The Policyholder named in the Schedule has entered into this contract of insurance ("Policy") with The Great Eastern Life Assurance Company Limited ("Company"). This Policy is made up of:

(a) this policy document (including its Schedule(s));

(b) the proposal form;

(c) declarations by the Policyholder and/or the Life Assured (if any);

(d) any endorsements made at the issue of this policy document or subsequent to the issue of this policy document; and

(e) any endorsements or riders or provisions which apply to the additional benefits described in the Schedule of Supplementary Benefits, made at the issue of this policy document or subsequent to the issue of this policy document.

The Company will pay the benefit(s) under this Policy in exchange for the premium(s) paid by the Policyholder if it is satisfied that the event for which the benefit(s) under this Policy is/are payable and the title of the person claiming payment, has been proven.

The Company will pay the benefits and/or any other monies payable under this Policy to such person who can give the Company (at its absolute discretion) valid and proper discharge of such payments, who may include:

(a) the Policyholder;

(b) his personal representatives;

(c) the trustees, if there is a trust;

(d) the assignee(s), if this Policy was assigned; or

(e) the nominee(s), proper claimant(s) or any other person(s) as provided by written law, including but not limited to, Section 150 of the Insurance Act 1966.

This Policy is signed on the date of issue.

Koh Beng Seng
Chairman

Norman Ip
Director

GREAT Critical Protector

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.

What the policy covers

Benefits

1. Critical Illness Benefit

If the life assured is diagnosed with early stage, intermediate stage or critical stage **Critical Illness** (as defined in Annex 1) during the term of the policy, **we** will pay the following benefit:

Benefit Payable	**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.

We only cover the conditions of or medical procedures undergone for the covered **Critical Illnesses** that **we** define in this policy. The full definition of an early stage, intermediate or critical stage of the covered **Critical Illnesses** 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.

3. Additional Benefit: Angioplasty and Other Invasive Treatment for Coronary Artery

If **you** undergo angioplasty and other invasive treatment for coronary artery, we will pay an additional benefit equivalent to 10% of the **basic sum assured**.

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

Any payment made for the **Additional Benefit** will not reduce the **basic sum assured**.

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 of the **covered Critical Illnesses(CIs)** 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, heart attack of specified severity, coronary artery by-pass surgery** or **other serious coronary artery disease** 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.

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.

3. Additional Benefit: Angioplasty and Other Invasive Treatment for Coronary Artery

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

- angioplasty and other invasive treatment for coronary artery where its diagnosis is made, or the covered medical procedure takes place within 90 days from the **cover start date**; or
- angioplasty and other invasive treatment for coronary artery where life assured did not survive for at least 7 days following its diagnosis or undergoing the covered medical procedure.

We will not pay the **Additional Benefit** under this policy for angioplasty and other invasive treatment for coronary artery if:

- a prior claim has been paid under this policy for angioplasty and other invasive treatment for coronary artery.
- **we** have paid benefits for angioplasty and other invasive treatment for coronary artery under any policies or riders on the same life assured amounting to S$25,000.

Making a claim

To make a claim for **Critical Illness Benefit, Additional Benefit 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.

- Loss of independent existence as set out in Annex 1 can only be claimed under this policy (including its riders) if it is not caused by a critical illness which was diagnosed and claimed under any critical illness benefit of any policies or riders issued by **us** on the same life assured.

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, **w**e 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 half-yearly, quarterly or monthly instalments.

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.

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. The last premium payable is for the premium due immediately before the date of expiry shown in the Schedule to 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. The amended rates will be based on the age next birthday of the life assured as at the **date of commencement** of this policy.

Making changes to your policy

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

- 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 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.

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 the life assured is diagnosed with **Terminal Illness** and such claim is admitted under the policy;
- when **we** have paid the **Critical Illness Benefit** under this policy;
- when **we** do not receive the premium after the grace period;
- when the policy has reached the end of its coverage on the date of expiry shown in the Schedule to this policy;
- 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 3 years 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, only parties to this policy can enforce 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, the 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.

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.

Terminal Illness
As set out in Annex 1 which refers to the conclusive diagnosis of an illness that is expected to result in the death of the Life Assured within 12 months. This diagnosis must be supported by a specialist and confirmed by the Company's appointed doctor. Terminal Illness in the presence of HIV infection is excluded.

Total premium paid
The total premium amount **you** have paid since the commencement of **your** GREAT Critical Protector base plan; 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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GREAT EASTERN LIFE

ENDORSEMENT NO. 890 (53CI)

Annex 1:
Definitions of the 53 Critical Illnesses at Early Stage, Intermediate Stage and Critical Stage

Quick view on the list of 53 Critical Illnesses:

