SCHEDULE 62

Standard Insurance Charge Rates Per Annum for Smart Multi Critical Care (SMCC)
Male Smoker

Attained Age Next Birthday*	Insurance Charge Rate Per Annum Per RM1,000 Amount of Benefits	Attained Age Next Birthday*	Insurance Charge Rate Per Annum Per RM1,000 Amount of Benefits	Attained Age Next Birthday*	Insurance Charge Rate Per Annum Per RM1,000 Amount of Benefits
1	0.80	34	2.40	67	68.58
2	0.82	35	2.62	68	72.78
3	0.82	36	2.85	69	76.38
4	0.85	37	3.11	70	82.31
5	0.85	38	3.38	71	85.88
6	0.88	39	3.72	72	87.42
7	0.89	40	4.08	73	91.94
8	0.91	41	4.35	74	95.32
9	0.92	42	4.74	75	100.17
10	0.94	43	5.34	76	104.42
11	0.95	44	6.08	77	111.65
12	0.97	45	7.18	78	117.82
13	0.98	46	8.14	79	124.15
14	0.98	47	9.52	80	130.71
15	1.00	48	11.09	81	141.11
16	1.02	49	12.63	82	153.42
17	1.02	50	14.23	83	162.72
18	1.08	51	15.77	84	173.25
19	1.38	52	17.71	85	185.02
20	1.71	53	19.28	86	193.48
21	1.82	54	20.65	87	208.38
22	1.85	55	22.62	88	224.94
23	1.88	56	25.03	89	243.12
24	1.91	57	27.65	90	258.52
25	1.92	58	30.03	91	286.86
26	1.95	59	33.18	92	304.08
27	1.98	60	37.62	93	324.68
28	2.00	61	42.15	94	345.71
29	2.05	62	46.42	95	377.92
30	2.06	63	50.08	96	411.09
31	2.14	64	53.77	97	443.78
32	2.23	65	57.83	98	476.51
33	2.31	66	62.80	99	509.20

* On Date of Insurance Charge Deduction

Note:
Insurance Charge for Policy Month
= Insurance Charge Rate Per Annum x Amount of Benefits at start of Policy Month ÷ 12

In the event that any claim is admitted under this Annexure, the Amount of Benefits prior to the claim made under this Annexure shall remain unchanged for the determination of the Insurance Charges subsequent to such admitted claim.

SCHEDULE 62

Standard Insurance Charge Rates Per Annum for Smart Multi Critical Care (SMCC)
Male Non-Smoker

Attained Age Next Birthday*	Insurance Charge Rate Per Annum Per RM1,000 Amount of Benefits	Attained Age Next Birthday*	Insurance Charge Rate Per Annum Per RM1,000 Amount of Benefits	Attained Age Next Birthday*	Insurance Charge Rate Per Annum Per RM1,000 Amount of Benefits
1	0.80	34	1.58	67	47.14
2	0.82	35	1.69	68	51.25
3	0.82	36	1.85	69	54.12
4	0.85	37	2.02	70	56.92
5	0.85	38	2.25	71	59.48
6	0.88	39	2.48	72	60.68
7	0.89	40	2.85	73	63.91
8	0.91	41	3.18	74	66.34
9	0.92	42	3.46	75	70.55
10	0.94	43	3.68	76	73.89
11	0.95	44	4.11	77	79.42
12	0.97	45	4.92	78	84.29
13	0.98	46	5.58	79	89.38
14	0.98	47	6.71	80	92.86
15	1.00	48	7.77	81	98.28
16	1.02	49	8.85	82	108.82
17	1.02	50	9.88	83	116.45
18	1.03	51	11.22	84	123.92
19	1.05	52	12.11	85	130.06
20	1.06	53	12.60	86	134.15
21	1.08	54	13.82	87	141.62
22	1.11	55	15.42	88	152.15
23	1.12	56	17.60	89	163.58
24	1.15	57	19.97	90	179.05
25	1.18	58	22.55	91	190.86
26	1.22	59	25.29	92	199.09
27	1.25	60	28.26	93	209.08
28	1.28	61	30.42	94	220.98
29	1.31	62	32.75	95	240.05
30	1.32	63	35.18	96	259.75
31	1.35	64	37.71	97	279.28
32	1.45	65	40.45	98	298.82
33	1.52	66	43.40	99	318.34

* On Date of Insurance Charge Deduction

Note:
Insurance Charge for Policy Month
= Insurance Charge Rate Per Annum x Amount of Benefits at start of Policy Month ÷ 12

In the event that any claim is admitted under this Annexure, the Amount of Benefits prior to the claim made under this Annexure shall remain unchanged for the determination of the Insurance Charges subsequent to such admitted claim.

