatric illnesses; and - Alcohol related brain damage.

6.22 Motor neurone disease	**Early stage** • Peripheral neuropathy This refers to severe peripheral motor neuropathy arising from anterior horn cells resulting in significant motor weakness, fasciculation and muscle wasting. The diagnosis must be confirmed by a consultant neurologist as a result of nerve conduction studies and result in a permanent need for the use walking aids or a wheelchair. Diabetic neuropathy and neuropathy due to alcohol is excluded.
	Intermediate stage • Early motor neurone disease Refers to a progressive degeneration of the corticospinal tracts and anterior horn cells or bulbar efferent neurons. These include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. A neurologist must make the definite diagnosis of a motor neurone disease and this diagnosis must be supported by appropriate investigations.
	Advanced stage • 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.

6.23 Primary pulmonary hypertension	**Early stage** • Early pulmonary hypertension Primary or secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of permanent physical impairment of at least Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The NYHA Classification of Cardiac Impairment: - Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or angina 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. The diagnosis must be established by cardiac catheterization by a consultant cardiologist.
	Intermediate stage • Secondary pulmonary hypertension Secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The diagnosis must be established by cardiac catheterisation by a consultant cardiologist. The NYHA Classification of Cardiac Impairment: - Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or angina 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.

	Advanced stage • 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 angina 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.

6.24 HIV due to blood transfusion and occupationally acquired HIV	**Early stage** • HIV due to assault or occupationally acquired HIV A) Infection with the human immunodeficiency virus (HIV) which resulted from a physical or sexual assault occurring after the **cover start date**, provided that all the following conditions are met: - The incident must be reported to the appropriate authority and that a criminal case must be opened; - Proof of the assault giving rise to the infection must be reported to the insurer within 30 days of the assault taking place; - Proof that the assault involved a definite source of the HIV infected fluids; - Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented assault; and - This proof must include a negative HIV antibody test conducted within five days of the assault. B) Infection with the human immunodeficiency virus (HIV) which resulted from an accidental incident occurring after the **cover start date**, whilst the insured was carrying out the normal professional duties of his or her occupation in Singapore with the requirement that appropriate care is being exercised, provided that all the following conditions are met: - Proof that the incident has been reported to the appropriate authority; - Proof of the accident giving rise to the infection must be reported to the insurer within 30 days of the accident taking place; - Proof that the accident involved a definite source of the HIV infected fluids; and - 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 five days of the accident. HIV infection resulting from any other means including consensual sexual activity or the use of intravenous drug is excluded. 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.

	Intermediate stage • HIV due to organ transplant Infection with the human immunodeficiency virus (HIV) through an organ transplant, provided that all of the following conditions are met: - The organ transplant was medically necessary or given as part of a medical treatment; - The organ transplant was received in Singapore after the **cover start date**; and - The source of the infection is established to be from the institution that provided the transplant and the Institution is able to trace the origin of the HIV to the infected transplanted organ. This benefit will not apply where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.
	Advanced stage • 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 **cover start date**; - 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 **cover start date** 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 insurer's satisfaction: - Proof of the accident giving rise to the infection must be reported to the insurer within 30 days of the accident taking place; - Proof that the accident involved a definite source of the HIV infected fluids; - Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within five 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.

6.25 Benign brain tumor	**Early stage** • Surgical removal of pituitary tumour (by transphenoidal/transnasal hypophysectomy) The actual undergoing of surgical removal of a pituitary tumour by transphenoidal / transnasal hypophysectomy necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour or where surgical removal is considered necessary upon the advice of a consultant endocrinologist. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. • 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.
	Intermediate stage • Surgical removal of pituitary tumour (by open craniotomy) The actual undergoing of total surgical removal of a pituitary tumour by open craniotomy necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour or where surgical removal is considered necessary upon the advice of a consultant endocrinologist. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. Surgical removal of the pituitary by transphenoidal hypophysectomy is excluded.
	Advanced Stage • 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.

