

List of Critical Illnesses covered under Crisis Cover Plus, Crisis Cover Provider, Crisis Cover and Crisis Cover Limited Pay

1 Major Cancers

A malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. This diagnosis must be supported by histological evidence of malignancy and confirmed by an oncologist or pathologist.

The following are excluded:

- ? Tumours showing the malignant changes of carcinoma-in-situ and tumours which are histologically described as pre-malignant or non-invasive, including, but not limited to: Carcinoma-in-Situ of the Breasts, Cervical Dysplasia CIN-1, CIN-2 and CIN-3;
- ? Hyperkeratoses, basal cell and squamous skin cancers, and melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3, unless there is evidence of metastases;
- ? Prostate cancers histologically described as TNM Classification T1a or T1b or Prostate cancers of another equivalent or lesser classification, T₁N₀M₀ Papillary micro-carcinoma of the Thyroid less than 1 cm in diameter, Papillary micro-carcinoma of the Bladder, and Chronic Lymphocytic Leukaemia less than RAI Stage 3; and
- ? All tumours in the presence of HIV infection.

2 Heart Attack

Death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. This diagnosis must be supported by three or more of the following five criteria which are consistent with a new heart attack:

- ? History of typical chest pain;
- ? New electrocardiogram (ECG) changes proving infarction;
- ? Diagnostic elevation of cardiac enzyme CK-MB;
- ? Diagnostic elevation of Troponin (T or I);
- ? Left ventricular ejection fraction less than 50% measured 3 months or more after the event.

3 Stroke

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

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

The following are excluded:

- ? Transient Ischaemic Attacks;
- ? Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
- ? Vascular disease affecting the eye or optic nerve; and
- ? Ischaemic disorders of the vestibular system.

4 Coronary Artery By-pass Surgery

The actual undergoing of open-chest surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

Angioplasty and all other intra arterial, catheter based techniques, 'keyhole' or laser procedures are excluded.

5 Kidney Failure

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

6 Aplastic Anaemia

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

- ? Blood product transfusion;
- ? Marrow stimulating agents;
- ? Immunosuppressive agents; or
- ? Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist.

7 Blindness (Loss of Sight)

Total and irreversible loss of sight in both eyes as a result of illness or accident. The blindness must be confirmed by an ophthalmologist.

8 End Stage Lung Disease

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

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

The diagnosis must be confirmed by a respiratory physician.

9 End Stage Liver Failure

End stage liver failure as evidenced by all of the following:

- ? Permanent jaundice;
- ? Ascites; and

? Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

10 Coma

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

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

Coma resulting directly from alcohol or drug abuse is excluded.

11 Deafness (Loss of Hearing)

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

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

12 Heart Valve Surgery

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

13 Loss of Speech

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

All psychiatric related causes are excluded.

14 Major Burns

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

15 Major Organ /Bone Marrow Transplantation

The receipt of a transplant of:

- ? Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
- ? One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

16 Multiple Sclerosis

The definite occurrence of Multiple Sclerosis. The diagnosis must be supported by all of the following:

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

17 Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist. The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living:

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

18 Parkinson's Disease

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

- ? the disease cannot be controlled with medication;
- ? signs of progressive impairment; and
- ? inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living:

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

Drug-induced or toxic causes of Parkinsonism are excluded.

19 Surgery to Aorta

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

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

20 Alzheimer's Disease / Severe Dementia

Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the life assured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor.

The following are excluded:

- ? Non-organic diseases such as neurosis and psychiatric illnesses; and
- ? Alcohol related brain damage.

21 Fulminant Hepatitis

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- ? rapid decreasing of liver size;
- ? necrosis involving entire lobules, leaving only a collapsed reticular framework;
- ? rapid deterioration of liver function tests;
- ? deepening jaundice; and
- ? hepatic encephalopathy.

22 Motor Neurone Disease

Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.

23 Primary Pulmonary Hypertension

Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.

