

GREAT Critical Cover: Top 3 Cls

Policy Conditions

This is a contract of insurance issued by The Great Eastern Life Assurance Company Limited ("the Company").

The Company will pay the benefit(s) in exchange for the premium(s) **you** pay if it is satisfied that the event for which the benefit(s) is/are payable and the title of the person claiming payment, has been proven, subject to the terms and conditions set out in this policy.

SAMPLE

What the policy covers

Benefits

1. Critical Illness Benefit

If the life assured is diagnosed with early stage, intermediate stage or critical stage **major cancer, heart attack of specified severity or stroke with permanent neurological deficit** (defined in Annex 1) during the term of the policy, **we** will pay the following benefit (depending on whether Protect Me Again: Top 3 CIs Rider forms part of the policy):

<i>If Protect Me Again: Top 3 CIs Rider does not form part of the policy</i>	We will pay the basic sum assured or total premium paid, whichever is higher, in one lump sum. The policy will end when we make this payment.
<i>If Protect Me Again: Top 3 CIs Rider forms part of the policy and is in force</i>	We will pay the basic sum assured in one lump sum for the first eligible Critical Illness claim admitted under this policy. This policy and Protect Me Again: Top 3 CIs Rider will continue to remain in force after a claim has been paid.

We only cover the conditions of or medical procedures undergone for **major cancer, heart attack of specified severity or stroke with permanent neurological deficit** that **we** define in this policy. The full definition of an early stage, intermediate or critical stage **major cancer, heart attack of specified severity or stroke with permanent neurological deficit** covered and the circumstances in which **you** can claim are given in Annex 1 of this policy.

2. Compassionate Benefit

If the life assured dies while the policy is in force, **we** will pay S\$25,000. The policy will then end.

When benefits are not payable

1. Critical Illness Benefit

We will not pay the **Critical Illness Benefit** if your claim arises directly or indirectly from:

- a self-inflicted injury, while sane or insane;
- deliberate misuse of alcohol or drugs;
- any congenital anomaly or defect;
- a provoked assault;
- donation of any of the life assured's organs;
- an early stage, intermediate stage or critical stage **major cancer, heart attack of specified severity or stroke with permanent neurological deficit** where the life assured did not survive for 7 days after its diagnosis or after undergoing a covered medical procedure;
- an early stage, intermediate stage or critical stage **major cancer or heart attack of specified severity** where the diagnosis is made, or the covered medical procedure takes place within, 90 days from the **cover start date**; or
- **"Pre-existing Condition"**.
Pre-existing Condition refers to any condition that existed before the **cover start date** of this policy for which:
 - the life assured had symptoms of that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or
 - medical advice or treatment was recommended by or received from a **medical practitioner**.

The total amount of benefits payable by **us** for critical illness is limited to S\$3,000,000 under this policy and all policies and riders issued by **us** on the same life assured.

The total amount of benefits payable by **us** for critical illness at the early stage and/or intermediate stage is limited to the **early stage and/or intermediate stage critical illness limit**.

2. Compassionate Benefit

We will not pay the **Compassionate Benefit** if death is due to suicide, while sane or insane, within 12 months from the **cover start date** of the policy.

Making a claim

To make a claim for **Critical Illness Benefits or Compassionate Benefit**, **we** must be informed in writing on forms that **we** provide, within 6 months after the diagnosis or the event giving rise to a claim.

To make a claim for the **Critical Illness Benefit** under this policy, **we** must be provided with satisfactory proof. **You** must provide adequate medical evidence and any other evidence that **we** request in order to process **your** claim. Every diagnosis must be supported by acceptable clinical, radiological, histological and laboratory evidence and confirmed by a registered **medical practitioner**. **We** may ask the life assured to have a medical examination by a doctor **we** have appointed for the conditions that **you** are claiming for.

- If the life assured is diagnosed with more than 1 critical illness or if **you** submit more than 1 claim under different stages of the same critical illness at the same time, **we** will only pay 1 claim for the critical illness diagnosed as the most severe stage of critical illness or 1 claim for the critical illness which is diagnosed earlier, if the critical illnesses are at the same stage, upon the admission of the claim.
- For those organs with both left and right components (including but not limited to breast, kidney, ovary, lung and testis), the left component and right component of that organ shall be considered as one and the same organ. If life assured is diagnosed with more than 1 critical illness in any of these paired organs during the same event, though they may exist in different stages or forms, **we** will admit only 1 claim.