6.26 Viral Encephalitis	**Early stage** • Encephalitis 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.

	Intermediate stage • Mild encephalitis Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection resulting in neurological deficit and there must be evidence of hospitalization for at least two weeks. The neurological deficit must persist for at least six weeks. 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.
	Advanced stage • 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 six weeks. Encephalitis caused by HIV infection is excluded.

6.27 Bacterial meningitis	**Early stage** • Bacterial meningitis Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord which requires hospitalisation. 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.
	Intermediate stage • Mild bacterial meningitis Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in neurological deficit and there must be evidence of hospitalization for at least two weeks. The neurological deficit must persist for at least six weeks. This diagnosis must be confirmed by: - proof of meningeal infection must be provided to **us** by the results of a lumbar puncture and the offending organism must be identified; and - a consultant neurologist. Meningitis in the presence of HIV infection is excluded.
	Advanced stage • 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 six 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.

6.28 Major head trauma	**Early stage** • Facial reconstructive surgery The actual undergoing of re-constructive surgery above the neck (restoration or re-constructive 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. The need for surgery must be certified to be absolutely necessary by a specialist in the relevant field and the treatment must require hospitalization and surgery under general anaesthetic. Treatment relating to teeth and/or any other dental restoration alone is excluded, surgery for isolated nasal fractures is excluded and surgery to facial skin wounds is excluded unless this involves major full thickness skin grafting or the construction of flaps. "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.
	Intermediate stage • Open craniotomy Undergoing of open craniotomy as a consequence of major head trauma for the treatment of depressed skull fractures or major intracranial injury. Burr hole surgery is excluded from this benefit.
	Advanced stage • Accidental head injury resulting in permanent neurological deficit with persisting clinical symptoms to be assessed no sooner than six 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.

6.29 Other serious coronary artery disease	**Early stage** • Coronary artery disease The narrowing of the lumen of two or three coronary arteries by a minimum of 60%, as proven by coronary angiography or any other appropriate diagnostic test that is available, regardless of whether any form of coronary artery surgery has been recommended or performed. Coronary arteries herein refer to right coronary artery, left main stem, left anterior descending and left circumflex, but not their branches. Note that any non-invasive method of determining coronary artery stenosis is not acceptable. A claim admitted under early stage of **other serious coronary artery disease** will terminate all benefits under early stage of **coronary artery by-pass surgery**.

	Advanced stage • 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.

6.30 Progressive scleroderma	**Early stage** • Early progressive scleroderma A rheumatologist must make the definite diagnosis of progressive systemic scleroderma, based on clinically accepted criteria. This diagnosis must be unequivocally supported by biopsy and serological evidence. The following are excluded: - localised scleroderma (linear scleroderma or morphea); - eosinophilic fasciitis; and - CREST syndrome.
	Intermediate stage • Progressive scleroderma with CREST syndrome 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 telangectasia (dilated capillaries) and Raynaud's Phenomenon causing artery spasms in the extremities. The following are excluded: - localised scleroderma (linear scleroderma or morphea); and - eosinophilic fasciitis.
	Advanced stage • 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.

6.31 Myasthenia gravis	**Early stage** • An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met: a) Presence of permanent muscle weakness categorized as Class III, IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and b) The diagnosis of myasthenia gravis and categorization are confirmed by a registered medical practitioner who is a neurologist. Myasthenia Gravis Foundation of America Clinical Classification: Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere. Class II: Eye muscle weakness of any severity, mild weakness of other muscles. Class III: Eye muscle weakness of any severity, moderate weakness of other muscles. Class IV: Eye muscle weakness of any severity, severe weakness of other muscles. Class V: Intubation needed to maintain airway.

6.32 Necrotising fasciitis	**Early stage** • The occurrence of necrotising fasciitis where the following conditions are met: - the usual clinical criteria of necrotising fasciitis are met; - the bacteria identified is a known cause of necrotising fasciitis; and - there is widespread destruction of muscle and other soft tissues that results in a total and permanent loss of function of the affected body part.