1.	Acute Necrohemorrhagic Pancreatitis	19.	HIV due to Blood Transfusion and Occupationally Acquired HIV	37.	Other Serious Coronary Artery Disease
2.	Adrenalectomy for Adrenal Adenoma	20.	Idiopathic Parkinson's Disease	38.	Paralysis (Irreversible Loss of use of limbs)
3.	Alzheimer's Disease/ Severe Dementia	21.	Infective Endocarditis	39.	Persistent Vegetative State (Apallic Syndrome)
4.	Benign Brain Tumour	22.	Irreversible Aplastic Anaemia	40.	Poliomyelitis
5.	Blindness (Irreversible Loss of Sight)	23.	Irreversible Loss of Speech	41.	Primary Pulmonary Hypertension
6.	Chronic Auto-Immune Hepatitis	24.	Loss of Independent Existence	42.	Progressive Scleroderma
7.	Chronic Relapsing Pancreatitis	25.	Major Burns	43.	Progressive Supranuclear Palsy
8.	Coma	26.	Major Cancer	44.	Resection of the whole small intestine (duodenum, jejunum and ileum)
9.	Coronary Artery By-Pass Surgery	27.	Major Head Trauma	45.	Severe Bacterial Meningitis
10.	Creutzfeld-Jacob Disease	28.	Major Organ / Bone Marrow Transplantation	46.	Severe Eisenmenger's Syndrome
11.	Deafness (Irreversible Loss of Hearing)	29.	Medullary Cystic Disease	47.	Severe Encephalitis
12.	Ebola	30.	Motor Neurone Disease	48.	Severe Myasthenia Gravis
13.	Elephantiasis	31.	Multiple Root Avulsions of Brachial Plexus	49.	Severe Ulcerative Colitis
14.	End Stage Kidney Failure	32.	Multiple Sclerosis	50.	Stroke with Permanent Neurological Deficit
15.	End Stage Liver Failure	33.	Muscular Dystrophy	51.	Surgery for Idiopathic Scoliosis
16.	End Stage Lung Disease	34.	Necrotising Fasciitis	52.	Systemic Lupus Erythematosus with Lupus Nephritis
17.	Fulminant Hepatitis	35.	Open Chest Heart Valve Surgery	53.	Terminal Illness
18.	Heart Attack of Specified Severity	36.	Open Chest Surgery to Aorta		

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
1	Acute Necrohemorrhagic Pancreatitis	Nil	Nil	Acute inflammation and necrosis of pancreas parenchyma, focal enzymatic necrosis of pancreatic fat and haemorrhage due to blood vessel necrosis, where all of the following criteria are met: (1) The necessary treatment is surgical clearance of necrotic tissue or pancreatectomy; and (2) The diagnosis is based on histopathological features and confirmed by a specialist who is a gastroenterologist. <u>The following are excluded:</u> • Pancreatitis due to alcohol or drug abuse.
2	Adrenalectomy for Adrenal Adenoma	Nil	Nil	Adrenalectomy for treatment of malignant systemic hypertension that was secondary to an aldosterone secreting adrenal adenoma. Malignant hypertension was uncontrolled by medical therapy. The adrenalectomy must be certified to be medically necessary for the management of poorly controlled hypertension by a specialist in the relevant field.
3	Alzheimer's Disease/ Severe Dementia	**Mild Dementia including Alzheimer's Disease** A definite diagnosis of Alzheimer's disease or dementia with a neurological assessment by an appropriate specialist confirming the cognitive impairment characterized by a Mini	**Moderate Dementia including Alzheimer's Disease** A definite diagnosis of Alzheimer's disease or dementia due to irreversible organic brain disorders by a consultant neurologist. The Mini Mental State Examination	Deterioration or loss of cognitive function as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders. This will result in significant reduction in mental and social functioning requiring the

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
		Mental State Examination score of 24 or less out of 30 (20 to 24 out of 30). This should be assessed by two (2) neuropsychometric tests performed six (6) months apart which clearly define the severity of the impairment. The Life Assured must have been: (1) Placed on disease modifying treatment prescribed by a specialist; and (2) Must be under the continuous care of a specialist. <u>The following are excluded</u>: • Non-organic diseases such as neurosis and psychiatric illnesses; and • Alcohol related brain damage. A claim is only eligible if the definition above is met and if this condition occurs before the Policy Anniversary on which the Life Assured is age eighty-five (85) next birthday.	score must be less than 20 out of 30. This should be assessed by two (2) neuropsychometric tests performed six (6) months apart which clearly define the severity of the impairment. There must also be permanent clinical loss of the ability to do all the following: - Remember; - Reason; and - Perceive, understand, express and give effect to ideas. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor. <u>The following are excluded</u>: • Non-organic diseases such as neurosis and psychiatric illnesses; and • Alcohol related brain damage.	continuous supervision of the Life Assured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor. <u>The following are excluded</u>: • Non-organic diseases such as neurosis and psychiatric illnesses; and • Alcohol related brain damage.
4	Benign Brain Tumour	**Surgical Removal of Pituitary Tumour (by Transphenoidal/ Transnasal Hypophysectomy)** The actual undergoing of surgical removal of a pituitary tumour by transphenoidal / transnasal hypophysectomy necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour or where surgical removal is considered necessary upon the	**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 an appropriate specialist or neurosurgeon. The presence of the underlying tumour must	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: (1) It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit[5]; and (2) Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
		advice of an appropriate specialist or neurosurgeon. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. <u>Removal of the following are excluded</u>: • Cysts; • Abscess; • Angioma; • Granulomas; • Vascular Malformations; • Haematomas; and • Tumours of the pituitary gland, spinal cord and skull base.	be confirmed by imaging studies such as CT scan or MRI. Surgical removal of the pituitary by transphenoidal hypophysectomy is excluded. <u>Removal of the following are excluded</u>: • Cysts; • Abscess; • Angioma; • Granulomas; • Vascular Malformations; • Haematomas; and • Tumours of the pituitary gland, spinal cord and skull base.	on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. <u>The following are excluded</u>: • Cysts; • Abscess; • Angioma; • Granulomas; • Vascular Malformations; • Haematomas; and • Tumours of the pituitary gland, spinal cord and skull base.
5	Blindness (Irreversible Loss of Sight)	**Irreversible Loss of Sight in One Eye** Permanent and irreversible loss of sight in one (1) 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 (1) eye using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in one (1) eye. The blindness must be confirmed by an ophthalmologist. Blindness resulting from alcohol or drug misuse will be excluded. The blindness must not be correctable by surgical procedures, implants or any other means.	Nil	Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist. The blindness must not be correctable by surgical procedures, implants or any other means.