SCHEDULE 62

Standard Insurance Charge Rates Per Annum for Smart Multi Critical Care (SMCC)
Female Smoker

Attained Age Next Birthday*	Insurance Charge Rate Per Annum Per RM1,000 Amount of Benefits	Attained Age Next Birthday*	Insurance Charge Rate Per Annum Per RM1,000 Amount of Benefits	Attained Age Next Birthday*	Insurance Charge Rate Per Annum Per RM1,000 Amount of Benefits
1	0.71	34	3.58	67	46.25
2	0.71	35	3.95	68	50.02
3	0.72	36	4.38	69	53.37
4	0.72	37	4.82	70	56.63
5	0.72	38	5.28	71	59.58
6	0.74	39	5.75	72	62.29
7	0.75	40	6.08	73	63.88
8	0.75	41	6.22	74	67.22
9	0.75	42	6.31	75	72.17
10	0.77	43	6.46	76	76.32
11	0.78	44	6.86	77	78.35
12	0.80	45	7.51	78	79.72
13	0.82	46	8.35	79	84.42
14	0.83	47	9.02	80	89.86
15	0.85	48	9.89	81	96.65
16	0.88	49	10.65	82	107.28
17	0.88	50	11.35	83	119.22
18	0.94	51	12.31	84	130.02
19	1.12	52	13.58	85	140.15
20	1.32	53	15.35	86	153.25
21	1.52	54	17.58	87	169.26
22	1.65	55	19.43	88	186.29
23	1.75	56	20.65	89	202.38
24	1.86	57	21.95	90	217.11
25	1.98	58	23.88	91	227.12
26	2.08	59	25.75	92	236.11
27	2.20	60	27.94	93	248.02
28	2.29	61	30.55	94	255.65
29	2.43	62	33.85	95	265.20
30	2.52	63	36.08	96	276.32
31	2.72	64	37.22	97	289.15
32	2.97	65	38.85	98	306.85
33	3.25	66	41.78	99	335.00

* On Date of Insurance Charge Deduction

Note:
Insurance Charge for Policy Month
= Insurance Charge Rate Per Annum x Amount of Benefits at start of Policy Month ÷ 12

In the event that any claim is admitted under this Annexure, the Amount of Benefits prior to the claim made under this Annexure shall remain unchanged for the determination of the Insurance Charges subsequent to such admitted claim.

SCHEDULE 62

Standard Insurance Charge Rates Per Annum for Smart Multi Critical Care (SMCC)
Female Non-Smoker

Attained Age Next Birthday*	Insurance Charge Rate Per Annum Per RM1,000 Amount of Benefits	Attained Age Next Birthday*	Insurance Charge Rate Per Annum Per RM1,000 Amount of Benefits	Attained Age Next Birthday*	Insurance Charge Rate Per Annum Per RM1,000 Amount of Benefits
1	0.71	34	2.65	67	32.38
2	0.71	35	2.78	68	35.11
3	0.72	36	2.85	69	36.38
4	0.72	37	2.98	70	38.92
5	0.72	38	3.06	71	40.78
6	0.74	39	3.08	72	42.98
7	0.75	40	3.23	73	46.62
8	0.75	41	3.45	74	48.68
9	0.75	42	3.77	75	51.05
10	0.77	43	4.23	76	55.17
11	0.78	44	4.63	77	57.02
12	0.80	45	4.86	78	60.68
13	0.82	46	5.25	79	63.20
14	0.83	47	5.85	80	68.22
15	0.85	48	6.72	81	73.32
16	0.88	49	7.45	82	81.28
17	0.88	50	7.92	83	89.83
18	0.89	51	8.78	84	97.85
19	0.91	52	9.48	85	105.88
20	1.11	53	10.25	86	115.11
21	1.31	54	11.00	87	126.80
22	1.45	55	11.92	88	139.26
23	1.52	56	12.63	89	151.86
24	1.63	57	13.68	90	164.49
25	1.71	58	15.09	91	174.35
26	1.82	59	16.69	92	185.35
27	1.92	60	18.51	93	194.00
28	1.97	61	20.75	94	201.92
29	2.08	62	22.68	95	213.40
30	2.17	63	24.18	96	221.35
31	2.28	64	25.05	97	232.62
32	2.38	65	26.55	98	247.98
33	2.48	66	28.91	99	270.55

* On Date of Insurance Charge Deduction

Note:
Insurance Charge for Policy Month
= Insurance Charge Rate Per Annum x Amount of Benefits at start of Policy Month ÷ 12

In the event that any claim is admitted under this Annexure, the Amount of Benefits prior to the claim made under this Annexure shall remain unchanged for the determination of the Insurance Charges subsequent to such admitted claim.

