Conditions for Early Critical Secure

Your rider

This is an accelerated whole-life rider.

It pays dread disease benefit, special and mental benefit, juvenile benefit and advanced restoration benefit. It also offers a guaranteed post-early DD cover option.

Any payment made for dread disease benefit under this rider will form an **accelerated payment**, and reduce the sum assured and any bonuses of this rider and its basic policy by the same amount that **we** pay under this rider.

The sum assured in this rider refers to the 'Sum Assured' of Early Critical Secure as shown in the policy schedule or any future endorsement that **we** issue, whichever is later.

This policy will form the basis on which **we** will settle all claims. Any information or declaration **you** or the insured have given, will form the basis of the contract. If any statement, information or declaration **you** or the insured have given is incomplete, untrue or incorrect, **we** may decide that this policy is not valid and refuse to pay a claim.

The policy schedule, signed proposal forms and, if applicable, special terms acceptance, supplementary form and endorsements are all part of this policy.

1 What your rider covers

a Dread disease benefit

If the insured is diagnosed with a specified early, intermediate or advanced stage dread disease, **we** will pay the benefit shown in Table 1. The applicable age in Table 1 is based on the option selected by **you** for your **multiplier cover** as shown in the policy schedule.

Table 1

When claim event happens	Benefit
Before the **anniversary** immediately after the insured reaches the age of 65, 75 or 80 (whichever is applicable)	• 100% of this rider's sum assured and corresponding pro-rated bonuses of its basic policy; or • 100% of this rider's **multiplier cover**; whichever is higher.
On or after the **anniversary** immediately after the insured reaches the age of 65, 75 or 80 (whichever is applicable)	100% of this rider's sum assured and corresponding pro-rated bonuses of its basic policy

You can only claim this benefit once.

When **we** pay for early or intermediate stage dread disease claim:

- the sum assured of this rider will be reduced to zero;
- **we** will not pay future claims on the following benefits:
    - special and mental benefit; and
    - juvenile benefit; and
- **You** will stop making premium payments on this rider. The rider will continue to apply for the advanced restoration benefit during this period even though **you** are not paying the premiums.

This rider will end when **we** pay for advanced stage dread disease claim.

For policies issued by **us** that include early and/or intermediate stage dread disease of the same dread disease, **we** will pay no more than S$350,000 for the same dread disease for each insured (no matter how many policies **we** have issued to cover each insured).

If the insured is covered for any dread disease benefits or equivalent benefits under any policies (including this policy) which have been issued and paid (whether issued and paid by **us** or by any other insurer), the total of these benefits under all these policies cannot be more than S$3.6 million (including premiums waived due to dread disease but excluding bonuses). This limit of S$3.6 million is known as the Dread Disease Per Life Limit. If the total of these benefits will exceed the Dread Disease Per Life Limit, **we** will first take into account the amounts due under the earlier policies, and then pay an amount to bring the total benefits to the Dread Disease Per Life Limit.

b Special and mental benefit

If the insured is diagnosed with any of the conditions, or has undergone any of the procedures in Table 2, **we** will pay the benefit shown in Table 2. This applies as long as the diagnosis or procedure takes place before the insured reaches the age as shown in Table 2.

Table 2

Item	Special Benefit	Benefit	Maximum Claim Limit	Insured Age
1	Angioplasty and Other Invasive Treatment for Coronary Artery	20% of sum assured	S$25,000	Before the insured reaches the age of 85
2	Benign Tumour and Borderline Malignant Tumour			
3	Diabetic complications	30% of sum assured	S$30,000	
4	Severe osteoporosis			
5	Severe rheumatoid arthritis			
6	Dengue haemorrhagic fever			
7	Crohn's disease			

8	Ulcerative colitis			
9	Breast reconstructive surgery following a mastectomy			
10	Pheochromocytoma			
11	Zika			
12	Chikungunya fever			
13	Chronic Relapsing Pancreatitis			
14	Hysterectomy due to Cancer			
15	Age-related Macular Degeneration with Visual Impairment			
16	Severe Presbycusis (Age-related Hearing Loss)			
17	Urinary Incontinence requiring Surgical Repair			
Item	**Mental Benefit**	**Benefit**	**Maximum Claim Limit**	**Insured Age**
18	Major depressive disorder of specified severity	30% of sum assured	S$30,000	Before the insured reaches the age of 75
19	Schizophrenia			
20	Bipolar disorder			
21	Severe obsessive compulsive disorder			
22	Severe Tourette's disorder			Before the insured reaches the age of 21

Every claim **we** pay for a special and mental benefit will not reduce the sum assured of this rider, its basic policy and other accelerated riders.

For policies issued by **us** that include special benefit or special and mental benefit, **we** will pay no more than the maximum claim limit for the same condition or procedure for each insured, no matter how many of such policies **we** have issued to cover the same insured.

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

At most, **we** will pay the mental benefit three times, as long as each claim is not for the same mental benefit as any of the earlier claims. In addition, for each claim under the mental benefit in Table 2, the diagnosis of the conditions must be at least 3 years apart.

c Juvenile benefit

If the insured is diagnosed with any of the conditions in Table 3, **we** will pay 20% of the rider's sum assured, as long as the diagnosis takes place before the insured reaches age 18.

Table 3

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
11	Sanfilippo Syndrome
12	Bile Acid Synthesis Disorder
13	Pyruvate Dehydrogenase Complex Deficiency
14	Antley Bixler Syndrome
15	Beta Thalassemia Major
16	Autism of Specified Severity
17	Rabies

Every claim **we** pay for a juvenile benefit will not reduce the sum assured of this rider, its basic policy and other accelerated riders.

For policies **we** have issued that have juvenile benefit, **we** will pay no more than S$30,000 for each insured (no matter how many policies **we** have issued to cover each insured) for each juvenile benefit listed in Table 3.

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 Advanced restoration benefit

If the insured is diagnosed with any of the advanced stage dread diseases in Table 5, **we** will pay the benefit shown in Table 4. The applicable age in Table 4 is based on the option selected by **you** for your **multiplier cover** as shown in the policy schedule.

You can only make a claim under the advanced restoration benefit if **you** have previously succeeded in claiming the dread disease benefit for an early or intermediate stage dread disease and if your basic policy has not ended.

Table 4

When claim event happens	Benefit
Before the **anniversary** immediately after the insured reaches the age of 65, 75 or 80 (whichever is applicable)	50% of this rider's **multiplier cover**
On or after the **anniversary** immediately after the insured reaches the age of 65, 75 or 80 (whichever is applicable)	50% of this rider's sum assured

Table 5

Item	Advanced restoration benefit
1	Major cancer
2	Heart attack of specified severity
3	Stroke with permanent neurological deficit

We will only pay for this benefit once and this rider will end. When **we** pay for this benefit, **we** will not reduce the sum assured of this rider, its basic policy and other accelerated riders.

If this rider's sum assured is reduced to zero due to an **accelerated payment** of the dread disease benefit, this benefit will be based on the sum assured before this **accelerated payment** is made.

If the insured is also covered for dread disease (or equivalent benefits) under any policies which have been issued and paid in the past (whether issued and paid by **us** or by any other insurer), the total of these benefits under all these policies cannot be more than S$3.6 million (including premiums waived but excluding bonuses). This limit of S$3.6 million is known as the Dread Disease Per Life Limit.