6.33 Fulminant Hepatitis	**Advanced stage** • 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.

6.34 Apallic syndrome	**Advanced stage** • 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.

6.35 Poliomyelitis	**Advanced stage** • 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 three months.

6.36 Loss of independent existence	**Advanced stage** • A condition as a result of a disease, illness or injury whereby the Insured is unable to perform (whether aided or unaided) at least three of the following six "Activities of Daily Living", for a continuous period of six months. Activities of Daily Living: - Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; - Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; - Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa; - Mobility - the ability to move indoors from room to room on level surfaces; - Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; - 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.

6.37 Chronic adrenal insufficiency (Addison's disease)	**Advanced stage** • An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a registered doctor who is a specialist in endocrinology through one of the following: - ACTH simulation tests; - insulin-induced hypoglycemia test; - plasma ACTH level measurement; - Plasma Renin Activity (PRA) level measurement. - Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

6.38 Chronic relapsing pancreatitis	**Advanced stage** • More than three attacks of pancreatitis resulting in pancreatic dysfunction causing malabsorption needing enzyme replacement therapy. The diagnosis must be made by a consultant gastroenterologist and confirmed by Endoscopic Retrograde Cholangio Pancreatography (ERCP). Chronic relapsing pancreatitis caused by alcohol use is excluded.

6.39 Cardiomyopathy	**Intermediate stage** • Early Cardiomyopathy An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a cardiologist, and resulting in permanent and irreversible physical impairment of Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The diagnosis has to be supported by abnormal ECG and echocardiographic findings of compromised ventricular performance. 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. Cardiomyopathy that is directly related to alcoholic and drug abuse is excluded.
	Advanced stage • Cardiomyopathy (Class IV) An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a cardiologist, and resulting in permanent and irreversible physical impairment of Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The diagnosis has to be supported by abnormal ECG and echocardiographic findings of compromised ventricular performance. 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. Cardiomyopathy that is directly related to alcoholic and drug abuse is excluded.

7 Definition of special benefits

7.1 Angioplasty or other invasive treatment for coronary artery	The insured 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.

7.2 Diabetic complications	Diabetic retinopathy with the need to undergo laser treatment certified to be absolutely necessary by an ophthalmologist with support of a "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/1.73m2 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.
7.3 Severe osteoporosis	Osteoporosis is a degenerative bone disease that results in loss of bone. The diagnosis must be supported by a bone density reading which satisfies the World Health Organisation (WHO) definition of osteoporosis with a bone density reading T-score of less than –2.5. There must also be a history of three or more osteoporotic fractures involving femur, wrist or vertebrae. These fractures must directly result in the permanent inability of the insured to perform (whether aided or unaided) at least one of following six "Activities of Daily Living". "Activities of Daily Living": - Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; - Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; - Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa; - Mobility - the ability to move indoors from room to room on level surfaces; - Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; - Feeding - the ability to feed oneself once food has been prepared and made available.
7.4 Severe rheumatoid arthritis	Widespread joint destruction with major clinical deformity of three or more of the following joint areas: hands, wrists, elbows, spine, knees, ankles, feet. The diagnosis must be supported by all of the following: - Morning stiffness; - Symmetric arthritis; - Presence of rheumatoid nodules; - Elevated titres of rheumatoid factors; and - Radiographic evidence of severe involvement. The diagnosis must be confirmed by a consultant rheumatologist.
7.5 Dengue haemorrhagic fever	It covers Dengue Haemorrhagic Fever Stage 3 or Stage 4, based on the World Health Organization case definition, with unequivocal evidence of the Dengue Shock Syndrome and confirmation of dengue infection, with confirmatory serological testing of dengue; and as may be exemplified by all of the following findings: - History of continuous high fever (for two (2) or more days); - Minor or major haemorrhagic manifestations; - Thrombocytopenia (less than or equal to 100000 per mm3); - Haemoconcentration (haemotocrit increased by 20% or more) ; - Evidence of plasma leakage (i.e. pleural effusion, ascites or hypoproteinaemia, etc.) ; and - Evidence of the Dengue Shock Syndrome (DSS), confirmed by a consultant physician, with the following criteria being met: 1. Hypotension (less than 80 mm Hg) or narrow pulse pressure (20mm Hg or less); and 2. Evidence of tissue hypoperfusion such as cold, clammy skin, oliguria, or a metabolic acidosis.