Great Eastern

SMART MULTI CRITICAL CARE (SMCC)

ANNEXURE U189

This Smart Multi Critical Care ("this Annexure") does not give any right to share in the surplus of the Company's life insurance fund and does not have any surrender value.

1. DEFINITIONS

For the purpose of this Annexure, the following words or expressions, whenever mentioned in this Annexure, shall have the following meanings unless otherwise stated. Any words or expressions not specifically defined in this Annexure shall have the same meaning as ascribed to it in this Policy:-

"Activities of Daily Living" means all of the following:

(a) Transfer
Getting in and out of a chair without requiring physical assistance.

(b) Mobility
The ability to move from room to room without requiring any physical assistance.

(c) Continence
The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene.

(d) Dressing
Putting on and taking off all necessary items of clothing without requiring assistance of another person.

(e) Bathing/Washing
The ability to wash in the bath or shower (including getting in or out of the bath or shower) or wash by any other means.

(f) Eating
All tasks of getting food into the body once it has been prepared.

"Amount of Benefits" means the amount of benefits for this Annexure specified in the Table of Supplementary Benefits in Schedule A of this Policy or in a subsequent endorsement issued by the Company, as the case may be.

"Attained Age Next Birthday" means the age next birthday of the Life Assured on the preceding (or coincident) Policy Anniversary.

"Advanced Stage Covered Event" or **"Advanced Stage Covered Events"** means any of the events, classified as Advanced Stage Covered Events, as specified and defined in Clause 9 below.

"Assessment Period" means the period during which the Company will assess a condition before deciding whether or not the condition qualifies as being permanent. The assessment period will be for the minimum period time frame stated in the relevant definition and will not be longer than twelve (12) months, provided all required evidence has been submitted.

"Category I Covered Events" means all Early Stage Covered Events, all Intermediate Stage Covered Events, or Advanced Stage Covered Events of Coronary Artery By-Pass Surgery, Advanced Stage Covered Events of Cancer, Advanced Stage Covered Events of Heart Attack, Advanced Stage Covered Events of Other Serious Coronary Artery Disease, Advanced Stage Angioplasty and other invasive treatments for coronary artery disease as specified and defined in Clause 9 below.

"Category II Covered Events" means the Covered Events as specified and defined in Clause 9 below other than those events classified under Category I Covered Events.

"Covered Event" or **"Covered Events"** means any of the events classified as Early Stage Covered Events, Intermediate Stage Covered Events or Advanced Stage Covered Events, as specified and defined in Clause 9 below.

"Covered Event Category" or "Covered Event Categories" means the Covered Event Category stated in Clause 9 below.

"Critical Illness Annexures or Endorsements" refers to the category of annexures or endorsements including any future annexure or endorsement by any number or description issued and assigned under this category by the Company which provide living assurance benefits or critical illness benefits.

"Diagnosis" or "Diagnosed" means the definitive diagnosis made by a Medical Practitioner or neurologist, based upon such specific evidence, referred to in the definition of the particular Covered Event concerned or, in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to the Company.
Such diagnosis must be supported by the Company's appointed Medical Practitioner who may base his opinion on the medical evidence submitted by the claimant and/or any additional evidence he may require.
"Early Stage Covered Event" or **"Early Stage Covered Events"** means any of the events, classified as Early Stage Covered Events, as specified and defined in Clause 9 below.
"Expiry Date" means the expiry date for this Annexure specified in the Table of Supplementary Benefits in Schedule A of this Policy or in a subsequent endorsement issued by the Company, as the case may be, on which the coverage of the Life Assured under this Annexure has ceased accordingly.
"Intermediate Stage Covered Event" or **"Intermediate Stage Covered Events"** means any of the events, classified as Intermediate Stage Covered Events, as specified and defined in Clause 9 below.
"Irreversible" means cannot be reasonably improved upon by medical treatment and/or surgical procedures consistent with the current standard of the medical services available in Malaysia.
"Medical Practitioner" means a surgeon or physician qualified by degree in western medicine, who is legally licensed and duly qualified to practise medicine and surgery authorised in the geographical area of his practice, and who also possesses a current Annual Practicing Certificate issued by the Malaysian Medical Council.
"Permanent" means expected to last throughout the lifetime of the Life Assured.
"Permanent neurological deficit with persisting clinical symptoms" means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life Assured. Symptoms that are covered include numbness, paralysis, localised 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.
"Policy" means the basic policy to which this Annexure is attached.
"Risk Commencement Date" refers to the Risk Commencement Date shown in Schedule A of this Policy or in a subsequent endorsement issued by the Company, as the case may be, on which the coverage of the Life Assured under this Policy has become effective.
"Risk Effective Date" refers to the Risk Commencement Date or date of inclusion of this Annexure if it has been subsequently included to this Policy or date of any reinstatement, whichever is the later, on which the coverage of the Life Assured under this Annexure has become effective.
"Stage" refers to the severity of the Covered Events; Early Stage Covered Events, Intermediate Stage Covered Events, or Advanced Stage Covered Events, as specified and defined under Clause 9 below.
"Sum Assured" refers to the Basic Sum Assured shown in Schedule A of this Policy or in a subsequent endorsement issued by the Company, as the case may be.
"Special Benefit Event" or **"Special Benefit Events"** means any of the events as specified and defined in Clause 10 below.
"Type I Waiting Period" which is only applicable to Category I Covered Events and Special Benefit Events means the first sixty (60) days from the Risk Effective Date.
"Type II Waiting Period" which is only applicable to Category II Covered Events means the first thirty (30) days from the Risk Effective Date.
"Waiting Period" for any Special Benefit Event refers to Type I Waiting Period; for any Covered Event refers to Type I Waiting Period if the Covered Event is classified under Category I Covered Events or Type II Waiting Period if the Covered Event is classified under Category II Covered Events.