Any amount **we** pay under advanced restoration benefit will reduce the Dread Disease Per Life Limit. **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 the Dread Disease Per Life Limit.

e Guaranteed post-early DD cover option

Upon diagnosis of the insured with early, intermediate or advanced stage dread disease covered under dread disease benefit, a new term policy covering the insured may be taken up with only death and terminal illness benefits, without **us** having to assess the insured's health. Total and permanent disability will not be covered by the new term policy.

The new term policy will include a waiting period of 2 years, within which **we** will not pay any claims. If an event giving rise to a claim occurs during the 2-year waiting period, **we** will not pay any claim under the new term policy, the new term policy will end and **we** will refund 100% of the premiums paid for the new term policy. The new term policy does not allow for any reinstatement.

We will limit the sum assured for the new term policy to:

- 50% of the original sum assured for this rider; or
- S$100,000 per life aggregating policies issued under the guaranteed post-early DD cover option, whichever is lower.

We will decide the type of new term policy to be offered and the insured must meet all the following conditions to take up this option:

- this option must be exercised within 6 months from the claim approval date or diagnosis date, whichever is later, of the early, intermediate or advanced stage dread disease covered under dread disease benefit;
- the insured must not have **terminal illness** at the time of taking up this option;
- the insured must be 60 years old last birthday or under at the time of taking up this option; and
- the relevant documents must be provided to support the diagnosis of early, intermediate or advanced stage dread disease covered under dread disease benefit.

If **we** have added any special terms or special agreement to this basic policy (including but not limited to extra exclusions or an increased premium), **we** will also add these terms to the new policy which the insured takes up.

2 Our responsibilities to you

You may reduce the sum assured for this rider as long as it is not less than the minimum sum assured set by **us**. When **we** agree to the change in sum assured, **we** will make this change in the sum assured at the next premium due date.

The sum assured of this rider cannot be more than the sum assured of its basic policy.

If **you** decide to reduce your basic policy's sum assured, **we** may also reduce the sum assured of this rider so that it will not be more than the sum assured of its basic policy.

We will work out any future premiums or claims based on the reduced sum assured.

This rider will end immediately when its basic policy ends or is converted to a **paid-up** policy.

3 Your responsibilities

You will pay your first premium at the time **you** apply for this rider. **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 rider 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, this rider will end, unless **we** have activated the **automatic premium loan** facility under your basic policy.

If this rider ends because **you** have not paid the premium, **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 rider. However, if **we** do not ask for the insured's health declaration or medical checks at the time of application, **you** do not need to give **us** satisfactory proof of the insured's good health.

If **you** cancel this rider before the next premium is due, **we** will end this rider from the next premium due date and **we** will not refund any unused premium.

The premium that **you** pay for this rider is not guaranteed. **We** will give **you** at least 30 days' written notice before **we** make any change.

4 What you need to be aware of

a Dread disease benefit, special and mental benefit, juvenile benefit, advanced restoration benefit

We only cover the medical conditions or procedures **we** define in this rider. The name of each medical conditions or procedures in dread disease benefit, special and mental benefit, juvenile benefit and advanced restoration 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 rider.

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 **specialist.**

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;**
- a special and mental benefit, juvenile benefit, or advanced restoration benefit where the insured did not survive for seven days after its diagnosis, or after having the medical procedure;
- a special and mental 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 from the **cover start date**;
- a special and mental benefit under **angioplasty and other invasive treatment for coronary artery** where the insured was diagnosed with the disease within 90 days from the **cover start date**. 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 early and intermediate stage dread disease benefit under **major cancer**, **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 from 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 cancer**, **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 from 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; or
- an advanced restoration benefit under **major cancer**, **heart attack of specified severity** and **stroke with permanent neurological deficit**, where the insured was diagnosed with the disease within 24 months after the date of diagnosis or surgical procedure, whichever applies, of any of the early and intermediate stage dread diseases.

b Effects of an accelerated payment

Where **we** make an **accelerated payment** on this rider:

- **we** will reduce the sum assured and any bonuses of this rider and its basic policy by the same amount that **we** pay under this rider; and
- the basic policy will end upon the earlier of any of the following:
    - the sum assured of the basic policy has reached zero and, if applicable, **we** have paid the advanced restoration benefit; or
    - **we** have fully paid for the Total and Permanent Disability, Terminal Illness and death benefit in accordance with the conditions of the basic policy.

If the sum assured of this basic policy is reduced to zero, all benefits of the basic policy and all riders will end except, if applicable, the advanced restoration benefit in the Early Critical Secure rider.

We will work out any future premiums, claims or **cash value** of its basic policy and the accelerated rider based on the reduced sum assured.

c Making a claim

To make a claim for death benefit, **we** must be told of the claim and all relevant documents to support the claim must be given within six months after the insured's death.

If the basic policy or rider provides for accidental death or accidental total and permanent disability (TPD) benefit, **we** must be told of the claim and all relevant documents to support the claim must be given within thirty days after the insured's accidental death or accidental TPD. If **we** are not told of the claim or have not received all relevant documents within thirty days, **we** will reject the claim unless **we** deem that **you** have a valid reason for the delay. **You** must also show that **you** have told **us** and given all relevant documents to support the claim to **us** as soon as reasonably possible.

To make a claim for other benefits, **we** must be told of the claim and all relevant documents to support the claim must be given within six months after the diagnosis or the event giving rise to the claim. If **we** are not told of the claim or have not received all relevant documents within six months, **we** will reject the claim unless **we** deem that **you** have a valid reason for the delay. **You** must also show that **you** have told **us** and given all relevant documents to support the claim to **us** as soon as reasonably possible.

If **we** are not told of your claim or have not received all relevant documents for your claim within two years from the date of the event giving raise to the claim, **we** will not pay the claim.

When **you** submit a claim in relation to any benefit, **we** will process the claim across all the policies (and applicable riders) **you** hold with **us**. **We** will not accept any request to claim under only certain policies that **you** have with **us**.

When **we** pay a claim, **we** will not refund any premiums that have been paid.

d Refusing to pay a claim

After **you** have been continuously covered for two years 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** which **you** did not tell **us** about when **you** applied for the basic policy or rider if health declaration is required;
- **you** or the insured fail to tell **us** any significant information or information which is true, correct and complete which would have reasonably affected **our** decision to accept your application; or
- the claim is excluded or not covered under the terms of the basic policy or rider.

5 Definitions

Accelerated payment means any payment made by **us** under any rider or basic policy, if that payment reduces the sum assured and any bonuses of the basic policy and its riders.

Anniversary means the last day of every 12 months from the **policy entry date** for the basic policy.

Automatic premium loan means that **we** pay the premiums on your behalf so the basic policy and its riders can continue. **We** will only do this if the basic policy has enough **cash value**. **We** treat this as a loan (called an **automatic premium loan**) and charge **you** interest. **We** will take these loans and interest from any amount **we** may be due to pay under the basic policy and its riders. If at any time the amount of the loans and interest is more than the **cash value**, the basic policy and its riders will end.

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 (whichever is latest):

- **we** issue this rider;
- **we** issue an endorsement to include or increase a benefit; or
- **we** issue an endorsement pursuant to the 'change of insured option'; or
- **we** reinstate this rider;

if applicable.

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.

Multiplier cover means a percentage of the sum assured shown in the policy schedule. The **multiplier cover** is applicable before the **anniversary** immediately after the insured reaches the age of 65 , 75 or 80 (whichever is applicable). The applicable age will be based on the option selected by **you** as shown in the policy schedule. **You** cannot change the **multiplier cover** and its applicable age which **you** chose at the start of the policy.