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
6	Chronic Auto-Immune Hepatitis	Nil	Nil	A chronic necro-inflammatory liver disorder of unknown cause associated with circulating auto-antibodies and a high serum globulin level. The diagnosis must be based on all of the following criteria: (1) Hypergammaglobulinaemia (2) the presence of at least one of the following auto-antibodies: 2.1. Anti-Nuclear Antibody; 2.2. Anti-smooth muscle antibodies; 2.3. Anti-actin antibodies; 2.4. Anti-LKM-1 antibodies; 2.5. Anti- LC1 antibodies; or 2.6. Anti-SLA/LP antibodies (3) Liver Biopsy confirmation of the diagnosis of auto-immune hepatitis This only covered if the Life Assured has been put on continuous Immunosuppressive therapy for a period of at least six (6) months and the diagnosis must be confirmed by a specialist in gastroenterology or hepatology.

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
7	Chronic Relapsing Pancreatitis	Nil	Nil	More than three (3) attacks of pancreatitis resulting in pancreatic dysfunction causing malabsorption needing enzyme replacement therapy. The unequivocal diagnosis must be made by a Medical Practitioner who is a gastroenterologist and confirmed by Endoscopic Retrograde Cholangiopancreatography (ERCP).
8	Coma	**Coma for 48 hours** Coma that persists for at least forty-eight (48) hours. This diagnosis must be supported by evidence of all of the following: (1) No response to external stimuli for at least forty-eight (48) hours, (2) The use of life support measures to sustain life, and (3) Brain damage resulting in permanent neurological deficit[5] which must be assessed at least thirty (30) days after the onset of the coma. <u>For the above definition, the following are excluded:</u> • Medically induced coma; and • Coma resulting directly from alcohol or drug abuse.	**Coma for 72 hours** Coma that persists for at least seventy-two (72) continuous hours. This diagnosis must be supported by evidence of all of the following: (1) no response to external stimuli for at least seventy-two (72) hours; and (2) the use of life support measures to sustain life; and (3) brain damage resulting in permanent neurological deficit[5] which must be assessed at least thirty (30) days after the onset of the coma. **Severe Epilepsy** Severe epilepsy confirmed by all of the following: (1) diagnosis made by a specialist in the relevant field by the use of electroencephalo-graphy (EEG), magnetic resonance imaging (MRI), position emission	A coma that persists for at least ninety-six (96) hours. This diagnosis must be supported by evidence of all of the following: (1) No response to external stimuli for at least ninety-six (96) hours; (2) Life support measures are necessary to sustain life; and (3) Brain damage resulting in permanent neurological deficit[5] which must be assessed at least thirty (30) days after the onset of the coma. <u>For the above definition, the following are excluded:</u> • Medically induced coma; and • Coma resulting directly from alcohol or drug abuse.

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
			tomography (PET) or any other appropriate diagnostic test that is available, (2) there must be documentation of recurrent unprovoked tonic-clonic or grand mal seizures of more than five (5) attacks per week, and be known to be resistant to optimal therapy as confirmed by drug serum-level testing, and (3) the Life Assured must have been taking at least two (2) prescribed antiepileptic (anticonvulsant) medications for at least six (6) months on the recommendation of a specialist in the relevant field. Febrile or absence (petit mal) seizures alone will not satisfy the requirement of this definition. <u>For the above definition, the following are excluded:</u> • Medically induced coma; and • Coma resulting directly from alcohol or drug abuse.	
9	Coronary Artery By-Pass Surgery	**Transmyocardial Laser Therapy** The undergoing of transmyocardial laser therapy for the treatment of refractory angina. <u>For the above definition, the following are excluded:</u> • Any other form of cardiac revascularization	**Port Access or Keyhole Cardiac Surgery** Coronary Artery Bypass Grafting or Coronary Atherectomy performed by thoracoscopic port access or keyhole surgical procedures to correct blockages in the coronary arteries. In order for this benefit to be payable, the diagnosis	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

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
		treatment, including CABG and coronary angioplasty If a claim is admitted under this benefit, no further claim on Early Stage or Intermediate Stage of Other Serious Coronary Artery Disease will be payable.	of significant coronary artery obstruction and the necessity of the above procedures must be: • Certified by a cardiologist; and • Supported by angiographic evidence. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. <u>For the above definition, the following are excluded</u> • All other revascularization surgery including percutaneous intravascular procedures; and • MIDCAB surgery. If a claim is admitted under this benefit, no further claim on Early Stage or Intermediate Stage of Other Serious Coronary Artery Disease will be payable.	obstruction and the procedure must be considered medically necessary by a consultant cardiologist. <u>For the above definition, the following are excluded:</u> • Angioplasty and all other intra-arterial, catheter-based techniques, 'keyhole' or laser procedures.
10	Creutzfeld-Jacob Disease	Nil	Nil	The occurrence of Creutzfeld-Jacob Disease or Variant Creutzfeld-Jacob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform at least three (3) of the following six (6) "Activities of Daily Living"[1]. <u>For the above definition, the following is excluded</u>: • Disease caused by human growth hormone treatment.

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
11	Deafness (Irreversible Loss of Hearing)	**Partial Loss of Hearing** 1. Permanent and irreversible binaural hearing loss with the loss of at least 60 decibel in all frequencies of hearing as a result of illness or accident of the Life Assured. The hearing loss must be established by a specialist in the relevant field and supported by an objective diagnostic test to indicate the quantum loss of hearing, or 2. 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.	**Cochlear Implant Surgery** The actual undergoing of a surgical cochlea 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 a specialist in the relevant field.	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 forty (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 six (6) months from the date of intervention."
12	Ebola	Nil	Nil	Unequivocal diagnosis of a viral haemorrhagic fever caused by the Ebola virus with symptoms of uncontrollable haemorrhagic manifestations and vascular collapse, provided that at the time of unequivocal diagnosis there exists no effective cure. This unequivocal diagnosis must be confirmed by isolation of the virus from blood or antibody testing.