The NYHA Classification of Cardiac Impairment (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.

24 Terminal Illness

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.

25 HIV Due to Blood Transfusion and Occupationally Acquired HIV

- A) Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:
- ? The blood transfusion was medically necessary or given as part of a medical treatment;
 - ? The blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later;
 - ? The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and
 - ? The insured does not suffer from Thalassaemia Major or Haemophilia.
- B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, date of endorsement or date of reinstatement of this Supplementary Contract, whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to the Company's satisfaction:
- ? Proof of the accident giving rise to the infection must be reported to the Company within 30 day of the accident taking place;
 - ? Proof that the accident involved a definite source of the HIV infected fluids;
 - ? Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and
 - ? HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

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

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

26 Benign Brain Tumor

A benign tumour in the brain where all of the following conditions are met:

- ? It is life threatening;
- ? It has caused damage to the brain;
- ? It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
- ? Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- ? Cysts;
- ? Granulomas;
- ? Vascular Malformations;
- ? Haematomas; and
- ? Tumours of the pituitary gland or spinal cord.

27 Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.

Encephalitis caused by HIV infection is excluded.

28 Bacterial Meningitis

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

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

Bacterial Meningitis in the presence of HIV infection is excluded.

29 Major Head Trauma

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The following are excluded:

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

30 Angioplasty & Other Invasive Treatment For Coronary Artery

The Limited Advance Payment benefit equal to 10% of the Lump Sum Advance Payment subject to a S\$25,000 maximum shall be paid if the insured actually undergoes balloon angioplasty or similar intra arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.

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

This benefit shall cease upon payment of one Limited Advance Payment.

Diagnostic angiography is excluded.

List of Critical Illnesses covered under Payer Security and Crisis Waiver

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

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Other stem cell transplants are excluded.

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The definite occurrence of Multiple Sclerosis. The diagnosis must be supported by all of the following:

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

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- ? the disease cannot be controlled with medication;
- ? signs of progressive impairment; and
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- (v) Toileting- the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- (vi) Feeding- the ability to feed oneself once food has been prepared and made available.

Drug-induced or toxic causes of Parkinsonism are excluded.

19 Surgery to Aorta

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

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

20 Alzheimer's Disease / Severe Dementia

Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the life assured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor.

The following are excluded:

- ? Non-organic diseases such as neurosis and psychiatric illnesses; and
- ? Alcohol related brain damage.

21 Fulminant Hepatitis

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- ? rapid decreasing of liver size;
- ? necrosis involving entire lobules, leaving only a collapsed reticular framework;
- ? rapid deterioration of liver function tests;
- ? deepening jaundice; and
- ? hepatic encephalopathy.

22 Motor Neurone Disease

Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.

23 Primary Pulmonary Hypertension

Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by

investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.

The NYHA Classification of Cardiac Impairment (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.

24 Terminal Illness

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.

25 HIV Due to Blood Transfusion and Occupationally Acquired HIV

- A) Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:
 - ? The blood transfusion was medically necessary or given as part of a medical treatment;
 - ? The blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later;
 - ? The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and
 - ? The insured does not suffer from Thalassaemia Major or Haemophilia.
- B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, date of endorsement or date of reinstatement of this Supplementary Contract, whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to the Company's satisfaction:
 - ? Proof of the accident giving rise to the infection must be reported to the Company within 30 day of the accident taking place;
 - ? Proof that the accident involved a definite source of the HIV infected fluids;
 - ? Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and
 - ? HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

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

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

26 Benign Brain Tumor

A benign tumour in the brain where all of the following conditions are met:

- ? It is life threatening;
- ? It has caused damage to the brain;
- ? It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
- ? Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- ? Cysts;
- ? Granulomas;
- ? Vascular Malformations;
- ? Haematomas; and
- ? Tumours of the pituitary gland or spinal cord.

27 Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.

Encephalitis caused by HIV infection is excluded.