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.

Policy term means the 'Policy Term' or 'Contract Term' shown in the policy schedule to this rider or any future endorsement that **we** may issue, whichever is later.

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.

Specialist means a **registered medical practitioner** who has the extra qualifications and expertise needed to practise as a recognised specialist of diagnostic techniques, treatment and prevention, in the particular field of medicine that such specialist is being consulted for and providing any advice or determination on (including diagnosis, certification and recommendation)

Terminal illness (TI), and **terminally ill** means the conclusive diagnosis of an illness that is expected to result in the death of the insured within 12 months. This diagnosis must be supported by a **specialist** and confirmed by **our** appointed **specialist. Terminal illness** in the presence of HIV infection is excluded.

We, **us**, **our** means Income Insurance Limited.

You means the policyholder shown in the policy schedule.

5 Definitions

Activities of Daily Living (ADLs)

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

Permanent Neurological Deficit

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

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

Psychiatrist

Psychiatrist means any person qualified as a medical practitioner by a medical degree in psychiatric treatment who is legally registered with, authorised and/or licensed by the Singapore Medical Council to render psychiatric treatment, and who in rendering treatment is practicing within the scope of his licensing and training, but excluding **you**, the Insured, respective spouses, and all immediate family members of such persons.

6 Definition of early, intermediate and advanced stage dread diseases

6.1 Major Cancer

Early Stage	Intermediate Stage	Advanced 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	• 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	• Major Cancer 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 Major Cancer includes, but is not limited to, leukaemia, lymphoma and sarcoma. Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition. For the above definition, the following are excluded: • All tumours which are histologically classified as any of the following: – Pre-malignant; – Non-invasive; – Carcinoma-in-situ (Tis) or Ta; – Having borderline malignancy; – Having any degree of malignant potential;

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 lymphocytic leukaemia (CLL) RAI Stage 1 or 2. CLL RAI stage 0 or lower is excluded. • Neuroendocrine Tumours All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification). • Early Melanoma Invasive melanomas of less than 1.5mm Breslow thickness,	intraepithelial neoplasia (PIN) are specifically excluded. 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.	– Having suspicious malignancy; – Neoplasm of uncertain or unknown behaviour; – All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia; • Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond; • Malignant melanoma that has not caused invasion beyond the epidermis; • All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification; • All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; • All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below; • All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below; • All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest

or less than Clark Level 3. • Gastro-Intestinal Stromal tumours All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual. • Bone Marrow Malignancies All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment. The diagnosis of the above early cancers must be established by histological evidence and be confirmed by a **specialist** in the relevant field.		edition of the AJCC Cancer Staging Manual, or below; • Chronic Lymphocytic Leukaemia less than RAI Stage 3; • All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and • All tumours in the presence of HIV infection.

6.2 Heart Attack of Specified Severity		
Early Stage	**Intermediate Stage**	**Advanced 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.	• 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.	• Heart Attack of Specified Severity Death of heart muscle due to ischaemia, that is evident by at least three of the following criteria proving the occurrence of a new heart attack: • History of typical chest pain; • New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or

The insertion of any type of temporary cardiac pacing is specifically excluded. • Pericardiectomy The undergoing of a Pericardiectomy as a result of pericardial disease or undergoing of any surgical procedure requiring keyhole cardiac surgery. Both of these surgical procedures must be certified to be absolutely necessary by a **specialist** in the relevant field.		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 with Permanent Neurological Deficit		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Brain Aneurysm Surgery (via Craniotomy) 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.	• 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	• Stroke with Permanent Neurological Deficit A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in **permanent neurological deficit**.

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.	appropriate diagnostic test that is available. Endarterectomy of blood vessels other than the common carotid artery is specifically excluded. Percutaneous carotid angioplasty is excluded.	This diagnosis must be supported by all of the following conditions: • Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and • Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke. The following are excluded: • Transient Ischaemic Attacks; • Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease; • Vascular disease affecting the eye or optic nerve; • Ischaemic disorders of the vestibular system; and • Secondary haemorrhage within a pre-existing cerebral lesion.

6.4 Coronary Artery By-pass Surgery		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Keyhole Coronary By-pass Surgery (but not MIDCAB) or Coronary Artery Atherectomy 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,	Not Applicable.	• Coronary Artery By-pass Surgery The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically

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.		necessary by a consultant cardiologist. Angioplasty and all other intra-arterial, catheter based techniques, 'keyhole' or laser procedures are excluded.

6.5 End Stage Kidney Failure		
Early Stage	**Intermediate Stage**	**Advanced 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.	• 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/1.73m^2 body surface area, persisting for a period of at least 6 months.	• End Stage Kidney Failure Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

6.6 Irreversible Aplastic Anaemia		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Reversible Aplastic Anaemia Acute reversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring	• Myelodysplastic Syndrome or Myelofibrosis Myelodysplastic Syndrome or Myelofibrosis requiring regular and permanent transfusion of blood products for severe recurrent anaemia. Diagnosis of	• Irreversible Aplastic Anaemia Chronic persistent and irreversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring

treatment with any one of the following: • Blood product transfusion; • Bone marrow stimulating agents; • Immunosuppressive agents; or • Bone marrow or haematopoietic stem cell transplantation. The diagnosis must be confirmed by a haematologist.	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. Myelodysplastic Syndrome or Myelofibrosis in the presence of HIV infection is excluded.	treatment with at least one of the following: • Blood product transfusion; • Bone marrow stimulating agents; • Immunosuppressive agents; or • Bone marrow or haematopoietic stem cell transplantation. The diagnosis must be confirmed by a haematologist.

6.7 End Stage Lung Disease		
Early Stage	**Intermediate Stage**	**Advanced 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 **specialist**.	• 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.	• End Stage Lung Disease End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following: • FEV_1 test results which are consistently less than 1 litre; • Permanent supplementary oxygen therapy for hypoxemia; • Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO_2 = 55mmHg); and • Dyspnoea at rest. The diagnosis must be confirmed by a respiratory **specialist**.
• 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.		

6.8 End Stage Liver Failure		
Early Stage	**Intermediate Stage**	**Advanced 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, drug abuse or liver donation is excluded.	• 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 or drug abuse is excluded.	• End Stage Liver Failure End stage liver failure as evidenced by all of the following: • Permanent jaundice; • Ascites; and • Hepatic encephalopathy. Liver disease secondary to alcohol or drug abuse is excluded.

6.9 Coma		
Early Stage	**Intermediate Stage**	**Advanced 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.	• 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	• Coma A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the following: • No response to external stimuli for at least 96 hours; • Life support measures are necessary to sustain life; and • Brain damage resulting in **permanent neurological deficit** which must be assessed at least 30 days after the onset of the coma. For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.

	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 fulfil this definition.	

6.10 Deafness (Irreversible Loss of Hearing)		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Irreversible Partial Loss of Hearing Irreversible binaural hearing loss with the loss of at least 60 decibels 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. Irreversible means "cannot be reasonably restored to at least 40 decibels by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention."	• 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**.	• Deafness (Irreversible Loss of Hearing) Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) **specialist**. Total means "the loss of at least 80 decibels in all frequencies of hearing". Irreversible means "cannot be reasonably restored to at least 40 decibels by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention."
• 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.		