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
13	Elephantiasis	Nil	Nil	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: (1) clinically confirmed by a Medical Practitioner in the appropriate medical specialty; and (2) 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.
14	End Stage Kidney Failure	**Surgical Removal of One Kidney** The complete surgical removal of one (1) 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 specialist in the relevant field. <u>The following is excluded</u>: • Kidney donation. **Chronic Kidney Impairment** A nephrologist must make a diagnosis of chronic kidney impairment with advanced stage of chronic renal insufficiency. There must be laboratory evidence that shows that renal function is severely decreased with an eGFR less than	**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 eGFR level of less than 15 ml/min/1.73m2 body surface area, persisting for a period of at least six (6) months.	Chronic irreversible failure of both kidneys requiring either: (1) Permanent renal dialysis; or (2) Kidney transplantation.

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
		30ml/min/1.73m2 body surface area, persisting for a period of 90 days or more.		
15	End Stage Liver Failure	**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 of the Life Assured. The following is excluded: • Liver donation • Liver disease secondary to alcohol and drug abuse.	**Liver Cirrhosis** Cirrhosis of the liver with a HAI-Knodell Scores of 6 and above as evident by liver biopsy. The diagnosis must be unequivocally confirmed by a specialist in the relevant field and based on the histological findings of the liver biopsy	End stage liver failure as evidenced by all of the following: (1) Permanent jaundice; (2) Ascites; and (3) Hepatic encephalopathy. The following is excluded: • Liver disease secondary to alcohol or drug abuse.
16	End Stage Lung Disease	**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 four (4) hours on the advice of a specialist in the relevant field, or **Insertion of 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.	**Surgical Removal of One Lung** Complete surgical removal of a lung as a result of an illness or an accident of the Life Assured. The following is excluded: • Partial removal of a lung; and • Donation of lung.	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 • Dyspnea at rest. The diagnosis must be confirmed by a respiratory physician.

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
17	Fulminant Hepatitis	**Biliary Tract Reconstruction Surgery** Biliary tract reconstruction surgery involving choledochoenterostomy (choledochojejunostomy or choledochoduodenostomy) for the treatment of biliary tract disease, including biliary atresia, that is not amenable to other surgical or endoscopic measures. The procedure must be considered the most appropriate treatment by a specialist in hepatobiliary disease. This benefit is not payable for the consequences of gall stone disease or cholangitis.	**Chronic Primary Sclerosing Cholangitis** This benefit is payable for chronic primary sclerosing cholangitis confirmed on cholangiogram imaging confirming progressive obliteration of the bile ducts. The diagnosis must be made by a gastroenterologist and the condition must have progressed to the point where there is permanent jaundice. The benefit is payable only where there is a need immunosuppressive treatment, drug therapy for intractable pruritis or if biliary tract obliteration has required balloon dilation or stenting of the bile ducts. Biliary tract sclerosis or obstruction as a consequence of biliary surgery, gall stone disease, infection, inflammatory bowel disease or other secondary precipitants is excluded.	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.
18	Heart Attack of Specified Severity	**Cardiac Pacemaker Insertion** 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. **Pericardectomy** The undergoing of a total or partial pericardectomy as a result of pericardial	**Cardiac Defibrillator Insertion** Insertion of a permanent cardiac defibrillator as a result of cardiac arrhythmia which cannot be treated via any other method. The surgical procedure must be certified to be absolutely necessary by a specialist in the relevant field. Documentary evidence of ventricular tachycardia or fibrillation must be provided. **Early Cardiomyopathy**	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: (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;

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
		disease. The surgical procedure must be certified to be absolutely necessary by a specialist in the relevant field.	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)[2] classification of Cardiac Impairment.	(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. <u>For the above definition, the following are excluded</u>: • 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. <u>Explanatory note</u>: 0.5ng/ml = 0.5ug/L = 500pg/ml
19	HIV due to Blood Transfusion and Occupationally Acquired HIV	**HIV Due to Assault** Infection with the Human Immunodeficiency Virus (HIV) through a physical or sexual assault occurring after the issue date, date of endorsement or date of reinstatement of this policy/supplementary contract, whichever is the later, provided that all the following conditions are met: (1) The incident must be reported to the	**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: (1) The organ transplant was medically necessary or given as part of a medical treatment; and (2) The organ transplant was received in Singapore after the	A. Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met: (1) The blood transfusion was medically necessary or given as part of a medical treatment; (2) The blood transfusion was

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
		appropriate authority and that a criminal case must be opened; and (2) Proof that the assault involved a definite source of the HIV tainted fluids; and (3) Proof of seroconversion from HIV negative to HIV positive occurring during the one hundred and eighty (180) days after the documented assault. This proof must include a negative HIV antibody test conducted within five (5) days of the assault. HIV infection resulting from any other means including consensual sexual activity or the use of intravenous drug is excluded. 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.	issue date, date of endorsement or date of reinstatement of this policy/supplementary contract, whichever is the later; and (3) 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.	received in Singapore after the issue date, date of endorsement or date of reinstatement of this policy/supplementary contract, whichever is the later; and (3) The source of the infection is established to be from the institution that provided the blood transfusion and the institution is able to trace the origin of the HIV tainted blood. B. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the issue date, date of endorsement or date of reinstatement of this policy/supplementary contract, whichever is the later whilst the Life Assured 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: (1) Proof that the accident involved a definite source of the HIV infected fluids; (2) Proof of sero-conversion from HIV negative to HIV positive occurring during

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
				the one hundred and eighty (180) days after the documented accident. This proof must include a negative HIV antibody test conducted within five (5) days of the accident; and (3) 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 Life Assured is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic (in Singapore). This benefit will not apply under either section A or B where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.
20	Idiopathic Parkinson's Disease	**Early Parkinson's Disease** The unequivocal diagnosis of idiopathic Parkinson's disease by a specialist in the relevant field. This diagnosis must be supported by all of the following conditions:	**Moderately Severe 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 unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions: (1) The disease cannot be controlled with medication; and (2) Inability of the Life Assured to perform

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
		(1) The disease cannot be controlled with medication; and (2) There are signs of progressive neurological impairment.	(1) The disease cannot be controlled with medication; and (2) Inability of the Life Assured to perform (whether aided or unaided) at least two (2) of the six (6) "Activities of Daily Living" [1] for a continuous period of at least six (6) months.	(whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living"[1] for a continuous period of at least six (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.
21	Infective Endocarditis	Nil	Nil	Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met: (1) Positive result of the blood culture proving presence of the infectious organism(s); (2) Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and (3) The diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a registered medical practitioner who is a cardiologist.