28 Bacterial Meningitis

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

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

Bacterial Meningitis in the presence of HIV infection is excluded.

29 Major Head Trauma

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The following are excluded:

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

30 Progressive Scleroderma

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

The following are excluded:

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

List of Critical Illnesses covered under Crisis Cover Kids

Payable in the event the life assured suffers from any of the child critical illnesses specified and defined as follows and as certified by a medical practitioner registered in Singapore.

1 Severe Asthma

Severe Asthma is evidenced by EITHER:

An acute attack of severe asthma leading to admission to hospital and mechanical ventilation for a continuous period of at least 4 hours to establish control of the asthma attack on the advice of a consultant paediatrician;

OR

At least 3 of the following features of chronic, Severe asthma:

- Continuous daily usage of oral corticosteroids for a minimum period of 6 months on the advice of a consultant paediatrician to control the child's asthma;
- The presence of a Harrison's sulcus chest deformity as confirmed by a consultant paediatrician;
- Significant growth impairment attributed by a consultant paediatrician to the child's asthma (which is for this purpose defined as a height below the third percentile for the child's age and sex in a child with asthma whose height has previously been recorded at or above the fifth percentile at a routine developmental examination at the age of at least 1 year);
- An average of at least 3 hospital admissions per year in the previous 2 years to control acute attacks of asthma. An admission to hospital will be counted for this purpose if it results in a stay in hospital of at least 2 nights' duration on the advice of a consultant paediatrician;
- Significant and persistent limitation of the peak expiratory flow rate (which is for this purpose defined as maximum peak expiratory flow rate recordings of less than 80% of the rate predicted for child of the same age, sex and build while taking the treatment prescribed by a consultant paediatrician for asthma). The recordings are to be made by a consultant paediatrician on at least 4 occasions at intervals of no less than 1 month in a period of at least 12 months. The paediatrician certifying the recordings should be satisfied that the child is complying with optimal prescribed asthma medication throughout the period to which the recordings relate.

2 Major Head Trauma

Permanent neurological Impairment or loss of intellectual capacity as a result of brain damage sustained through accident or injury. Permanent neurological deficit must be confirmed by a consultant neurologist.

3 Brain Surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included. However brain surgery as a result of an accident and burr hole surgery to remove a blood clot are excluded. The procedure must be considered necessary by a qualified specialist.

4 Loss of Limbs

A complete and permanent loss of use of two or more limbs. Loss of use must be established for a continuous period of at least six months and be supported by appropriate medical evidence confirmed by a consultant neurologist registered in Singapore.

5 Leukaemia

Unequivocal diagnosis of Leukaemia, confirmed by histology, requiring chemotherapy and/or radiotherapy treatment.

6 Bone Marrow Transplant

The actual undergoing of or confirmation of acceptance on to the Singapore waiting list for a necessary transplant of Bone Marrow from a human donor as a recipient.

7 Insulin-dependent Diabetes Mellitus

Insulin-dependent diabetes mellitus as characterised by the continuous dependence on exogenous insulin for the preservation of life as diagnosed by a consultant endocrinologist. Evidence of dependence for a minimum of six months will be required before a claim is considered.

8 Rheumatic Fever with Valvular Impairment

A confirmed diagnosis by a qualified paediatrician acceptable to the Company of acute rheumatic fever according to the revised Jones criteria for its diagnosis. There must be involvement of 1 or more heart valves and at least mild valve incompetence attributable to rheumatic fever as confirmed by quantitative investigations of the valve function by a qualified cardiologist acceptable to the Company.

9 Kawasaki Disease with Heart Complications

The diagnosis of Kawasaki disease by a consultant paediatrician or rheumatologist. There must be echocardiographic evidence of cardiac involvement manifested by dilation or aneurysm formation in the coronary arteries present for at least six months after the initial acute episode.