2. INSURANCE CHARGE

2.1 The Company will deduct a monthly Insurance Charge, beginning from the Risk Effective Date up to and including the due date immediately prior to the Expiry Date, from the Total Investment Value in respect of the Amount of Benefits, by cancelling Units valued at their respective Net Asset Value on the Next Valuation Date following each due date of the Insurance Charge.

2.2 If the Life Assured is an unborn child at the Commencement Date, the deduction of Insurance Charge will begin on the Risk Commencement Date, and thereafter will be made on the corresponding date for each subsequent month. Regardless of any subsequent endorsement issued by the Company, the due date of the Insurance Charge shall be based on the original Risk Commencement Date.

2.3 The Insurance Charge in respect of the Amount of Benefits will be calculated at the Company's rates based on the Attained Age Next Birthday on each due date of Insurance Charge. In the event that any claim is admitted under Clause 3 and Clause 4 below, the Amount of Benefits shall remain unchanged for the determination of the Insurance Charges subsequent to such admitted claim.

2.4 The standard Insurance Charge rates per annum varies by gender and smoker status of the Life Assured and these rates are given in Schedule 62 of this Policy.

2.5 The Insurance Charges are not guaranteed. The Company may vary these charges by giving at least thirty (30) days' advance written notice to You in accordance with 'Notices and Correspondence' clause of the Privileges and Conditions. Any upward revision of the charges shall take effect on the Policy Anniversary immediately following the expiry of the thirty (30) days' advance written notice. However, for any downward revision of the charges, the Company reserves the right to implement it immediately without giving any notice to You.

3. COVERED EVENTS BENEFIT

3.1 While this Annexure is in force and subject to its terms and conditions, this Annexure allows multiple claims on Early Stage Covered Events, Intermediate Stage Covered Events and Advanced Stage Covered Events, subject to the following maximum benefits limit ("Total Amount of Covered Events Benefit"):

3.1.1 Prior to the Policy Anniversary on which the Life Assured attains the age of eighty-five (85) years next birthday, the Total Amount of Covered Events Benefit equivalent to eight hundred percent (800%) of Amount of Benefits.

3.1.2 On or after Policy Anniversary on which the Life Assured attains the age of eighty-five (85) years next birthday, the Total Amount of Covered Events Benefit equivalent to one hundred percent (100%) of Amount of Benefits.

Subject to RM4,000,000 per life under this and all policies (including endorsement and annexures) issued by the Company (except group policies issued by the Company and policies distributed solely by the Company's bank partners for and on the behalf of the Company) by any name or description which provide covered event benefit or provision for illness on the same Life Assured.

3.2 If a Covered Event occurred to the Life Assured, the Company will pay the following benefits.

3.2.1 <u>Early Stage Covered Events and Intermediate Stage Covered Events</u>

If an Early Stage Covered Event or Intermediate Stage Covered Event occurred to the Life Assured and the Life Assured survives at least seven (7) days after such occurrence, the Company shall pay:

3.2.1.1 fifty percent (50%) of the Amount of Benefits; or

3.2.1.2 RM 300,000 under this Annexure; or

3.2.1.3 Total Amount of Covered Events Benefit minus all Amount of Benefits paid under Covered Events Benefit;

whichever is the lowest.