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
22	Irreversible Aplastic Anaemia	**Reversible Aplastic Anaemia** Acute reversible bone marrow failure confirmed by biopsy which results in anemia, neutropenia and thrombocytopenia requiring treatment with any one (1) of the following: (1) Blood product transfusion; (2) Bone marrow stimulating agents; (3) Immunosuppressive agents; or (4) Bone marrow or hematopoietic stem cell transplantation. The diagnosis must be confirmed by a specialist in the relevant field.	Nil	Chronic persistent and irreversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following: (1) Blood product transfusion; (2) Bone marrow stimulating agents; (3) Immunosuppressive agents; or (4) Bone marrow or haematopoietic stem cell transplantation. The diagnosis must be confirmed by a haematologist.
23	Irreversible Loss of Speech	**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 Life Assured 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 (3) months.	**Loss of Speech due to Vocal Cord Paralysis** This benefit is payable on diagnosis of complete and irrecoverable paralysis of the vocal cords as a consequence of neurological disease or injury. The benefit is only payable where surgical intervention is required on the advice of an Ear, Nose, and Throat (ENT) surgeon to restore the loss of speech. The inability to speak must be established for a continuous period of twelve (12) months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist. All psychiatric related causes are excluded.	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 twelve (12) months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist. All psychiatric related causes are excluded.

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
24	Loss of Independent Existence	**Loss of Independent Existence (Early Stage)** Total and irreversible physical loss of all fingers including thumb at the metacarpophalangeal joints of the same hand due to accident. This condition must be confirmed by a registered medical practitioner. The following is excluded: • Loss of fingers and thumb due to self-inflicted injuries.	**Loss of Independent Existence (Intermediate Stage)** A condition as a result of a disease, illness or injury whereby the Life Assured is unable to perform (whether aided or unaided) at least two (2) of the six (6) "Activities of Daily Living"[1], for a continuous period of six (6) months. This condition must be confirmed by the company's approved doctor. The following is excluded: • Non-organic diseases such as neurosis and psychiatric illnesses. 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.	A condition as a result of a disease, illness or injury whereby the Life Assured is unable to perform (whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living"[1], for a continuous period of six (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.
25	Major Burns	**Mild Severe Burns** Second degree (partial thickness of the skin) burns covering at least 20% of the surface of the Life Assured’s body Self-inflicted injuries are excluded.	**Moderately Severe Burns** Third degree (full thickness of the skin) burns covering at least 50% of face of the Life Assured. The burns must be treated in a recognized hospital and require surgical debridement and skin grafting. Self-inflicted injuries are excluded.	Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Assured’s body.
26	Major Cancer	**Carcinoma in situ** 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.	**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	A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue. The term Major Cancer includes, but is not limited to, leukemia, lymphoma

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
		'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: (1) Supported by a histo-pathological report; and (2) Positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. **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 1cm in diameter **Early Bladder Cancer** Bladder cancer that is histologically described using the TNM Classification as Tis or T1N0M0. Non-invasive papillary urothelial carcinoma of the bladder (stage Ta) is excluded. **Early Chronic Lymphocytic Leukemia** Chronic Lymphocytic Leukemia (CLL) RAI Stage 1 or 2. CLL RAI	and necessary treatment. "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 (oopherectomy), fallopian tube (salpingectomy), colon (at least partial colectomy with end to end anastomosis) or stomach (at least partial gastrectomy with end to end anastomosis). <u>Conditions to meet in order to qualify for the above definition</u>: (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 that is histologically described using the TNM Classification as T1a or T1b or T1c or Prostate cancers described using another equivalent classification The diagnosis of the Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic	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: 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 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

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
		stage 0 or lower is excluded. **Neuroendocrine tumours** All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) **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 which are treated with surgery or chemotherapy as recommended by an oncologist. **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 minor cancers must be established by histological evidence and be confirmed by a specialist in the relevant field	examination of fixed tissues additionally supported by a biopsy of the removed organ	invasion beyond the epidermis; • All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification; • All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; • All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below; • All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below; • All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below; • Chronic Lymphocytic Leukaemia less than RAI Stage 3; • All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and • All tumours in the presence of HIV infection.

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
27	Major Head Trauma	**Head Trauma Requiring Reconstructive Surgery and Accidental Spinal Cord Injury** (1) The actual undergoing of reconstructive surgery above the neck (restoration or reconstruction of the shape of and appearance of facial structures which are defective, missing or damaged or misshapened) 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. Treatment relating to teeth and/or any other dental restoration alone is excluded; or (2) Accidental cervical spinal cord injury resulting in total and complete of use of at least one (1) entire limb, to be assessed no sooner than six weeks from the date of the accident. The diagnosis must be confirmed by a specialist in the relevant field and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other	**Head Trauma Requiring Open Craniotomy** Undergoing of open craniotomy as a consequence of major head trauma by accident for the treatment of depressed skull fractures or major intracranial injury. Burr hole surgery is excluded from this benefit. “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 injury.	Accidental head injury resulting in permanent neurological deficit[5] to be assessed no sooner than six (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. <u>The following are excluded</u>: • Spinal cord injury; and • Head injury due to any other causes.