10 Severe Juvenile Rheumatoid Arthritis

Severe juvenile rheumatoid arthritis as diagnosed by a consultant rheumatologist, with widespread joint destruction and major clinical deformity of at least three or more of the following joint areas:

- hands
 - wrists
 - elbows
 - knees
 - hips
 - ankle
 - cervical spine
 - metatarsophalangeal joints in the feet
-

The symptoms of arthritis should have persisted for at least one year.

11 Glomerulonephritis with Nephrotic Syndrome

A confirmed diagnosis of glomerulonephritis with nephrotic syndrome by a qualified paediatrician acceptable to the Company and who should confirm that a treatment regimen appropriate to the clinical presentation has been followed throughout the period to which the syndrome relates. The syndrome must have continued for a period of at least 6 months with or without intervening periods of remission.

12 Severe Epilepsy

The insured suffers from epilepsy as diagnosed by a consultant neurologist or paediatrician confirmed by electroencephalography (EEG) with the use of other investigations including magnetic resonance imaging (MRI) and positron emission tomography (PET) as appropriate and has:

- experienced recurrent unprovoked tonic-clonic or grand mal seizures due to a disorder of the brain;
- OR
- undergone neurosurgery for treatment of epileptic seizures.

Febrile or absence (Petit Mal) seizures alone do not satisfy the requirements of this definition.

Before a claim will be paid, the insured must have been taking prescribed anti-epileptic (anti-convulsant) medication for at least 6 months on the recommendation of a consultant neurologist or paediatrician.

List of Illnesses covered under PruSmart Lady

1 Systemic Lupus Erythematosus (SLE)

'Systemic Lupus Erythematosus (SLE)' means the unequivocal diagnosis by a consultant physician of systemic lupus erythematosus with cardiac, central nervous system or renal impairment. Discoid lupus is specifically excluded.

2 Carcinoma in-situ of breast or cervix uteri

'Carcinoma in-situ of breast or cervix uteri' means the focal autonomous new growth of carcinomatous cells which have not yet resulted in the invasion of normal tissues. 'Invasion' means an infiltration or active destruction of tissue or surrounding tissue. We cover only Carcinoma in-situ of the breast or cervix uteri. The diagnosis of Carcinoma in-situ must always be positively diagnosed upon the basis of a microscopic examination of fixed tissue additionally supported - in the case of cervix uteri by cone biopsy or colposcopy with cervical biopsy and in the case of breast, by biopsy. Clinical diagnosis does not meet this standard.

We do not pay if the life assured is diagnosed to be HIV (Human Immunodeficiency Virus) positive.

3 Malignant Cancer of breast or cervix uteri

Malignant Cancer of breast or cervix uteri covers primary Cancer of the Breast and Cervix Uteri only. Cancer is a malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. This diagnosis must be supported by histological evidence of malignancy and confirmed by an oncologist or pathologist.

The following are excluded:

- Tumours showing the malignant changes of carcinoma-in-situ and tumours which are histologically described as pre-malignant or non-invasive including, but not limited to: Carcinoma-in-situ of the Breasts, Cervical Dysplasia CIN-1, CIN-2, CIN-3;
- All tumours in the presence of HIV infection;
- Tumours that have metastasised from organs other than the Breast and Cervix Uteri.

4 Rheumatoid Arthritis

'Rheumatoid arthritis' means widespread joint destruction with major clinical deformity of 3 or more of the following joint areas: hands, wrists, elbows, cervical spine, knees, ankles, metatarsophalangeal joints in the feet. Only severe cases of rheumatoid arthritis are covered.

The condition should be such that the life assured:

- is totally and permanently disabled so that the life assured cannot engage in any occupation, business or activity which pays an income; or
-

- is permanently disabled and has been confined to a home, hospital or other institution requiring constant care and medical attention for at least 6 consecutive months; or
- suffers total and irrecoverable loss of the effective use of:
 - both eyes; or
 - any two limbs at or above the wrist or ankle; or
 - one eye and any one limb at or above the wrist or ankle.