To make a claim for the **Compassionate Benefit** under this policy, **your** legal representative must provide adequate medical evidence and any other evidence that **we** request in order to process **your** claim.

You or **your** legal representative are responsible for all costs involved in providing the medical reports and any other evidence that **we** request.

Before **we** pay any benefit,

- **we** will deduct an amount equal to the remaining premiums due for that **policy year** and any amounts owing to **us**, from the benefits payable.
- **you** must prove the date of birth of the life assured to **us** before **we** are required to pay any benefit under the policy. If the life assured's age is understated, **we** will pay the benefits that the premium paid would have bought according to the rate at the actual age. If the life assured's age is overstated, **we** will refund any excess of premium paid.

Premiums

You have to pay all premiums on or before the due dates without **us** informing **you** that a premium is due. The policy will continue to be in force as long as the premiums are paid annually in advance. **We** will also allow the premiums to be paid by instalments at such frequency as may be permitted by **us** from time to time.

You will have 30 days as grace period after the premium due date to pay for the premium of this policy. If **we** are due to pay any benefits during the grace period, **we** will deduct the unpaid premiums due for that **policy year** from the benefits.

If **you** still have not paid the unpaid premiums at the end of the grace period, the policy will end.

In the event that **we** receive **your** written request to cancel this policy, **we** will end **your** policy from the next premium due date and **we** will not refund any unused premiums.

At each **policy anniversary**, the premium will vary and is based on age next birthday of the life assured at **policy anniversary**, as illustrated in the enclosed Policy Illustration.

The premium that **you** pay for this policy is not guaranteed and may be revised from time to time in accordance with the terms of this policy. **We** may adjust subsequent premiums and hence premiums may differ from the illustration in **your** Policy Illustration. **We** will give **you** at least 45 days' notice before the amended premium will apply.

Making changes to your policy

You may apply in writing to **us** to:

- increase the policy's **basic sum assured** within the first **policy year**;
- reduce the policy's **basic sum assured**; or
- change the **premium frequency**.

We will reject the application for change in **basic sum assured**:

- if **you** choose to reduce the **basic sum assured** to an amount lower than the minimum amount allowed by **us**;
- if **you** choose to increase the **basic sum assured** to an amount higher than the maximum amount allowed by **us**;
- if **you** choose to change the **basic sum assured** to an amount not in the multiples allowed by **us**; or
- depending on outcome after **we** assess the health and/or financial information provided during such application.

We will notify **you** in writing as to whether the application is rejected or approved. Where the application is approved, where applicable:

- **we** will revise the premium to this policy to correspond with the revised **basic sum assured** ("**revised premium**");
- **we** will issue an endorsement to this policy to reflect the new **basic sum assured**, the **revised premium** and the effective date of the change;
- the rider sum assured of Protect Me Again: Top 3 CI Rider (if applicable) as shown in the Schedule to this policy shall be revised to correspond with the new **basic sum assured**;
- **we** will issue an endorsement to this policy to reflect the new premium frequency and the effective date of change; and
- rider premiums will also be revised accordingly.

Any request, notice, instruction or correspondence required under the policy whether to **us** or **you** have to be in writing and will be delivered personally or sent by courier, or by post, or facsimile transmission or electronic mail addressed to the addressee or by any other means as approved or adopted or accepted by **us**. **Your** mailing address is that stated in the proposal or any other address that **you** have informed **us** in writing.

Our notice, request, instruction or correspondence is presumed to be received:

- in the case of a letter, on the 7th day after posting if posted locally, and on the 14th day after posting, if posted overseas;
- in the case of personal delivery or delivery by courier, on the day of delivery;
- in the case of a facsimile transmission or electronic mail, on the business day immediately following the day of despatch; or
- in the case of other means as approved, adopted or accepted by **us**, on the day that **we** decide is reasonable to receive the notice, request, instruction or correspondence.