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
		reliable imaging techniques. **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 medically necessary by a specialist. "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 injury.		
28	Major Organ / Bone Marrow Transplantation	**Small Bowel Transplant** The receipt of a transplant of at least one meter of small bowel with its own blood supply via a laparotomy resulting from intestinal failure, or **Corneal Transplant** The receipt of a transplant of a whole cornea due to irreversible scarring with resulting reduced visual acuity which cannot be corrected with other methods.	**Major Organ/Bone Marrow Transplant (on waitlist)** The benefit covers those who are on an official organ transplant waiting list for the receipt of a transplant of: (1) Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or (2) 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. This benefit is limited to those on an official waitlist for organ transplant on Ministry of Health Singapore list of hospitals only.	The receipt of a transplant of: (1) Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or (2) 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.

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
29	Medullary Cystic Disease	Nil	Nil	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.
30	Motor Neurone Disease	**Early Motor Neurone Disease** Refers to a progressive degeneration of the corticospinal tracts and anterior horn cells or bulbar efferent neurons. These include: (1) Spinal muscular atrophy; (2) Progressive bulbar palsy; (3) Amyotrophic lateral sclerosis; and (4) Primary lateral sclerosis. A neurologist must make the definite diagnosis of a motor neurone disease and this diagnosis must be supported by appropriate investigations.	**Intermediate Motor Neurone Disease** Motor neurone disease supported by definitive evidence of appropriate and relevant neurological signs that has persisted for at least three (3) consecutive months. The diagnosis must be made by a Specialist as progressive and supported by appropriate investigations.	Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include: (1) Spinal muscular atrophy; (2) Progressive bulbar palsy; (3) Amyotrophic lateral sclerosis; and (4) Primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit[5].

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
31	Multiple Root Avulsions of Brachial Plexus	Nil	Nil	The complete and permanent loss of use and sensory functions of an upper extremity caused by avulsion of two (2) or more nerve roots of the brachial plexus through accident or injury. Complete injury of two (2) or more nerve roots should be confirmed by electrodiagnostic study done by a physiatrist or neurologist.
32	Multiple Sclerosis	**Early Multiple Sclerosis** The definite occurrence of Multiple Sclerosis. The diagnosis must be supported by all of the following: (1) Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; (2) Well documented history of exacerbations and remissions of said symptoms or neurological deficits. Other causes of neurological damage such as SLE and HIV are excluded.	**Mild Multiple Sclerosis** The definite occurrence of Multiple Sclerosis. The diagnosis must be supported by all of the following: (1) Investigations that unequivocally confirm the diagnosis to be Multiple Sclerosis; (2) Any permanent residual neurological deficit which persisted for a continuous period of at least three (3) months after the diagnosis; and (3) Well documented history of exacerbations and remissions of said symptoms or neurological deficits. Other causes of neurological damage such as SLE and HIV are excluded.	The definite diagnosis of Multiple Sclerosis, and must be supported by all of the following: (1) Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; and (2) Multiple neurological deficits which occurred over a continuous period of at least six (6) months. Other causes of neurological damage such as SLE and HIV are excluded.
33	Muscular Dystrophy	**Spinal Cord Disease or Injury resulting in Bowel and Bladder Dysfunction** Spinal Cord Disease or Injury resulting in Bowel and Bladder Dysfunction Spinal cord disease or chorda equina injury (both accidental and neurological) resulting in	**Moderate Muscular Dystrophy** A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist. The condition	The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living"[1] for a continuous period of at

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
		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 (6) months.	must result in the inability of the Life Assured to perform (whether aided or unaided) at least two (2) of the six (6) "Activities of Daily Living"[1] for a continuous period of at least six (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.	least six (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.
34	Necrotising Fasciitis	Nil	Nil	The occurrence of necrotising fasciitis where the following conditions are met: (1) The usual clinical criteria of necrotising fasciitis are met; (2) The bacteria identified is a known cause of necrotising fasciitis; and (3) 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.
35	Open Chest Heart Valve Surgery	**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.	**Valve Replacement or Valve Repair with Device** The actual undergoing a heart valve replacement where clips and rings are deployed by the arterial route to or repair by percutaneous transvascular or other minimally invasive intra-thoracic cardiac surgery[3] as deemed medically necessary by a specialist in the relevant field and confirmed by a cardiac echocardiogram.	The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be: (1) Supported by cardiac catheterisation or echocardiogram; and (2) the procedure must be considered medically necessary by a consultant cardiologist.

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
36	Open Chest Surgery to Aorta	**Percutaneous Surgery to Aorta** The actual undergoing of surgery via percutaneous 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 specialist in the relevant field. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches, or **Large Asymptomatic Aortic Aneurysm** Asymptomatic abdominal or thoracic aortic aneurysm or dissection greater than 55mm in diameter as evidence by appropriate imaging technique, and confirmed by a specialist in the relevant field.	**Minimally Invasive Surgery to Aorta** The actual undergoing of minimally invasive cardiac surgery[3] to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as evidenced by an echocardiogram or any other appropriate diagnostic imaging test that is available and confirmed by a consultant cardiologist or vascular surgeon. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.	The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra-arterial techniques are excluded.
37	Other Serious Coronary Artery Disease	**Mild Coronary Artery Disease** The narrowing of the lumen of two coronary arteries by a minimum of 60%, as proven by invasive coronary arteriography, 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	**Moderate Coronary Artery Disease** The narrowing of the lumen of three coronary arteries by a minimum of 60%, as proven by invasive coronary arteriography 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	The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by invasive coronary angiography, regardless of whether or not any form of coronary artery surgery has been performed. Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition. Coronary arteries herein refer to left main stem, left