6.11 Open Chest Heart Valve Surgery		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Percutaneous Valvuloplasty or Valvotomy The actual undergoing of simple percutaneous balloon valvuloplasty 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.	• 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.	• Open Chest Heart Valve Surgery The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

6.12 Irreversible Loss of Speech		
Early Stage	**Intermediate Stage**	**Advanced 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 is 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 Cancer** Benefit.	• 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**. All psychiatric related causes are excluded.	• Irreversible Loss of Speech Total and irreversible loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) **specialist**. All psychiatric related causes are excluded.

6.13 Major Burns		
Early Stage	**Intermediate Stage**	**Advanced 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.	• 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.	• Major Burns Third degree (full thickness of the skin) burns covering at least 20% of the surface of the insured's body.

6.14 Major Organ / Bone Marrow Transplantation		
Early Stage	**Intermediate Stage**	**Advanced 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.	• 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 haematopoietic 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.	• Major Organ / Bone Marrow Transplantation The receipt of a transplant of: • Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or • One of the following human organs: heart, lung, liver, kidney, pancreas that resulted from irreversible end stage failure of the relevant organ. Other stem cell transplants are excluded.
• Corneal Transplant The receipt of a transplant of a whole cornea due to irreversible scarring resulting in reduced visual acuity, which cannot be corrected with other methods.		

6.15 Multiple Sclerosis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Early Multiple Sclerosis There must be a definite diagnosis of Multiple Sclerosis confirmed by a neurologist and supported with diagnostics/laboratory reports which unequivocally confirm the diagnosis to be Multiple Sclerosis. Other causes of neurological damage such as Systemic Lupus Erythematosus (SLE) and HIV are excluded.	• 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 3 months Other causes of neurological damage such as Systemic Lupus Erythematosus (SLE) and HIV are excluded.	• Multiple Sclerosis The definite diagnosis of Multiple Sclerosis, and must be supported by all of the following: • Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; and • Multiple neurological deficits which occurred over a continuous period of at least 6 months. Other causes of neurological damage such as systemic lupus erythematosus (SLE) and HIV are excluded.

6.16 Muscular Dystrophy		
Early Stage	**Intermediate Stage**	**Advanced 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.	• Moderately Severe Muscular Dystrophy The unequivocal diagnosis of muscular dystrophy must be 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 six **"Activities of Daily Living"** for a continuous period of at least six months. For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or	• Muscular Dystrophy The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the insured to perform (whether aided or unaided) at least 3 of the 6 **"Activities of Daily Living"** for a continuous period of at least 6 months. For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or

	apparatus and not pertaining to human aid.	apparatus and not pertaining to human aid.

6.17 Idiopathic Parkinson's Disease		
Early Stage	**Intermediate Stage**	**Advanced 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 condition: • The disease cannot be controlled with medication 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.	• 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, 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. 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.	• Idiopathic Parkinson's Disease The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions: • The disease cannot be controlled with medication; and • Inability of the insured to perform (whether aided or unaided) at least 3 of the 6 **"Activities of Daily Living"** for a continuous period of at least 6 months. For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

6.18 Open Chest Surgery to Aorta		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Large Asymptomatic Aortic Aneurysm Large asymptomatic abdominal	• Minimally Invasive Surgery to Aorta The actual undergoing of surgery	• Open Chest Surgery to Aorta The actual undergoing of major surgery to repair or correct an

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.	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.	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.

6.19 Alzheimer's Disease / Severe Dementia		
Early Stage	**Intermediate Stage**	**Advanced 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.	• 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.	• Alzheimer's Disease / Severe Dementia Deterioration or loss of cognitive function as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the insured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor. The following are excluded: • Non-organic diseases such as neurosis and psychiatric illnesses; and • Alcohol related brain damage.

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.	This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by **our** appointed doctor. The following are excluded: • Non-organic diseases such as neurosis and psychiatric illnesses; and • Alcohol related brain damage.	

6.20 Fulminant Hepatitis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not Applicable.	Not Applicable.	• Fulminant Hepatitis A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following: • Rapid decreasing of liver size as confirmed by abdominal ultrasound; • Necrosis involving entire lobules, leaving only a collapsed reticular framework; • Rapid deterioration of liver function tests; • Deepening jaundice; and • Hepatic encephalopathy.

6.21 Motor Neurone Disease		
Early Stage	**Intermediate Stage**	**Advanced 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 of walking aids or a wheelchair. Diabetic neuropathy and neuropathy due to alcohol is excluded.	• Early Motor Neurone Disease Refers to a progressive degeneration of the corticospinal tracts and anterior horn cells or bulbar efferent neurones. 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.	• Motor Neurone Disease Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in **permanent neurological deficit**.

6.22 Primary Pulmonary Hypertension		
Early Stage	**Intermediate Stage**	**Advanced 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,	• 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	• Primary Pulmonary Hypertension Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The NYHA Classification of Cardiac Impairment: Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue,

dyspnoea, 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. The diagnosis must be established by cardiac catheterisation by a consultant cardiologist.	activity does not cause undue fatigue, dyspnoea, 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.	dyspnoea, 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.

6.23 HIV Due to Blood Transfusion and Occupationally Acquired HIV		
Early Stage	**Intermediate Stage**	**Advanced 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	• 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	• HIV Due to Blood Transfusion and Occupationally Acquired HIV A. Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met: • The blood transfusion was medically necessary or given as part of a medical treatment;

authority and that a criminal case must be opened; • Proof of the assault giving rise to the infection must be reported to **us** 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 **us** within 30 days of the accident taking place; • Proof that the accident involved a definite source of the HIV infected fluids; 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.	• The blood transfusion 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 blood transfusion and the Institution is able to trace the origin of the HIV tainted blood. B. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after **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 Company's satisfaction: • Proof that the accident involved a definite source of the HIV infected fluids; • Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and • HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded. This benefit is only payable when the occupation of the insured is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and

• 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.		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.

6.24 Benign Brain Tumour		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Surgical Removal of Pituitary Tumour (by Transsphenoidal/Transnasal Hypophysectomy) The actual undergoing of surgical removal of a pituitary tumour by transsphenoidal / 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. Partial removal of pituitary	• 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	• Benign Brain Tumour Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met: • It 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

microadenoma (tumour of size 1cm or below in diameter) is specifically excluded.	pituitary by transsphenoidal hypophysectomy is excluded.	other reliable imaging techniques. The following are excluded: • Cysts; • Abscess; • Angioma; • Granulomas; • Vascular Malformations; • Haematomas; and • Tumours of the pituitary gland, spinal cord and skull base.
• 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.		

6.25 Severe Encephalitis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Encephalitis Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) requiring hospitalisation. The diagnosis must be confirmed by a consultant neurologist and supported by any confirmatory diagnostic tests. Encephalitis caused by HIV infection is excluded.	• 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 hospitalisation 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 by any confirmatory diagnostic tests. Encephalitis caused by HIV infection is excluded.	• Severe Encephalitis Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in **permanent neurological deficit** which must be documented for at least 6 weeks. This diagnosis must be certified by a consultant neurologist, and supported by any confirmatory diagnostic tests. Encephalitis caused by HIV infection is excluded.

6.26 Severe Bacterial Meningitis		
Early Stage	**Intermediate Stage**	**Advanced 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.	• 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 hospitalisation 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. Bacterial meningitis in the presence of HIV infection is excluded.	• Severe Bacterial Meningitis Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and **permanent neurological deficit**. The neurological deficit must persist for at least 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.