Termination

The policy will be terminated on the earliest of the following:

- when the life assured dies;
- when **we** have paid the **Critical Illness Benefit** under this policy and Protect Me Again: Top 3 CIs Rider does not form part of the policy document;
- when **we** have paid the **Critical Illness Benefit** for 3 eligible **Critical Illness** claims which are admitted under this policy and Protect Me Again: Top 3 CIs Rider;
- when **we** do not receive the premium after the grace period;
- when **we** do not receive the premium for Protect Me Again: Top 3 CIs Rider (if applicable) after the grace period and prior **Critical Illness** claim(s) has(have) been admitted under the policy;
- when **we** receive a written request to terminate **your** Protect Me Again: Top 3 CIs Rider (if applicable) and prior Critical Illness claim(s) has(have) been admitted under the policy;
- when the policy has reached the end of the coverage as shown as date of expiry on the Schedule to this policy; or
- when **we** receive **your** written request to terminate this policy.

What you need to know about your policy

1. Residence, Occupation and Travel

This policy is free from restrictions as regards to residence, occupation and travel.

2. Free-look period

You have a 14-day free-look period starting from the day **you** receive **your** policy documents to review the documents carefully. During this time, if **you** choose to cancel **your** policy, **we** will refund **you** the premiums **you** have paid, less any medical fees and other expenses, such as payments for medical check-ups and medical reports, incurred by **us**. If **your** policy document is sent by post, **we** will assume it has been delivered and received 7 days after the date of posting.

3. Reinstatement

If this policy ends because **you** have not paid the premium, **you** may reinstate it within 6 months from the lapse date by paying for all the unpaid premiums along with accumulated interests that **we** charge up to the date of reinstatement. This applies if **you** are able to provide documented proof of the life assured's good health at **your** own costs. If there is any change in the health condition of the life assured up to the date of reinstatement, **you** have to inform **us** and reinstatement will occur only when **we** approve it.

4. Suicide

If the life assured dies by suicide, while sane or insane, within 1 year from the **cover start date**, this policy will be void. **We** will refund all premiums paid from the **cover start date** without interest, after deducting any amounts owing to **us**.

5. Indisputability

We will neither reject claims nor dispute the validity of this policy after 2 years from the **cover start date** of this policy, provided the life assured survives till the end of this 2 year period, unless there is/are:

- fraud;
- material non-disclosure and/or misrepresentation of a material fact that would have impacted acceptance of coverage;
- non-payment of premiums; or
- claims which would have been denied if arising from exclusions or are otherwise not covered under this policy.

6. Governing Law

This policy is governed by the laws of Singapore. The Courts of Singapore have exclusive jurisdiction for any disputes arising out of the policy.

7. Third Parties

You cannot assign or transfer this policy unless **you** tell **us** in writing in order for **us** to be bound by it. By receiving the notice of assignment, **we** are not responsible for checking the validity of the assignment.

In line with the Contracts (Rights of Third Parties) Act 2001, a person who is not a party to the policy shall have no right to enforce any of its terms.

Definitions

Basic sum assured

Refers to the basic sum assured for the base plan as set out in the Schedule to this Policy as may be revised from time to time in accordance with the terms of this Policy and/or a Rider.

Cover start date

The date:

- **we** issue the policy or the rider (as the case may be); or
- **we** reinstate the policy or the rider (as the case may be), whichever is later

In the event that **we** issue an endorsement to include or increase a benefit, **cover start date** of the endorsement is only applicable to the new or increase in benefit (as the case may be).

Critical Illness

Any of the critical illnesses as set out in Annex 1.

Date of commencement

The date of commencement of this policy as shown in the Schedule to this policy.

Early stage and/or intermediate stage critical illness limit

The maximum amount which **we** will pay for all claims relating to critical illness at the early and/or intermediate stage in respect of the same life assured, as set out in Endorsement No. 846.

Medical practitioner

A surgeon or physician who is:

- qualified by a degree in Western Medicine;
 - legally and duly qualified to practise medicine and surgery; and
 - authorised in the geographical area of his practice.
- The person must not be **you**, the life assured or a family member of either **yourself** or the life assured.

Policy anniversary

Any anniversary of the **date of commencement** while this policy remains in force.

Policy year

A period which starts on the **date of commencement** or any **policy anniversary**, and ends on the day immediately before the following **policy anniversary**.

Rider

Any rider attached to this policy that provides benefits as set out in the Schedule to this policy, or any endorsement that sets out additional benefits of this policy.

Total premium paid

The total premium amount **you** have paid since the commencement of this policy; this amount shall include premium loading (if any) and premium discount (if any).

In the event of a revision in the **basic sum assured** or any changes to the premium frequency (where applicable), the **total premium paid** will be re-calculated based on the prevailing premium and/or premium frequency, as if the change (in **basic sum assured** and/or premium frequency) takes place from inception.