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
		refer to right coronary artery, left main stem, left anterior descending and left circumflex. The branches of the above coronary arteries are excluded. If a claim is admitted under this benefit, no further claim on early Stage of Coronary Artery By-pass Surgery will be payable.	refer to right coronary artery, left main stem, left anterior descending and left circumflex. The branches of the above coronary arteries are excluded. If a claim is admitted under this benefit, no further claim on early and intermediate Stage of Coronary Artery By-pass Surgery will be payable.	anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.
38	Paralysis (Irreversible Loss of use of limbs)	**Loss of Use of One 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 (6) weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist. Self-inflicted injuries are excluded.	**Loss of Use of One Limb requiring Prosthesis** The medically necessary amputation of one limb above the knee or elbow. Self-inflicted injuries are excluded.	Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least six (6) weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist. Self-inflicted injuries are excluded.
39	Persistent Vegetative State (Apallic Syndrome)	**Akinetic Mutism** Organic brain damage which results in a person being unable to talk or move despite the fact that they appear alert at times. This diagnosis must be supported by evidence showing organic brain damage and definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for a continuous period of at least one 1 month. Akinetic mutism because of psychological reasons is excluded.	**Locked in syndrome** Condition in which a person is aware but cannot move or communicate verbally due to complete paralysis of all voluntary muscles in the body except for vertical eye movements and blinking. There should be evidence of quadriplegia and inability to speak. This diagnosis must be supported by evidence of infarction of the ventral pons and EEG indicating that the person is not unconscious. The 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 a continuous period at	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.

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
			least one 1 month.	
40	Poliomyelitis	**Peripheral Neuropathy** This refers to severe peripheral motor neuropathy resulting in significant motor weakness, fasciculation and muscle wasting. The diagnosis must be confirmed by a consultant neurologist as a result of nerve conduction studies and result in a permanent need for the use walking aids or a wheelchair. <u>The following is excluded</u>: • Diabetic neuropathy and neuropathy due to alcohol.	**Poliomyelitis (Intermediate Stage)** The occurrence of Poliomyelitis where the following conditions are met: (1) Poliovirus is identified as the cause, (2) Paralysis of the respiratory muscles supported by ventilator for a continuous period of minimum ninety-six (96) hours.	The occurrence of Poliomyelitis where the following conditions are met: (1) Poliovirus is identified as the cause, (2) Paralysis of the limb muscles or respiratory muscles must be present and persist for at least three (3) months. The diagnosis must be confirmed by a consultant neurologist or specialist in the relevant medical field.
41	Primary Pulmonary Hypertension	**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)[2] Classification of Cardiac Impairment. The diagnosis must be established by cardiac catheterisation by a specialist in the relevant field.	**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)[2] Classification of Cardiac Impairment. The diagnosis must be established by cardiac catheterisation by a specialist in the relevant field.	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)[2] Classification of Cardiac Impairment.
42	Progressive Scleroderma	**Early Progressive Scleroderma** A rheumatologist must make the definite diagnosis of progressive systemic scleroderma, based on clinically accepted criteria. This diagnosis must be unequivocally supported by biopsy and serological	**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	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

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
		evidence. The following are excluded: • Localised scleroderma (linear scleroderma or morphea); • Eosinophilic fascitis; and • CREST syndrome.	by biopsy and serological evidence. The disease must involve the skin with deposits of calcium (calcinosis), skin thickening of the fingers or toes (sclerodactyly) and also involve the esophagus. There must also be telangectasia (dilated capillaries) and Raynaud's Phenomenon causing artery spasms in the extremities. The following are excluded: • Localised scleroderma (linear scleroderma or morphea); and • Eosinophilic fasciitis.	test, and serological evidence, and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys. The following are excluded: • Localised scleroderma (linear scleroderma or morphea); • Eosinophilic fascitis; and • CREST syndrome.
43	Progressive Supranuclear Palsy	Nil	Nil	Progressive Supranuclear Palsy occurring independently of all other causes and resulting in a permanent neurological deficit[5], which is directly responsible for a permanent inability to perform at least three (3) of the following six (6) "Activities of Daily Living"[1]. The diagnosis of Progressive Supranuclear Palsy must be confirmed by a Medical Practitioner who is a neurologist.
44	Resection of the whole small intestine (duodenum, jejunum and ileum)	Nil	Nil	Complete surgical removal of the whole small intestine including the duodenum, jejunum and ileum as a result of illness or an accident of the Life Assured. The following is excluded: • Partial removal of the small intestine.

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
45	Severe Bacterial Meningitis	**Bacterial Meningitis with full recovery** Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord which requires hospitalisation. This diagnosis must be confirmed by: (1) The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and (2) A consultant neurologist. Bacterial Meningitis in the presence of HIV infection is excluded.	**Bacterial Meningitis with Reversible Neurological Deficit** Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in reversible neurological deficit that resolves fully within six (6) weeks of the confirmed meningitis infection. This diagnosis must be confirmed by: (1) The presence of bacterial infection in cerebrospinal fluid by lumbar puncture and the offending organism must be identified; and (2) A consultant neurologist. Bacterial Meningitis in the presence of HIV infection is excluded.	Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit[5]. The neurological deficit must persist for at least six (6) weeks. This diagnosis must be confirmed by: (1) The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and (2) A consultant neurologist. Bacterial Meningitis in the presence of HIV infection is excluded.
46	Severe Eisenmenger's Syndrome	Nil	Nil	The occurrence of a reversed or bidirectional shunt as a result of pulmonary hypertension, caused by a heart disorder. All of the following criteria must be met: (1) Presence of permanent physical impairment classified Class IV of the New York Heart Association (NYHA)[2] Classification of Cardiac Impairment; and (2) The diagnosis of Eisenmenger Syndrome and the level of physical impairment must be confirmed by a registered medical practitioner who is a cardiologist.