7.6 Systemic lupus erythematosus	Systemic lupus erythematosus (SLE) means an autoimmune illness in which tissues and cells are damaged by deposition of pathogenic autoantibodies and immune complexes. The diagnosis of SLE will be based on the following conditions: 1. Clinically there must be at least three out of the following presentations suggested by The American College of Rheumatology: 1.1. Malar rash; 1.2. Discoid rash; 1.3. Photosensitivity; 1.4. Oral ulcers; 1.5. Arthritis; 1.6. Serositis; 1.7. Renal disorder; 1.8. Leukopenia (<4,000/Ml), or Lymphopenia (< 1,500/Ml), or Haemolytic anaemia, or Thrombocytopenia (<100,000/Ml); 1.9. Neurological disorder; AND 2. One or more of the following tests being positive: 2.1. Anti-nuclear antibodies; 2.2. LE cells; 2.3. Anti-DNA; 2.4. Anti-Sm (Smith IgG Autoantibodies); AND 3. Such diagnosis must be confirmed by a registered medical practitioner who is rheumatologist or immunologist and should be documented for a minimum period of six months. **We** reserve the right to change this definition from time to time to reflect the changes in qualitative or quantitative medical categorization of this illness so as to give effect to the original intent of this definition.
7.7 Crohn's disease	Crohn's disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred: (a) Stricture formation causing intestinal obstruction requiring admission to hospital; (b) Fistula formation between loops of bowel, and (c) At least one bowel segment resection. The diagnosis must be made by a specialist gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.
7.8 Ulcerative colitis	Ulcerative colitis shall mean acute fulminant ulcerative colitis with life threatening electrolyte disturbances usually associated with intestinal distension and a risk of intestinal rupture, involving the entire colon with severe bloody diarrhoea and systemic signs and symptoms and for which the treatment is frequently total colectomy and ileostomy. Diagnosis must be based on histopathological features and surgery in the form of colectomy and ileostomy should form part of the treatment.
7.9 Breast reconstructive surgery following a mastectomy	Mastectomy means surgical removal of at least three quadrants of the tissue of a breast due to carcinoma-in-situ or a malignant condition. The reconstructive surgery must be recommended by a specialist in the relevant field in order to restore major disfigurement.

7.10 Pheochromocytoma	Presence of a neuroendocrine tumour of the adrenal or extra-adrenal chromaffin tissue that secretes excess catecholamines. The diagnosis of pheochromocytoma must be confirmed by a registered specialist in the relevant field and supported by a histopathological examination.