3.2.2 <u>Advanced Stage Covered Events</u>

If an Advanced Stage Covered Event occurred to the Life Assured and the Life Assured survives at least fourteen (14) days after such occurrence, the Company shall pay:

3.2.2.1 hundred percent (100%) of the Amount of Benefits minus any Amount of Benefits paid under the same category; or

3.2.2.2 Total Amount of Covered Events Benefit minus all Amount of Benefits paid under Covered Events Benefit;

whichever is lower.

3.3 If a Second Primary Cancer, Second Heart Attack or Second Stroke as specified under Clause 3.3.3 occurred to the Life Assured, the Company will pay the following benefits.

3.3.1 <u>Early Stage and Intermediate Stage of Second Primary Cancer, Second Heart Attack or Second Stroke</u>

If an Early Stage or Intermediate Stage of Second Primary Cancer, Second Heart Attack or Second Stroke occurred to the Life Assured and the Life Assured survives at least seven (7) days after such occurrence, the Company shall pay:

3.3.1.1 fifty percent (50%) of the Amount of Benefits; or
3.3.1.2 RM 300,000 under this Annexure; or
3.3.1.3 Total Amount of Covered Events Benefit minus all Amount of Benefits paid under Covered Events Benefit;
whichever is the lowest.

3.3.2 Advanced Stage of Second Primary Cancer, Second Heart Attack or Second Stroke
If an Advanced Stage of Second Primary Cancer, Second Heart Attack or Second Stroke occurred to the Life Assured and the Life Assured survives at least fourteen (14) days after such occurrence, the Company shall pay:
3.3.2.1 hundred percent (100%) of the Amount of Benefits minus any Amount of Benefits paid under the same category; or
3.3.2.2 Total Amount of Covered Events Benefit minus all Amount of Benefits paid under Covered Events Benefit;
whichever is lower.

3.3.3 Second Claim Covered Events
3.3.3.1 Newly Diagnosed Cancer (Second Primary Cancer)
Second Primary Cancer means the presence of cancerous changes or features and not a progression of the first Cancer, for which a claim was admitted under this Policy.

For avoidance of doubt, the Second Primary Cancer must meet the definition as specified and defined under Category of Cancer in Clause 9, and therefore does not apply to any illness which falls outside such definition. In addition, the medical evidence must clearly demonstrate that the Second Primary Cancer meets all the following:
3.3.3.1.1 It is not a relapse or re-occurrence or metastasis of the first Cancer which has been paid under this Policy; and
3.3.3.1.2 It is from different organs or sites from the first Cancer claim.

Paired organs refer to those organs with both left and right component (for example breast, kidney, ovary, lung and testis) and these two (2) components of that organ shall be considered as one and the same organ. Irrespective of the histological pattern of the Second Primary Cancer, if the claim arises from the same organ or site, it will not be payable.

In assessing eligibility for the Second Primary Cancer, medical findings such as imaging, histology, clinical notes and/or other evidence including specialist reports will need to demonstrate that the Second Primary Cancer is not a relapse or re-occurrence or metastasis of any previous Cancer claim which has been admitted under this Policy.

3.3.3.2 Newly Diagnosed Heart Attack (Second Heart Attack)
Second Heart Attack means a separate Heart Attack and not a progression of the previous one. Where a benefit in respect of the Heart Attack of specified severity has previously been claimed under this Policy, the consultant cardiologist must certify that the Second Heart Attack as Diagnosed for the subsequent claim is at a different location of the heart from the previous Heart Attack.

Location of the heart includes right atrium, right ventricle, left atrium, anterior wall of left ventricle, posterior wall of left ventricle, anteroseptal wall of left ventricle, lateral wall of left ventricle and inferior wall of left ventricle.

The Diagnosis must be supported with fresh evidence based on the definition as specified and defined under category of Heart Attack in Clause 9.

3.3.3.3 Newly Diagnosed Stroke (Second Stroke)

Second Stroke means a separate Stroke and not a progression of the previous one. Where a benefit in respect of the Stroke has previously been claimed under this Policy, the neurologist must certify that the Stroke as diagnosed for the subsequent claim had resulted from infarction or haemorrhage in a different blood vessel, or different carotid artery; or different location in the brain from the previous Stroke.

The Diagnosis must be supported with fresh imaging evidence consistent with the Diagnosis of the Stroke based on the definition as specified and defined under category of Stroke in Clause 9.