We, us, our, the Company

The Great Eastern Life Assurance Company Limited.

You, your, yourself

The policyholder shown in the Schedule to this policy.

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Protect Me Again: Top 3 Cls Rider

Policy Conditions

This Supplementary Benefit of Protect Me Again: Top 3 Cls Rider is issued by The Great Eastern Life Assurance Company Limited.

Protect Me Again: Top 3 Cls Rider

The terms and conditions of the GREAT Critical Cover: Top 3 Cls Contract of Insurance ("the policy") apply to this rider, unless stated otherwise.

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Protect Me Again Benefit

The Protect Me Again Benefit will restore the **basic sum assured** of the policy to 100%, after **we** have paid the **Critical Illness Benefit** under the policy, for further admission of a maximum of **2 Subsequent Critical Illness** claims, subject to the prescribed waiting period(s).

Below is the table summarising the amount payable for any eligible **Subsequent Critical Illness** claims:

Eligible Claims	Amount Payable
1st Subsequent Critical Illness claim admitted	We will pay the basic sum assured.
2nd Subsequent Critical Illness claim admitted	<p>We will pay the following:</p> <ul style="list-style-type: none"> • Basic sum assured; or • Total premium paid less amount paid out previously under the Critical Illness Benefits of the policy and Subsequent Critical Illness benefits of this rider, <p>whichever is higher and the policy (including this rider) will end.</p>

Subsequent Critical Illness

A **Subsequent Critical Illness** benefit is a **Critical Illness Benefit**. A **Subsequent Critical Illness** claim must be for:

- A diagnosis or an occurrence of a covered **Critical Illness** of any **stage** (as defined in Annex 1) which is of a different **Critical Illness** from all previously-diagnosed **Critical Illness**(s) for which prior claim(s) had been paid out under the policy or this rider; or
- a **Recurrent Critical Illness** which can be either a **Subsequent Cancer, Subsequent Heart Attack, or Subsequent Stroke**. Definitions of the **Recurrent Critical Illnesses** are as follows:

Recurrent Critical Illnesses	Definitions
1. Subsequent Cancer	<p>Subsequent Cancer refers to another diagnosis of major cancer at any stage (as set out in Annex 1), which occurs after the immediately preceding cancer and subject to the prescribed waiting period(s), and must fall within one of the following classifications:</p> <ul style="list-style-type: none"> • A new primary cancer (or second primary cancer) at any stage that is of a different pathological and histological type to all prior cancer claims that we have paid under the policy or this rider and occurs in a different organ or site of origin. • A cancer progression (from early or intermediate stage to critical stage), for which we have paid a prior claim under the policy or this rider. • A spread of the primary cancer (at any stage) to other parts of the body (at critical stage) from where it started, for which we have paid a prior claim under the policy or this rider. • A re-diagnosed cancer at critical stage, for which we have paid a prior claim under the policy or this rider, continues to stay as a major cancer at critical stage or recurs after a period of time when it could not be detected, in the same organ or site of origin and subject to the prescribed waiting period(s).

Recurrent Critical Illnesses	Definitions
2. Subsequent Heart Attack	Subsequent Heart Attack refers to another occurrence of a heart attack of specified severity at any stage , as set out in Annex 1, which occurs after the immediately preceding heart attack and subject to the prescribed waiting period(s).
3. Subsequent Stroke	Subsequent Stroke refers to another occurrence of a stroke with permanent neurological deficit at any stage , as set out in Annex 1, which occurs after the immediately preceding stroke and subject to the prescribed waiting period(s).

When are Protect Me Again benefits not payable?

Waiting period between critical illness claims	<p>We will not pay the Subsequent Critical Illness benefits, if:</p> <ul style="list-style-type: none"> the date of diagnosis of any Subsequent Critical Illness claim is within 12 months from the date of diagnosis of the most recently diagnosed Critical Illness for which we have paid the Critical Illness Benefit under the policy or Subsequent Critical Illness benefit under this rider; <p>and, where applicable,</p> <ul style="list-style-type: none"> the date of diagnosis of the Recurrent Critical Illness is within 24 months from the date of diagnosis of the immediately preceding applicable critical illness.
Conditions	We will not provide the benefit for Subsequent Cancer for ongoing preventive cancer therapy alone (including but not limited to Tamoxifen or Raloxifene).
	We will not provide the benefit for Subsequent Heart Attack for the replacement or repair of cardiac pacemaker or cardiac defibrillator.
	<p>We will not provide the benefit for Subsequent Stroke for:</p> <ul style="list-style-type: none"> the replacement or repair of previously inserted cerebral shunt; Carotid artery surgery as set out in Annex 1 for recurrent carotid artery stenosis following previously conducted carotid endarterectomy; and Brain aneurysm surgery as set out in Annex 1 for recurrence of an intracranial aneurysm of the same site and artery for which a benefit has been paid under the policy or this rider.