6.27 Blindness (Irreversible Loss of Sight)		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Irreversible 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 6/60 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.	• 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	• Blindness (Irreversible Loss of Sight) Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be

Blindness resulting from alcohol or drug misuse will be excluded.	of sight must be certified by an ophthalmologist. Optic nerve atrophy resulting from alcohol or drug misuse will be excluded.	confirmed by an ophthalmologist. The blindness must not be correctable by surgical procedures, implants or any other means.

6.28 Major Head Trauma		
Early Stage	**Intermediate Stage**	**Advanced 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 hospitalisation 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	• 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. Self-inflicted injuries, alcohol or drug abuse are excluded.	• Major Head Trauma Accidental head injury resulting in **permanent neurological deficit** to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident” means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head Injury. The following are excluded: • Spinal cord injury; and • Head injury due to any other causes.

other cause and is the sole cause of the head injury. Self-inflicted injuries, alcohol or drug abuse are excluded.		

6.29 Paralysis (Irreversible Loss of Use of Limbs)		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Total and Irreversible Loss of use of at least One Entire Limb 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.	• The Medically Necessary Amputation of One Limb above the Knee or Elbow The medically necessary amputation of one limb above the knee or elbow. Self-inflicted injuries are excluded.	• Paralysis (Irreversible Loss of Use of Limbs) 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.

6.30 Progressive Scleroderma		
Early Stage	**Intermediate Stage**	**Advanced 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 or equivalent confirmatory test and serological evidence. The following are excluded: • Localised scleroderma (linear scleroderma or morphoea); • Eosinophilic fasciitis; and • CREST syndrome.	• 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 or equivalent confirmatory test 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 oesophagus. There must also	• Progressive Scleroderma A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally confirmed by a consultant rheumatologist and supported by biopsy or equivalent confirmatory test, and serological evidence, and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys. The following are excluded:

	be telangiectasia (dilated capillaries) and Raynaud's Phenomenon causing artery spasms in the extremities. The following are excluded: • Localised scleroderma (linear scleroderma or morphoea); and • Eosinophilic fasciitis.	• Localised scleroderma (linear scleroderma or morphoea); • Eosinophilic fasciitis; and • CREST syndrome.

6.31 Persistent Vegetative State (Apallic Syndrome)		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not Applicable.	Not Applicable.	• Persistent Vegetative State (Apallic Syndrome) Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for at least one month.

6.32 Systemic Lupus Erythematosus with Lupus Nephritis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not Applicable.	Not Applicable.	• Systemic Lupus Erythematosus with Lupus Nephritis The unequivocal diagnosis of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the

		kidneys (Class III to Class VI Lupus Nephritis, established by renal biopsy, and in accordance with the RPS/ISN classification system). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology. The RPS/ISN classification of lupus nephritis: Class I: Minimal mesangial lupus nephritis Class II: Mesangial proliferative lupus nephritis Class III: Focal lupus nephritis (active and chronic; proliferative and sclerosing) Class IV: Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global) Class V: Membranous lupus nephritis Class VI: Advanced sclerosis lupus nephritis

6.33 Other Serious Coronary Artery Disease		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Coronary Artery Disease The narrowing of the lumen of two or three coronary arteries by a minimum of 60%, as proven by	Not Applicable.	• Other Serious Coronary Artery Disease The narrowing of the lumen of at least one coronary artery by a

invasive 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. Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition. Coronary arteries herein refer to right coronary artery, left main stem, left anterior descending and left circumflex, but not their branches. 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**.		minimum of 75% and of two others by a minimum of 60%, as proven by invasive coronary angiography, regardless of whether or not any form of coronary artery surgery has been performed. Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.

6.34 Poliomyelitis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not Applicable.	Not Applicable.	• Poliomyelitis The occurrence of Poliomyelitis where the following conditions are met: • Poliovirus is identified as the cause, • Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months. The diagnosis must be confirmed by a consultant neurologist or **specialist** in the relevant medical field.

6.35 Loss of Independent Existence		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not Applicable.	Not Applicable.	• Loss of Independent Existence A condition as a result of a disease, illness or injury whereby the insured is unable to perform (whether aided or unaided) at least 3 of the 6 **"Activities of Daily Living"**, for a continuous period of 6 months. This condition must be confirmed by the company's approved doctor. Non-organic diseases such as neurosis and psychiatric illnesses are excluded. For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

6.36 Chronic Adrenal Insufficiency (Addison’s Disease)		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not Applicable.	Not Applicable.	• Chronic Adrenal Insufficiency (Addison’s Disease) An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for lifelong 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 hypoglycaemia 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.

6.37 Cardiomyopathy (Class IV)		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not Applicable.	• 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, dyspnoea, or anginal pain. Class II: Slight limitation of physical activity.	• 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, dyspnoea, or anginal pain.

	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.	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.

6.38 Medullary Cystic Disease		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not Applicable.	Not Applicable.	• Medullary Cystic Disease Medullary Cystic Disease where the following criteria are met: • the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis; • clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and • the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

		Isolated or benign kidney cysts are specifically excluded from this benefit.

6.39 Tuberculosis Meningitis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not Applicable.	Not Applicable.	• Tuberculosis Meningitis Tuberculosis Meningitis refers to meningitis proven to be caused by mycobacterium tuberculosis that causes a **permanent neurological deficit** that results in either: • severe cognitive impairment documented by standard neuropsychological that results in the need for continuous supervision; or • physical impairment that results in a permanent inability to perform at least one (1) of the six (6) **"Activities of Daily Living"**. Meningitis occurring in the presence of HIV infection is excluded.

6.40 Progressive Supranuclear Palsy		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Less Severe Progressive Supranuclear Palsy A degenerative neurological disease characterised by supranuclear gaze paresis, pseudobulbar palsy, axial rigidity and dementia.	Not Applicable.	• Progressive Supranuclear Palsy Supranuclear Palsy occurring independently of all other causes and resulting in a **permanent neurological deficit**, which is directly responsible for a permanent inability to perform

The unequivocal diagnosis of Less Severe Progressive Supranuclear Palsy must be confirmed by a consultant neurologist. The condition must result in the permanent inability to perform, without assistance, at least two (2) out of six (6) **"Activities of Daily Living"**. These conditions have to be medically documented for at least 30 consecutive calendar days.		at least three (3) of the six (6) **"Activities of Daily Living"**. The diagnosis of Progressive Supranuclear Palsy must be confirmed by a **specialist** who is a consultant neurologist.

6.41 Elephantiasis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not Applicable.	Not Applicable.	• Elephantiasis The end-stage lesion of filariasis, characterised by massive swelling in the tissues of the body as a result of obstructed circulation in the blood or lymphatic vessels. Unequivocal diagnosis of Elephantiasis must be: • clinically confirmed by a **specialist** in the appropriate medical specialty; and • supported by laboratory confirmation of microfilariae Lymphedema caused by infection with any other disease(s), trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

6.42 Infective Endocarditis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Less Severe Infective Endocarditis Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met: • Positive result of the blood culture proving presence of the infectious organism(s); • Presence of at least mild heart valve incompetence (heart valve regurgitant) or mild heart valve stenosis attributable to Infective Endocarditis; and • The unequivocal diagnosis and the severity of valvular impairment are confirmed by a consultant cardiologist and supported by echocardiogram or other reliable imaging technique.	Not Applicable.	• Infective Endocarditis Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met: • Positive result of the blood culture proving presence of the infectious organism(s); • Presence of at least moderate heart valve incompetence (heart valve regurgitant) or moderate heart valve stenosis attributable to Infective Endocarditis; and • The unequivocal diagnosis and the severity of valvular impairment are confirmed by a consultant cardiologist and supported by echocardiogram or other reliable imaging technique

6.43 Multiple Root of Brachial Plexus Injury		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not Applicable.	Not Applicable.	• Multiple Root of Brachial Plexus Injury The complete and permanent loss of use and sensory functions of an upper extremity caused by injury of two (2) or more nerve roots of the brachial plexus through accident or disease. Complete injury of two (2) or more nerve roots should be confirmed by electrodiagnostic study or imaging technique done by physiatrist or consultant neurologist.