3.4 The benefit limit of all claims under this Annexure:

3.4.1 10% of the Amount of Benefits for Angioplasty and other invasive treatments for coronary artery disease, subject to a maximum of RM25,000 under this Policy and all policies attached with Critical Illness Annexures or Endorsements issued by the Company, which provide living assurance benefits or critical illness benefits for Angioplasty and other invasive treatments for coronary artery disease on the same Life Assured.

3.4.2 Under each Covered Event Category other than Cancer, Heart Attack and Stroke for all stages under this Annexure shall be limited to one hundred percent (100%) of Amount of Benefits;

3.4.3 Under each category of Cancer, Heart Attack and Stroke for all stages under this Annexure shall be limited to two hundred percent (200%) of Amount of Benefits;

3.4.4 Upon payment of any Covered Event Category, the benefit payable subsequently under the same Covered Event Category will be reduced by the quantum of payment;

3.4.5 The aggregate Amount of Benefits payable under all three categories of Cancer, Heart Attack and Stroke for all stages under this Annexure shall be limited to four hundred percent (400%) of Amount of Benefits in total; and

3.4.6 Claims for Early Stage or Intermediate Stage under this Annexure shall be limited to a maximum number of claims of four (4) times.

3.5 Rules of multiple claims under this Annexure:

3.5.1 Once a claim is admitted, no future claims can be made within the same or lower Stage for the same Covered Event Category, except for category of Cancer, Heart Attack and Stroke.

3.5.2 If there are two or more Covered Events occurring to the Life Assured under different Stage of the same Covered Event Category at the same time, the Company will only pay for the Covered Event with the highest claim amount which is admitted by the Company.

3.5.3 If there are two or more Covered Events occurring to the Life Assured under different Covered Event Categories at the same time due to the same cause, the Company will only pay for the Covered Event with the highest claim amount which is admitted by the Company.

3.6 **Provided that:**

3.6.1 No benefits are payable for any Covered Event occurred to the Life Assured for which:

3.6.1.1 any condition existed or was diagnosed:

3.6.1.1.1 during the Waiting Period; or

3.6.1.1.2 after the expiry of the Waiting Period but which is related to a condition which existed or was diagnosed during the Waiting Period; or

3.6.1.2 signs and symptoms existed before or during the Waiting Period which would prompt a reasonable person to seek medical care or attention, though the resulting diagnosis may occur before or after the expiry of the Waiting Period.

3.6.2 No benefits are payable for the Advanced Stage Covered Event as specified under Clause 3.2.2 and 3.3.2 for which the occurrence of the subsequent Advanced Stage Covered Event from different Covered Event Categories is within one (1) year from the occurrence of the Advanced Stage Covered Event for which a claim had been previously admitted.

3.6.3 No benefits are payable for Advanced Stage of Second Heart Attack and Second Stroke as specified under Clause 3.3.2 for which the Diagnosis of the subsequent Advanced Stage Second Claim Covered Event from the same Covered Event Category is within two (2) years from the Diagnosis of the previously admitted claim under Advanced Stage Covered Event.

3.6.4 No benefits are payable for Early Stage, Intermediate Stage and Advanced Stage of Second Primary Cancer as specified under Clause 3.3.1 and 3.3.2 for which the Diagnosis of the Second Primary Cancer is within two (2) years from the Diagnosis of the previously admitted claim from Cancer Category. For the avoidance of doubt, the foregoing two (2)-year period shall not apply if a claim had previously been admitted for Second Primary Cancer, and the same Second Primary Cancer deteriorates from:

3.6.4.1 Early Stage to Intermediate Stage or Advanced Stage; or

3.6.4.2 Intermediate Stage to Advanced Stage.

3.6.5 A claim for a Covered Event described in Section 3.6.1.1, 3.6.1.2, 3.6.2, 3.6.3, and/or 3.6.4 above will not be admissible only because notification of the said claim was given to the Company after the expiry of the Waiting Period and/or after the respective specified period.

3.6.6 Payment of any benefit under this Annexure will not reduce the Sum Assured.

4. SPECIAL BENEFIT

4.1 While this Annexure is in force and subject to its terms and conditions, if a Special Benefit Event occurred to the Life Assured, the Company will pay a percentage of the Amount of Benefits in one lump sum, as follows:

4.1.1 Diabetes Recovery Benefit

If the Life Assured is Diagnosed with a Special Benefit Event under Diabetes Recovery Benefit prior to the Policy Anniversary on which the Life Assured attains the age of eighty-five (85) years next birthday, and the Life Assured survives for at least fourteen (14) days after such Diagnosis, an amount equal to twenty percent (20%) of the Amount of Benefits shall be payable.

Only one claim is payable under Diabetes Recovery Benefit. Payment of benefit will not reduce the Total Amount of Covered Events Benefit.