The other terms and conditions of **Critical Illness Benefit** of the policy apply to this rider.

Making a claim

There must be updated, relevant and objective medical evidence in the form of histopathological reports to confirm the diagnosis of a **Subsequent Cancer** (including its classification as set out above) after the prescribed waiting period(s).

The claim for **Subsequent Heart Attack** has to be supported with updated, relevant and objective medical evidence to confirm the diagnosis of a condition by a registered specialist, as well as documented confirmation of actually having undergone any of the medical procedures under the early, intermediate or critical stage definitions of **heart attack of specified severity** (as the case may be) as set out in Annex 1.

Claims for **Subsequent Stroke** at early or intermediate stage are subject to these conditions:

- i. More than one claim for **brain aneurysm surgery** and **carotid artery surgery** as set out in Annex 1 are payable even if they are caused by the same medical condition as long as the medical procedure is done on a different part of the brain or carotid artery.
- ii. There must be updated, relevant and objective medical evidence to confirm the diagnosis of **Subsequent Stroke** by the treating neurologist, as well as documented confirmation of the life assured actually having undergone any of the medical procedures under the early or intermediate stage of **stroke with permanent neurological deficit** (as the case may be) as set out in Annex 1.

Before **we** pay any benefit for the 3rd eligible **Critical Illness** claim admitted or for **Critical Illness** claim admitted in the final **policy year**, **we** will deduct an amount equal to the remaining premiums due for that **policy year** from the benefits payable and the policy and this rider will then end.

Premium

- Upon payment of the **Critical Illness Benefit** under the policy or first **Subsequent Critical Illness** benefit under this rider, the policy continues to remain in force.
- The premiums for the policy and this rider are payable at the same interval as the premium shown in the Schedule to the Policy. The amount of premium payable will not be affected by the payouts made, unless **we** receive **your** request to reduce the **basic sum assured** of the policy in writing.

Termination

This rider will terminate on the earliest of the following:

- when **we** do not receive the premium for the policy or this rider, or both, after the grace period;
- when the rider has reached the end of the coverage as shown as date of expiry on the Schedule of Supplementary Benefits of this rider;
- when **we** have paid the **Critical Illness Benefit** for 3 eligible **Critical Illness** claims which are admitted under the policy and this rider; or
- when **we** receive **your** written request for termination of this rider.

Definitions

Basic sum assured

Refers to the basic sum assured for the base plan as set out in the Schedule to the Policy as may be revised from time to time in accordance with the terms of the Policy and/or a Rider.

Critical Illness

The critical illness conditions of **heart attack of specific severity, major cancer** and **stroke with permanent neurological deficit**, set out in Annex 1

Immediately preceding cancer

The most recently diagnosed **major cancer** at any **stage** as set out in Annex 1 for which **we** have paid the **Critical Illness Benefit** under the policy or **Subsequent Critical Illness** benefit under this rider.

Immediately preceding heart attack

The most recently diagnosed **heart attack of specified severity** at any **stage** as set out in Annex 1 for which **we** have paid the **Critical Illness Benefit** under the policy or **Subsequent Critical Illness** benefit under this rider.

Immediately preceding stroke

The most recently diagnosed **stroke with permanent neurological deficit** at any **stage** as set out in Annex 1 for which **we** have paid **Critical Illness Benefit** under the policy or **Subsequent Critical Illness** benefit under this rider.

Stage(s)

The early stage, intermediate stage and/or critical stage of a critical illness, as the case may be, with early stage being the least severe and critical stage being the most severe.

Total premium paid

The total premium amount **you** have paid since the commencement of GREAT Critical Cover: Top 3 CIs and the Protect Me Again: Top 3 CIs Rider. This amount shall include premium loading (if any) and premium discount (if any).