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
47	Severe Encephalitis	**Encephalitis with Full Recovery** 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) resulting in significant but reversible neurological deficit. The neurological deficit must persist for at least six (6) 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 inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in permanent neurological deficit[5] which must be documented for at least six (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.
48	Severe Myasthenia Gravis	Nil	Nil	An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatiguability, where all of the following criteria are met: • Presence of permanent muscle weakness categorized as Class III, IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification[4] below; and The diagnosis of Myasthenia Gravis and categorization are confirmed by a Medical Practitioner who is a neurologist.
49	Severe Ulcerative Colitis	Nil	Nil	Means acute fulminant ulcerative colitis with life threatening electrolyte disturbances, which all of the following criteria must be met: (1) The entire colon is affected with severe bloody diarrhoea; (2) The necessary treatment is total colectomy and ileostomy; and (3) The unequivocal diagnosis must be

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
				based on histopathological features and confirmed by a Medical Practitioner who is a gastroenterologist.
50	Stroke with Permanent Neurological Deficit	**Brain Aneurysm Surgery** 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. **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 specialist in the relevant field	**Carotid Artery Surgery** The actual undergoing of Endarterectomy of the carotid artery which has been necessitated as a result of at least 80% narrowing of the carotid artery as diagnosed by an arteriography or any other appropriate diagnostic test that is available. Endarterectomy of blood vessels other than the carotid artery is specifically excluded.	A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit[5]. This diagnosis must be supported by all of the following conditions: (1) Evidence of permanent clinical neurological deficit confirmed by a neurologist at least six (6) weeks after the event; and (2) Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke. <u>The following are excluded</u>: • 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.

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
51	Surgery for Idiopathic Scoliosis	Nil	Nil	The undergoing of spinal surgery to correct an abnormal curvature of the spine from its normal straight line viewed from the back. The condition must be present without an identifiable underlying cause and the curve of the spine must be more than cobb angle 40 degree. Spinal deformity associated with congenital defects and neuromuscular diseases are excluded.
52	Systemic Lupus Erythematosus with Lupus Nephritis	**Mild Systemic Lupus Erythematosus** A multisystem, multifactorial, autoimmune disorder which mostly affects females in their childbearing years and is characterised by the development of autoantibodies directed against various self antigens. In respect of this contract, systematic lupus erythematosus will be restricted to those forms of systematic lupus erythematosus that require systemic immunosuppressive therapy for multiple organ involvement for at least six (6) months under the direction of a specialist. Evidence must be provided from the treating specialist that proves to our satisfaction that there has been involvement of at least three specified internal organs. For the purposes of this benefit the listed specified organs are restricted to	**Moderately Severe Systemic Lupus Erythematosus (S.L.E) with Lupus Nephritis** Moderately Severe Systemic Lupus Erythematosus (S.L.E) with Lupus Nephritis means an autoimmune illness in which tissues and cells are damaged by deposition of pathogenic autoantibodies and immune complexes and damage of the kidney function. The diagnosis of S.L.E. with Lupus Nephritis will be based on the following conditions: (1) Clinically there must be at least 4 out of the following presentations suggested by The American College of Rheumatology. 1.1. Malar rash 1.2. Discoid rash 1.3. Photosensitivity 1.4. Oral ulcers 1.5. Arthritis 1.6. Serositis	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.

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
		the kidneys, brain, heart (or pericardium), lungs (or pleura) and joints. Joint involvement is defined as the presence of polyarticular inflammatory arthritis. Skin involvement is not considered one (1) of the specified organs for the purposes of this benefit. Other forms, discoid lupus and those forms with haematological involvement will be specifically excluded. The final diagnosis may have to be supported by a certified doctor specialising in Rheumatology and Immunology.	1.7. Renal Disorder 1.8. Leukopenia (<4,000/mL), or Lymphopenia (<1,500/mL), or Haemolytic anaemia, or Thrombocytopenia (<100,000/mL) 1.9. Neurological disorder AND (2) 2 or more of the following tests being positive 2.1. Anti-nuclear Antibodies 2.2. L.E. cells 2.3 Anti-DNA 2.4 Anti-Sm (Smith IgG Autoantibodies) AND (3) There is lupus nephritis causing impaired renal function with a creatinine clearance rate of 50 ml per minute or less. The Company reserves the right to change this definition from time to time to reflect the changes in qualitative or quantitative medical categorization of this illness so as to give effect to the original intent of this definition.	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

S/N	Critical Illness	Early Stage	Intermediate Stage	Critical Stage
53	Terminal Illness	Nil	Nil	The conclusive diagnosis of an illness that is expected to result in the death of the Life Assured within twelve (12) months. This diagnosis must be supported by a specialist and confirmed by the Company's appointed doctor. Terminal illness in the presence of HIV infection is excluded.

Explanatory Notes:

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

1. The Six (6) Activities of Daily Living (ADLs) are:

1	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.
2	Dressing	The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
3	Transferring	The ability to move from a bed to an upright chair or wheelchair and vice versa.
4	Mobility	The ability to move indoors from room to room on level surfaces.
5	Toileting	The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
6	Feeding	The ability to feed oneself once food has been prepared and made available.

2. The NYHA Classification of Cardiac Impairment:
(Source: "Current Medical Diagnosis & Treatment – 39th Edition")

Class I	No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.
Class II	Slight limitation of physical activity. Ordinary physical activity results in symptoms.
Class III	Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
Class IV	Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

3. Minimally invasive cardiac surgery
refers to any procedure performed without a full sternotomy / laparotomy/ percutaneous intravascular route. Minimally invasive cardiac surgery therefore includes any procedure performed through Partial Sternotomy, Minithoracotomy, Thoracoscopy (port access or robotic), "keyhole" route or any minimally invasive cardiac surgeries consistent with the current standard of the medical services available in Singapore.

4. 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.

5 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. 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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