6.44 Surgery for Idiopathic Scoliosis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not Applicable.	Not Applicable.	• Surgery for Idiopathic Scoliosis The unequivocal diagnosis of idiopathic scoliosis is confirmed by an orthopaedic surgeon. This scoliosis condition means that the spine curvature angle is equal or more than 40 Cobb angle degree. Surgery to correct abnormal spine curvature to its normal shape (as a straight line viewed from the back) is actually performed. The following conditions are excluded: • Scoliosis due to injury or other disease • Kyphosis • Lordosis

6.45 Idiopathic Pulmonary Fibrosis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not Applicable.	Not Applicable.	• Idiopathic Pulmonary Fibrosis Chronic, progressive form of interstitial lung disease characterised by fibrosis and worsening of lung function. The diagnosis must be supported by evidence of all of the following: • Lung function test consistently showing FVC ≤50% and DLCO ≤35% of predicted value. • Permanent supplementary oxygen therapy of at least eight (8) hours per day.

		• The unequivocal diagnosis must be confirmed with lung biopsy and by a **specialist** in respiratory medicine.

6.46 Resection of the whole small intestine (duodenum, jejunum and ileum)		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not Applicable.	Not Applicable.	• Resection of the whole small intestine (duodenum, jejunum and ileum) Complete surgical removal of the whole small intestine including the duodenum, jejunum and ileum as a result of illness or an accident of the insured. Partial removal of the small intestine is excluded in this benefit.

6.47 Brain Surgery		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not Applicable.	Not Applicable.	• Brain Surgery Brain surgery refers to the actual undergoing of a craniotomy and medically necessary surgery to the brain under general anaesthesia on the recommendation by a qualified **specialist** in the relevant field. Brain Surgery as a result of an accident or burr hole surgery solely to remove a blood clot is excluded. Procedures performed through radiosurgery and endovascular procedures is excluded. This benefit is excluded if payment is done under **Benign Brain**

		Tumour condition or **Major Head Trauma**.

6.48 Creutzfeldt-Jakob Disease		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Less Severe Creutzfeldt-Jakob Disease An incurable brain infection that causes rapidly progressive deterioration of mental function and movement, which is unequivocally diagnosed by a consultant who is a consultant neurologist as Creutzfeldt-Jakob Disease based on clinical assessment and • Electroencephalography (EEG) or • imaging or • lumbar puncture. Disease caused by human growth hormone treatment is excluded.	• Moderately Severe Creutzfeldt-Jakob Disease The occurrence of Creutzfeldt-Jakob Disease or Variant Creutzfeldt-Jakob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform at least two (2) of the six (6) **"Activities of Daily Living"**. Disease caused by human growth hormone treatment is excluded.	• Creutzfeldt-Jakob Disease The occurrence of Creutzfeldt-Jakob Disease or Variant Creutzfeldt-Jakob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform at least three (3) of the six (6) **"Activities of Daily Living"**. Disease caused by human growth hormone treatment is excluded.

6.49 Acquired Brain Damage		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not Applicable.	Not Applicable.	• Acquired Brain Damage Acquired brain damage refers to a condition where all of the following conditions must be met: • the insured has attained the age of four (4) years old or above; • brain imaging studies and neuro-psychological testing appropriate to the insured's age have confirmed the presence of moderate to severe brain damage; and • the development of the insured is delayed by the equivalent of at least two (2) years and there is a need for special childcare and special schooling as confirmed by a **specialist** in the relevant field. Brain damage as a result of congenital causes is excluded. Coverage will end on the policy **anniversary** occurring on or immediately following the insured's twenty-first (21st) birthday.

6.50 Adrenalectomy for Adrenal Adenoma		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not Applicable.	Not Applicable.	• Adrenalectomy for Adrenal Adenoma The actual undergoing of Adrenalectomy for treatment of poorly controlled systemic hypertension that was secondary to an aldosterone secreting adrenal adenoma and was uncontrolled by medical therapy. The adrenalectomy would have to be deemed necessary for the management of poorly controlled hypertension by a **specialist**.

6.51 Biliary Atresia having undergone Liver Transplantation		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Biliary Atresia (on diagnosis) Biliary atresia (BA) is a progressive, idiopathic, fibro-obliterative disease of the extra-hepatic biliary tree that presents with biliary obstruction. The Diagnosis should be confirmed by a gastroenterologist with supporting evidence including imaging, laboratory tests and liver biopsy. Biliary atresia due to other disease is excluded.	Not Applicable.	• Biliary Atresia having undergone Liver Transplantation Biliary atresia (BA) is a progressive, idiopathic, fibro-obliterative disease of the extra-hepatic biliary tree that presents with biliary obstruction and has undergone liver transplantation or is on a registered liver transplantation waiting list. The diagnosis should be confirmed by a gastroenterologist with supporting evidence including imaging, laboratory tests and liver biopsy. Biliary atresia due to other disease is excluded.

6.52 Chronic Auto-Immune Hepatitis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not Applicable.	Not Applicable.	• Chronic Auto-Immune Hepatitis A chronic necro-inflammatory liver disorder of unknown cause associated with circulating autoantibodies and a high serum globulin level. The diagnosis must be based on all of the following criteria: • hypergammaglobulinemia • the presence of at least one of the following autoantibodies: – Anti-Nuclear Antibody; – Anti-smooth muscle antibodies; – Anti-actin antibodies; – Anti-LKM-1 antibodies; – Anti-LC1 antibodies; or – Anti-SLA/LP antibodies • Liver Biopsy confirmation of the Diagnosis of autoimmune hepatitis This is only covered if the insured is treated with Immunosuppressive therapy for six (6) months duration or is documented to be under the care of **specialist** in gastroenterology or hepatology for six (6) months duration.

6.53 Generalised Tetanus		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not Applicable.	Not Applicable.	• Generalised Tetanus Tetanus is an illness characterised by an acute onset of hypertonia, painful muscular contractions (including but not limited to the muscles of the jaw and neck) and generalised muscle spasms caused by tetanus toxin that is produced by Clostridium tetani bacterium infection. The diagnosis of Generalised Tetanus due to tetanus toxin must be confirmed by a **specialist**. All the following criteria must be met to qualify for this benefit: (a) Constant mechanical ventilation is instituted for at least three (3) days as a medically necessary treatment for Generalised Tetanus due to tetanus toxin; and (b) Tetanus immune Globulin is administered.