In the event of a revision in the **basic sum assured** or any changes to the premium frequency (where applicable), the total premium paid less amounts paid previously will be re-calculated based on the prevailing premium and/or premium frequency, as if the change (in **basic sum assured** and/or premium frequency) takes place from inception.

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GREAT EASTERN LIFE

ENDORSEMENT NO. 889 (TOP3CI)

Annex 1:

Definitions of Top 3 Critical Illnesses at Early Stage, Intermediate Stage and Critical Stage

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
1	Heart Attack of Specified Severity	<p>Cardiac Pacemaker Insertion</p> <p>Insertion of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified to be absolutely necessary by a specialist in the relevant field.</p> <p>Pericardectomy</p> <p>The undergoing of a total or partial pericardectomy as a result of pericardial disease.</p> <p>The surgical procedure must be certified to be absolutely necessary by a specialist in the relevant field.</p>	<p>Cardiac Defibrillator Insertion</p> <p>Insertion of a permanent cardiac defibrillator as a result of cardiac arrhythmia which cannot be treated via any other method.</p> <p>The surgical procedure must be certified to be absolutely necessary by a specialist in the relevant field.</p> <p>Documentary evidence of ventricular tachycardia or fibrillation must be provided.</p> <p>Early Cardiomyopathy</p> <p>The unequivocal diagnosis of cardiomyopathy which has resulted in the presence of permanent physical impairments to at least Class III of the New York Heart Association (NYHA) classification of Cardiac Impairment.</p> <p>The NYHA Classification of Cardiac Impairment (Source: "Current Medical Diagnosis & Treatment – 39th Edition"):</p> <p>Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.</p> <p>Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.</p> <p>Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity</p>	<p>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:</p> <ol style="list-style-type: none"> (1) History of typical chest pain; (2) New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block; (3) 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; (4) 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. <p>For the above definition, the following are excluded:</p> <ul style="list-style-type: none"> • 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.

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
			<p>causes symptoms.</p> <p>Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p>	<p>Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml</p>
2	Major Cancer	<p>Carcinoma in situ</p> <p>Carcinoma in situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues.</p> <p>'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane.</p> <p>The diagnosis of the Carcinoma in situ must always be:</p> <ol style="list-style-type: none"> (1) Supported by a histopathological report; and (2) Positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. <p>Early Prostate Cancer</p> <p>Prostate cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification</p> <p>Early Thyroid Cancer</p> <p>Thyroid cancer that is histologically described using the TNM Classification as T1N0M0 as well as Papillary microcarcinoma of</p>	<p>Carcinoma in situ of Specified Organs treated with Radical Surgery</p> <p>The actual undergoing of a Radical Surgery to arrest the spread of malignancy in that specific organ, which must be considered as appropriate and necessary treatment.</p> <p>"Radical Surgery" is defined in this policy as the total and complete removal of one (1) of the following organs: breast (mastectomy), prostate (prostatectomy), corpus uteri (hysterectomy), ovary (oophorectomy), fallopian tube (salpingectomy), colon (at least partial colectomy with end to end anastomosis) or stomach (at least partial gastrectomy with end to end anastomosis).</p> <p><u>Conditions to meet in order to qualify for the above definition:</u></p> <ol style="list-style-type: none"> (1) Apart from the colon and stomach, partial removal of an organ will not be covered. (2) With the exception of prostatectomy, the Radical Surgery must be performed as a result of Carcinoma-in situ which has been positively established by microscopic examination of fixed tissues and supported by a biopsy of the removed organ. (3) Prostatectomy must be carried out as a result of early prostate cancer 	<p>A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.</p> <p>The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma.</p> <p>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.</p> <p>For the above definition, the following are excluded:</p> <ul style="list-style-type: none"> • All tumours which are histologically classified as any of the following: <ol style="list-style-type: none"> 1. Pre-malignant; 2. Non-invasive; 3. Carcinoma-in-situ (Tis) or Ta; 4. Having borderline malignancy; 5. Having any degree of malignant potential; 6. Having suspicious malignancy; 7. Neoplasm of uncertain or unknown behaviour; or 8. All grades of dysplasia, squamous