8 Definition of juvenile benefits

8.1 Osteogenesis imperfecta	This is characterised by brittle, osteoporotic, easily fractured bone. The insured must be diagnosed as a type III osteogenesis imperfecta confirmed by the occurrence of all of the following conditions: - The result of physical examination of the insured by a registered specialist in the relevant field that the insured suffers from growth retardation and hearing impairment; - The result of X-ray studies reveals multiple fracture of bones and progressive kyphoscoliosis; and - Positive result of skin biopsy. Diagnosis of osteogenesis imperfecta must be confirmed by a registered specialist acceptable to **us**.
8.2 Severe haemophilia	The insured must be suffering from severe haemophilia associated with spontaneous haemorrhage and with a clotting factor VIII or factor IX of less than one percent. Diagnosis must be confirmed by a registered specialist in the relevant field.
8.3 Insulin dependent diabetes mellitus	This is characterised by polydipsia, polyuria, increased appetite, weight loss, low plasma insulin levels, episodic ketoacidosis, and immune mediated destruction of pancreatic beta cells. Insulin therapy and dietary regulation are necessary. Dependence on insulin therapy must persist for not less than six months. Type II diabetes mellitus is specifically excluded. Diagnosis must be confirmed by a registered specialist paediatrician or a registered specialist endocrinologist.
8.4 Kawasaki disease	This is acute, febrile and multisystem disease of children, characterised by nonsuppurative cervical adenitis, skin and mucous membrane lesions. Diagnosis must be confirmed by a registered specialist paediatrician or cardiologist and there must be echocardiograph evidence of cardiac involvement manifested by dilatation or aneurysm formation of at least 5 mm internal diameter in the coronary arteries which persists for 12 months after the initial acute episode.
8.5 Rheumatic fever with valvular impairment	A confirmed diagnosis by a registered specialist paediatrician of acute rheumatic fever according to the revised Jones criteria. There must be involvement of one or more heart valves with at least mild valve incompetence attributable to rheumatic fever as confirmed by quantitative investigations of the valve function by a registered specialist cardiologist. The valve incompetence must persist for at least six months.
8.6 Type I juvenile spinal amyotrophy	The insured must be diagnosed as a Type I juvenile spinal amyotrophy which is an infantile form of spinal muscular atrophy characterised by progressive dysfunction of the anterior horn cells in the spinal cord and brainstem cranial nerves with profound weakness and bulbar dysfunction. Electromyography and muscle biopsy are needed to confirm this diagnosis.
8.7 Wilson's disease	A potentially fatal disorder of copper toxicity characterized by progressive liver disease and/or neurologic deterioration due to copper deposit. The diagnosis must be confirmed by a specialist medical practitioner and the treatment with a chelating agent must be documented for at least six months.

8.8 Systemic juvenile rheumatoid arthritis	A severe form of juvenile chronic arthritis characterised by high fever and signs of systemic illness that can exist for months before the onset of arthritis. The condition must be characterised by cardinal manifestations which include high spiking, daily (quotidian) fevers, evanescent rash, arthritis, splenomegaly, lymphadenopathy, serositis, weight loss, neutrophilic leukocytosis, increased acute Phase Proteins and seronegative tests for Antinuclear Antibodies (ANA) and Rheumatoid Factor (RF). The diagnosis must be backed by laboratory and other tests or investigations. The diagnosis must be confirmed unequivocally by the treating registered specialist paediatrician or a registered paediatric rheumatologist, and the condition has to be documented for at least six months.
8.9 Intellectual impairment due to sickness or injury	An unequivocal diagnosis by a registered medical practitioner who is a pediatric psychiatrist of intellectual impairment directly resulting from a sickness or injury and independently of any other cause(s), where all of the following conditions are met: (a) The insured suffers from sub-average general intellectual functioning, mental handicap, or learning disorder, as determined by a pediatric neuro-psychological assessment; and the insured's treating pediatric psychiatrist certifies that such condition is caused by the said sickness or injury; (b) An IQ below 70, as established with either of the standardized IQ tests - "Raven's Progressive Matrices" or "Wechsler Intelligence Scale for Children"; (c) The insured is age four or above at the time of diagnosis and the condition has continued without interruption for a period of at least six consecutive months after the diagnosis; and (d) There is documented proof of hospitalization of the insured because of intellectual impairment due to sickness or injury.
8.10 Glomerulonephritis with nephrotic syndrome	A confirmed diagnosis of glomerulonephritis with nephrotic syndrome by a qualified pediatrician acceptable to **us** and who should confirm that a treatment regimen which has involved the use steroids or other immunosuppressive drugs has been followed throughout the period to which syndrome relates. The syndrome must have continued for a period of at least six months with or without intervening periods of remission.