6.54 Occupationally Acquired Hepatitis B or C		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not Applicable.	Not Applicable.	• Occupationally Acquired Hepatitis B or C Infection with the Hepatitis B or C virus 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, provided that

		all of the following are proven to **our** satisfaction: • Proof of the accident giving rise to the infection must be reported to **us** within thirty (30) days of the accident taking place; • Proof that the accident involved a definite source of the Hepatitis B or C infected fluids; • There is a need for antiviral therapy as a consequence of proven sero-conversion; and • Hepatitis B or C 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. **We** would not be liable if there had been failure to observe any proper defined procedural practice or occupation required vaccination practices.

6.55 Myasthenia Gravis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Myasthenia Gravis An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and	Not Applicable.	Not Applicable.

fatigability, where all of the following criteria are met: (a) Presence of permanent muscle weakness categorised 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 categorisation are confirmed by a **specialist** 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.		

6.56 Necrotising Fasciitis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Necrotising Fasciitis 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.	Not Applicable.	Not Applicable.

7 Definition of special and mental benefits

7.1 Angioplasty and Other Invasive Treatment for Coronary Artery	The actual undergoing of balloon angioplasty or similar intra-arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularization must be considered medically necessary by a consultant cardiologist. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. Diagnostic angiography is excluded..

7.2 Benign Tumour and Borderline Malignant Tumour

Benign Tumour

An actual undergoing of a complete surgical excision of a Solid Tumour and such tumour is confirmed by histopathological examination in writing by a registered pathologist as a non-cancerous benign tumour of the following organs listed below in the Specified Organs:

Specified Organs			
1	Heart	12	Pituitary gland
2	Liver	13	Small intestine
3	Lung	14	Testis
4	Pancreas	15	Breast
5	Pericardium	16	Ovary
6	Ureter	17	Penis
7	Adrenal Gland	18	Uterus (cover endometrial polyps only)
8	Bone	19	Nasopharynx
9	Conjunctiva	20	Oesophagus
10	Kidney	21	Oral Cavity
11	Nerve in cranium or spine	22	Gallbladder

The following conditions must be fulfilled:

- The decision for excision of tumour must be recommended in writing by a **specialist** which the tumour is considered to have a suspicion of malignancy according to appropriate medical evidence after full and appropriate investigations and must be in accordance with accepted medical protocols and based on clinical, imaging and any histopathological evidence. All related documentations regarding the need for the complete excision of tumour must be provided to **us**;
- tumour is completely removed; and

	• evidence of non-cancerous benign tumour confirmed by histopathological examination after surgical excision.
	
	Where there is any doubt about the indication for a complete excision of tumour, **we** reserve the right to obtain an independent opinion from a **specialist**.
	
	The below conditions are specifically excluded:
	• surgery for ovarian cysts including but not limited to simple cysts, endometrial cysts (endometriomas) of the ovary;
	• surgery for removal of tumours in organs not listed in the Specified Organs above or surgery for removal of gall bladder, gall stones, kidney stones, benign hormone secreting tumours of the adrenal glands;
	• tumour without biopsy performed after operation; and
	• surgery for the following causes in all organs:
	  • High grade dysplasia, lipoma, haemangioma, non-solid tumours including simple cysts; or
	  • Tumours which were clearly established as benign or of low malignant potential on radiological criteria or biopsy; or
	  • Partial excision of tumour or other procedures including open or closed biopsies, needle aspiration biopsy or cytology, aspiration, embolization or any procedure to reduce tumour size.
	
	"Solid Tumour" means an abnormal mass of tissue, which is not cyst and generally does not contain liquid. Solid Tumour shall exclude polyp(s).
	
	Borderline Malignant Tumour
	
	A tumour which, on morphologic grounds, cannot be classified histopathologically nor designated with certainty as benign or malignant. The nature of the tumour has to be confirmed by registered pathologist or consultant oncologist with histopathological report and classified as morphological code 8000/1 according to International Classification of Diseases for Oncology (ICD-0-3).
	
	Tumours from the following organs are excluded from this benefit: skin, prostate and thyroid.

7.3 **Diabetic Complications**	Diabetic Complications cover the following conditions only: • 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/1.73m^2 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.

7.4 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 Organization 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 the six **"Activities of Daily Living"**.

7.5 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.

7.6 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 mm^3); • Haemoconcentration (haematocrit 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 **specialist**, with the following criteria being met: - Hypotension (less than 80 mm Hg) or narrow pulse pressure (20mm Hg or less); and - Evidence of tissue hypoperfusion such as cold, clammy skin, oliguria, or a metabolic acidosis.

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 **specialist** in the relevant field and supported by a histopathological examination.

7.11 **Zika**	The clinical diagnosis of Zika Virus Infection must be established and confirmed with the positive isolation of Zika virus, requiring hospitalisation and certified by an Infectious Disease **specialist**.

7.12 **Chikungunya Fever**	The definite diagnosis of Chikungunya fever must be confirmed with the positive isolation of Chikungunya Virus, requiring hospitalisation and certified by the **specialist** in the relevant field.

7.13 **Chronic Relapsing Pancreatitis**	More than three (3) 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 Cholangiopancreatography (ERCP). Chronic Relapsing Pancreatitis caused by alcohol use is excluded.

7.14 Hysterectomy due to Cancer	Radical Hysterectomy means the actual undergoing of surgical removal of all of the following organs: uterus, cervix, vagina, ovaries, fallopian tubes, regional lymph nodes and tissue in the pelvic cavity as a result of Cancer of the uterus, ovary(ies), vagina, fallopian tube(s) or endometrium.
	The Cancer is positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.
	The following is excluded:
	– All tumours which are histologically classified as any of the followings:
	  – Having any degree of malignant potential;
	  – Having suspicious malignancy;
	  – Neoplasm of uncertain or unknown behaviour; or
	  – Having borderline malignancy;
	– All tumours in the presence of HIV infection.

7.15 Age-related Macular Degeneration with Visual Impairment	Age-related Macular Degeneration with Visual Impairment must be diagnosed by an ophthalmologist or a **specialist** in the relevant field and must have undergone laser photocoagulation or photodynamic therapy. Visual impairment due to alcohol or drug or substance misuse is excluded.

7.16 Severe Presbycusis (Age-related Hearing Loss)	Irreversible symmetrical loss of sensorineural hearing with loss of at least 60 decibels in all audible frequencies (500,1000,2000,4000 Hz) of hearing in both ears and as a result of age degeneration that requires treatment with a hearing aid. Medical evidence in the form of an audiometry and sound-threshold test must be provided, and the diagnosis of loss of hearing must be confirmed by a **specialist** who is an ear, nose and throat (ENT) **specialist**.

7.17 Urinary Incontinence requiring Surgical Repair	Urinary Incontinence requiring Surgical Repair is a condition where all the following diagnostic conditions are met: (a) Urinary Incontinence has been diagnosed and under the management of a **specialist** for at least 6 (six) months during which time, there has been a need for continuous incontinence medical treatment; and (b) Medically Necessary surgical repair has been undertaken for the sole purpose of correcting the incontinence. This benefit is not payable if Urinary Incontinence was diagnosed before the **cover start date** of this benefit or date of reinstatement (if any). Surgery that

	includes treatment for other pathology including a hysterectomy for uterus pathology or dysfunction does not meet this condition.