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
		<p>thyroid that is less than 1cm in diameter</p> <p>Early Bladder Cancer</p> <p>Bladder cancer that is histologically described using the TNM Classification as Tis or T1N0M0.</p> <p>Noninvasive papillary urothelial carcinoma of the bladder (stage Ta) is excluded.</p> <p>Early Chronic Lymphocytic Leukemia</p> <p>Chronic Lymphocytic Leukemia (CLL) RAI Stage 1 or 2. CLL RAI stage 0 or lower is excluded.</p> <p>Neuroendocrine tumours</p> <p>All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification)</p> <p>Gastro-Intestinal Stromal tumours</p> <p>All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual which are treated with surgery or chemotherapy as recommended by an oncologist.</p> <p>Bone Marrow Malignancies</p> <p>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 minor cancers must be established by histological evidence and be confirmed by a specialist in the relevant field</p>	<p>that is histologically described using the TNM Classification as T1a or T1b or T1c or Prostate cancers described using another equivalent classification</p> <p>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</p>	<p>intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;</p> <ul style="list-style-type: none"> • Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond; • Malignant melanoma that has not caused invasion beyond the epidermis; • All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification; • All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; • All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below; • All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below; • All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below; • Chronic Lymphocytic Leukaemia less than RAI Stage 3; • All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
				<ul style="list-style-type: none"> All tumours in the presence of HIV infection.
3	Stroke with Permanent Neurological Deficit	<p>Brain Aneurysm Surgery</p> <p>The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arterio-venous malformation via craniotomy or endovascular procedures. The surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field.</p> <p>Cerebral Shunt Insertion</p> <p>The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a specialist in the relevant field</p>	<p>Carotid Artery Surgery</p> <p>The actual undergoing of Endarterectomy of the carotid artery which has been necessitated as a result of at least 80% narrowing of the carotid artery as diagnosed by an arteriography or any other appropriate diagnostic test that is available.</p> <p>Endarterectomy of blood vessels other than the carotid artery is specifically excluded.</p>	<p>A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit. This diagnosis must be supported by all of the following conditions:</p> <ol style="list-style-type: none"> 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. <p><u>The following are excluded:</u></p> <ul style="list-style-type: none"> 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.

The following term can be found in some of the above definitions, and its meaning is as follows:

1. Permanent Neurological Deficit

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

Permanent neurological deficit means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life Assured. Symptoms that are covered include:

- Numbness;
- Paralysis;
- Localized weakness;
- Dysarthria (difficulty with speech);
- Aphasia (inability to speak);
- Dysphagia (difficulty swallowing);
- Visual impairment;
- Difficulty in walking;
- Lack of coordination;
- Tremor;
- Seizures;
- Dementia;
- Delirium; and
- Coma.

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GREAT EASTERN LIFE

ENDORSEMENT NO. 846 (EICIL)

EARLY AND INTERMEDIATE STAGE CRITICAL ILLNESS BENEFIT LIMITS

Early Stage and/or Intermediate Stage Critical Illness Limit is:

- (a) S\$350,000 in the aggregate for all benefits for such claim(s) arising from a particular diagnosis or procedure undergone for critical illness at the early stage and/or intermediate stage; and
- (b) S\$1.05 million in the aggregate for all benefits for all claims arising from critical illness at the early stage and/or intermediate stage,

under:

- (i) all policies and riders issued by the Company with this Endorsement (**Endorsement 846 Policies**); and
- (ii) all policies and riders issued by the Company with Endorsement 792 (EICILIM) (**Endorsement 792 Policies**),

in respect of the same Life Assured.

For the avoidance of doubt:

1. where both Endorsement 792 Policy(ies) and Endorsement 846 Policy(ies) are issued in respect of the same Life Assured:
 - (a) the limits stated in this Endorsement shall apply in addition to all the limits stated in Endorsement 792 (EICILIM) for the Endorsement 792 Policy(ies); and
 - (b) all benefits for claims for critical illness at the early stage and/or intermediate stage under the Endorsement 792 Policy(ies) (except for premium waiver benefits accorded to such claims for critical illness under Endorsement 792 Policy(ies)) will be aggregated with all benefits for claims for critical illness at the early stage and/or intermediate stage under the Endorsement 846 Policy(ies) and vice versa.
2. benefits from premium waivers accorded to claims for critical illness at the early stage and/or intermediate stage under Endorsement 846 Policy(ies) shall be aggregated with all other benefits paid for claims for critical illness at the early stage and/or intermediate stage under Endorsement 846 Policy(ies).

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GREAT EASTERN LIFE

ENDORSEMENT NO. 642 (PPF -1)

POLICY OWNERS' PROTECTION SCHEME

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

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