4.1.2 Mental Illness Benefit

If the Life Assured is Diagnosed with a Special Benefit Event under Mental Illness Benefit, an amount equal to twenty percent (20%) of the Amount of Benefits shall be payable, subject to RM150,000 per life under this Annexure.

Only one claim is payable under Mental Illness Benefit. Payment of benefit will not reduce the Total Amount of Covered Events Benefit.

4.1.3 Total Quadriplegia As A Result Of Spinal Cord Injury

If the Life Assured is Diagnosed with a Special Benefit Event under Total Quadriplegia As A Result Of Spinal Cord Injury, and the Life Assured survives for at least fourteen (14) days after such Diagnosis, an amount equal to twenty percent (20%) of the Amount of Benefits shall be payable.

Only one claim is payable under Total Quadriplegia As A Result Of Spinal Cord Injury. Payment of benefit will not reduce the Total Amount of Covered Events Benefit.

4.2 **Provided that:**

4.2.1 No benefits are payable for any Special Benefit Event occurred to the Life Assured for which:

4.2.1.1 any condition existed or was diagnosed:

4.2.1.1.1 during the Waiting Period; or

4.2.1.1.2 after the expiry of the Waiting Period but which is related to a condition which existed or was diagnosed during the Waiting Period; or

4.2.1.2 signs and symptoms existed before or during the Waiting Period which would prompt a reasonable person to seek medical care or attention, though the resulting diagnosis may occur before or after the expiry of the Waiting Period.

4.2.2 A claim for a Special Benefit Event described in Section 4.2.1.1 and/or 4.2.1.2 above will not be admissible only because notification of the said claim was given to the Company after the expiry of the Waiting Period.

4.2.3 Payment of any benefit under this Annexure will not reduce the Sum Assured.

5. Child Lien

If a Covered Events and/or Special Benefit Events occurred to the Life Assured prior to the Policy Anniversary on which the Life Assured attains the age of five (5) years next birthday, the Amount of Benefits will be revised based on the table below:

Age Next Birthday of the Life Assured on Policy Anniversary preceding occurrence of Covered Events and Special Benefit Events	Revised Covered Events Benefit and Special Events Benefit
1	20% of the Covered Events Benefit and Special Events Benefit
2	40% of the Covered Events Benefit and Special Events Benefit
3	60% of the Covered Events Benefit and Special Events Benefit
4	80% of the Covered Events Benefit and Special Events Benefit

For the avoidance of doubt, if a Covered Event and/or Special Benefit Event occurs prior to the first (1st) Policy Anniversary, the age next birthday of the Life Assured on the Commencement Date shall be used to determine the Revised Covered Events Benefit and/or Special Events Benefit payable by the Company.

6. CONDITIONS

This Annexure is valid only if this Policy is valid, and this Annexure is subject to the terms and conditions of this Policy unless stated otherwise in this Annexure.

6.1 The due observance and fulfilment of the terms and conditions of this Annexure by the Life Assured and in so far as they relate to anything to be done or complied with by the Life Assured shall be conditions precedent to any liability of the Company.

6.2 Prior to payment of any benefit payable under this Annexure, the amount of any indebtedness on this Policy shall first be deducted from the benefits payable.

6.3 You must notify the Company in writing of any occurrence of a Covered Event and/or a Special Benefit Event, as the case may be, as soon as it is practicable; otherwise, the Company will not be liable for the Covered Event and/or the Special Benefit Event, as the case may be.

6.4 The Covered Event and/or the Special Benefit Event occurred to the Life Assured for which the claim is made must be diagnosed by a Medical Practitioner and must be supported by clinical, radiological, histological and laboratory evidence acceptable to the Company; all such medical evidence must be furnished by You or the claimant at own expense, and in such form that the Company may require.

6.5 If required by the Company, the Life Assured must undergo medical examination(s) by a Medical Practitioner appointed by the Company in connection with the condition of the Covered Event and/or the Special Benefit Event, as the case may be, occurred to the Life Assured for which a claim is made.