7.18 **Major Depressive Disorder of Specified Severity**	A severe mental disorder characterized by a persistent feeling of sadness and loss of interest, with clinically significant distress or impairment in social, occupational, or other important areas of functioning. The diagnosis of MDD must fulfil all of the following criteria: • Diagnosis of MDD must be confirmed by a **Psychiatrist** based on the Diagnostic and Statistical Manual of Mental Disorders (DSM), 5th Edition-Text Revision (DSM-5-TR) or any subsequent DSM update or alternative criteria that supersedes DSM; and • Either • Must have received electroconvulsive therapy (ECT), which is conducted by a **Psychiatrist**; or • Required in-patient hospitalization for more than 28 consecutive days in a psychiatric unit of a hospital within Singapore only.

7.19 **Schizophrenia**	A psychotic disorder that is characterized by major disturbances in cognitive functioning, emotion and behaviour. The diagnosis must fulfil all of the following criteria: • Diagnosis of schizophrenia must be confirmed by a **Psychiatrist** according to Diagnostic and Statistical Manual of Mental Disorders (DSM), 5th Edition-Text Revision (DSM-5-TR) or any subsequent DSM update or alternative criteria that supersedes DSM. • Must have received antipsychotic medication therapy without interruption for a period of at least 180 days after diagnosis.

7.20 **Bipolar disorder**	Also known as manic-depressive illness, is a mental disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks. The diagnosis must fulfil all of the following criteria: • Diagnosis of bipolar disorder must be confirmed by a **Psychiatrist** according to Diagnostic and Statistical Manual of Mental Disorders (DSM), 5th Edition-Text Revision (DSM-5-TR) or any subsequent DSM update or alternative criteria that supersedes DSM.

	• Must have received specific medication therapy, which is mood stabilizers or atypical antipsychotics or antidepressants, without interruption for a period of at least 180 days after diagnosis.

7.21 **Severe Obsessive compulsive disorder**	A chronic and long-lasting disorder characterized by both obsessions and compulsions, and has resulted in marked impairment in social or occupational functioning. The diagnosis of OCD must fulfil all of the following criteria: • Diagnosis of OCD must be confirmed by a **Psychiatrist** based on the Diagnostic and Statistical Manual of Mental Disorders (DSM), 5th Edition-Text Revision (DSM-5-TR) or any subsequent DSM update or alternative criteria that supersedes DSM. • The OCD must be classified as "severe" or "extreme" under the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) / Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCS) (for child or adolescent) scale which is assessed by the **Psychiatrist**. • Must have received psychiatric medication without interruption for a period of at least 180 days after diagnosis.

7.22 **Severe Tourette's Disorder (below 21 years old)**	A neurological condition (affecting the brain and nervous system), characterized by a combination of involuntary noises and movements called tics with an onset before the age of 18. The diagnosis must fulfil all the following criteria: • The diagnosis of Tourette's Disorder must be confirmed by a **Psychiatrist** based on the Diagnostic and Statistical Manual of Mental Disorders (DSM), 5th Edition-Text Revision (DSM-5-TR) or any subsequent DSM update or alternative criteria that supersedes DSM. • The condition must have persisted for more than 1 year since the first tic onset. • Must have received Tourette's Disorder specific pharmacological interventions beyond education, counseling, supportive care, or habit reversal training. This includes alpha adrenergic agonists, dopamine antagonist, topiramate, or botulinum toxin injection, or surgical treatment.

8 Definition of Juvenile benefit

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 **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 **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 **specialist** in the relevant field.

8.3 Insulin Dependent Diabetes Mellitus	Insulin Dependent Diabetes Mellitus refers to a condition where all of the following diagnostic conditions must be met: − there is an on-going absence of insulin production by the pancreas due to autoimmune disease; − exogenous insulin administration is Medically Necessary to maintain normal glucose metabolism as diagnosed by a consultant endocrinologist; and − the condition has been present for at least 6 months.

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 **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 **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 **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 characterised by progressive liver disease and/or neurologic deterioration due to copper deposit. The diagnosis must be confirmed by a **specialist** 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 leucocytosis, 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 **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 **specialist** who is a paediatric **psychiatrist** of intellectual impairment directly resulting from a newly diagnosed sickness or injury and independently of any other cause(s), where all of the following conditions are met: (a) The insured suffers from impaired general intellectual functioning, mental handicap, or learning disorder, as determined by a paediatric neuro-psychological assessment; and the insured's treating paediatric **psychiatrist** certifies that such condition is caused by the said sickness or injury; (b) An IQ below 70, as established with either of the standardised IQ tests - "Raven's Progressive Matrices" or "Wechsler Intelligence Scale for Children"; (c) The insured is age seven 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 hospitalisation of the insured because of Intellectual Impairment due to Sickness or Injury. This benefit is not payable if the condition was diagnosed due, directly or indirectly, to any congenital, genetic and/or hereditary defect, abnormalities, condition or disease; or any birth defect.

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.

8.11 Sanfilippo Syndrome	A rare autosomal recessive lysosomal storage disease. It is caused by a deficiency in one of the enzymes needed to break down the glycosaminoglycan (GAG) heparan sulphate. This leads to the progressive degeneration of the central nervous system. The diagnosis must be confirmed by **specialist** paediatrician.

8.12 Bile Acid Synthesis Disorder	Congenital deficiency of enzymes responsible for synthesis of bile acids. This will result in interruption of bile flow from liver (cholestasis), malabsorption of vitamins, neurological and liver disorders. The diagnosis must be confirmed by **specialist** paediatrician with appropriate tests. Secondary causes for bile acid synthesis disorder are specifically excluded.

8.13 Pyruvate Dehydrogenase Complex Deficiency	A genetic mutation causing deficient in pyruvate dehydrogenase enzyme in the body which affects cell metabolism and failure of energy generated from nutrients consumed. The diagnosis must be confirmed by **specialist** paediatrician.

8.14 Antley Bixler Syndrome	A rare, very severe autosomal recessive congenital disorder characterised by malformations and deformities affecting the majority of the skeleton and other areas of the body. The diagnosis must be confirmed by **specialist** paediatrician.

8.15 **Beta Thalassemia Major**	A severe form of inherited disorder of manufacturing haemoglobin in the body. It results in severe anaemia requiring continuous periodic blood transfusion for survival. The diagnosis must be confirmed by **specialist** paediatrician with appropriate tests.

8.16 **Autism of Specified Severity**	A severe developmental disorder of childhood characterised by qualitative impairment in reciprocal social interaction and in communication, language and social development. Benefit is payable upon meeting all of the following criteria: • Conclusive diagnosis of Autism Spectrum Disorder (ASD) with the use of standardised tests including DSM-5 by a multi-disciplinary team of developmental paediatrician, child psychologist, and clinical psychologist; • The ASD must be certified to be of the severe type where the child has marked intellectual disability (IQ <50) along with either significant permanent motor deficits and/or epilepsy disorder; • The child is currently on pharmacologic and non-pharmacologic treatment regime for ASD as prescribed and recommended by the multidisciplinary team of developmental paediatrician, child psychologist, and clinical psychologist. Alternative interventions including but not limited to homeopathy, EEG, biofeedback, and neurofeedback are not considered under non-pharmacologic treatment for ASD; and • The child is currently enrolled in a qualified specialised centre in Singapore to manage the child's ASD-related issues as recommended by the paediatrician or psychologist.

8.17 **Rabies**	An infection by Rabies virus associated with all of these following signs and symptoms of Rabies namely muscle fasciculations, delirium, psychosis, seizures and aphasia. **We** will not pay for this Infectious Disease Benefit if the insured undergoes only the prophylactic post exposure vaccination, without having developed the aforementioned symptoms.