6.6 You are not allowed to increase or decrease the Amount of Benefits once a claim under this Annexure is admitted.

7. EXCLUSIONS

The Company will not be liable for any benefit under this Annexure if the conditions associated with the Covered Event and/or the Special Benefit Event which the Life Assured has been diagnosed with:

7.1 has existed prior to the Risk Effective Date; or

7.2 is caused directly or indirectly by self-inflicted injuries, while sane or insane; or

7.3 is resulted from the Life Assured committing, attempting or provoking an assault or a felony or from any violation of the law by the Life Assured; or

7.4 is resulted from war, whether declared or undeclared; or

7.5 was caused directly or indirectly by the existence of Acquired Immune Deficiency Syndrome (AIDS) or by the presence of any Human Immuno-deficiency Virus (HIV) infection except under circumstances specifically covered and defined under clause 9 below, if any. The Company reserves the right to require the Life Assured to undergo a blood test for HIV as a condition precedent to acceptance of any claim. For the purpose of this Policy, infection shall be deemed to have occurred where blood or other relevant test(s) indicate in the Company's opinion either the presence of any HIV or antibodies to such a virus; or

7.6 was diagnosed due to, directly or indirectly, a congenital defect or disease, which was manifested or was diagnosed before the Life Assured attains the age of seventeen (17) years next birthday; or

7.7 any Early Stage Covered Event and Intermediate Stage Covered Event resulting directly from alcohol or drug abuse.

8. TERMINATION

This Annexure shall automatically be terminated on the earliest of the following:

8.1 upon full settlement of the following:
- 8.1.1 Total Amount of Covered Events Benefit paid on Covered Event Benefit; and
- 8.1.2 the Mental Illness Benefit; and
- 8.1.3 the Diabetes Recovery Benefit; and
- 8.1.4 Total Quadriplegia As A Result Of Spinal Cord Injury; or

8.2 on the Policy Anniversary on which the Life Assured's age is eighty-five (85) years next birthday if the benefit paid on Covered Events Benefit is equivalent to or more than one hundred percent (100%) of the Amount of Benefits; or

8.3 upon the death of the Life Assured; or

8.4 on the Expiry Date; or

8.5 when the Company receives Your request for termination in writing; or

8.6 when the Policy is surrendered; or

8.7 when the Policy lapses, becomes void or is terminated in any other manner.

Any Insurance Charge for this Annexure that has been deducted on or after the next due date of Insurance Charge following the Termination of this Annexure will be apportioned to the Funds as specified by You in the proposal for assurance or any other document prescribed and accepted by the Company for premium apportionment or alteration of premium apportionment. The number of Units to be allocated for the Insurance Charge will be determined by reference to their respective Net Asset Value established on the Next Valuation Date immediately following the date of admission of the claim and in accordance with the allocation rate for Investment Top-ups as set out in Schedule B of this Policy.

9. DEFINITIONS OF COVERED EVENTS

No.	Covered Event Category	Stage		
		Early Stage Covered Events	**Intermediate Stage Covered Events**	**Advanced Stage Covered Events**
1.	**Alzheimer's Disease / Severe Dementia**	**Early Alzheimer's Disease** Deterioration or loss of intellectual capacity confirmed by clinical evaluation and imaging tests arising from Alzheimer's Disease or Severe Dementia as a result of Irreversible organic brain disorders. The covered event must result in inability to perform at least one (1) of the Activities of Daily Living. The Diagnosis must be clinically confirmed by a neurologist. From the above definition, the following are not covered: (a) Non organic brain disorders such as neurosis;	**Moderately Severe Alzheimer's Disease** Deterioration or loss of intellectual capacity confirmed by clinical evaluation and imaging tests arising from Alzheimer's Disease or Severe Dementia as a result of Irreversible organic brain disorders. The covered event must result in inability to perform at least two (2) of Activities of Daily Living. The Diagnosis must be clinically confirmed by a neurologist. From the above definition, the following are not covered: (a) Non organic brain disorders such as neurosis;	**Alzheimer's Disease/ Severe Dementia** Deterioration or loss of intellectual capacity confirmed by clinical evaluation and imaging tests arising from Alzheimer's Disease or Severe Dementia as a result of Irreversible organic brain disorders. The Covered Event must result in significant reduction in mental and social functioning requiring continuous supervision of the Life Assured. The Diagnosis must be clinically confirmed by a neurologist. From the above definition, the following are not covered: (a) Non organic brain

		(b) Psychiatric illnesses; (c) Drug or alcohol related brain damage. When an Early Loss of Independent Existence critical illness has been claimed under this policy, the benefit of Early Alzheimer's Disease is no longer payable.	(b) Psychiatric illnesses; (c) Drug or alcohol related brain damage. When an Early Loss of Independent Existence critical illness has been claimed under this policy, the benefit of Moderately Severe Alzheimer's Disease is no longer payable.	disorders such as neurosis; (b) Psychiatric illnesses; (c) Drug or alcohol related brain damage.
2.	**Angioplasty and other invasive treatments for coronary artery disease**	**NIL**	**NIL**	**Angioplasty and other invasive treatments for coronary artery disease** The actual undergoing for the first time of Coronary Artery Balloon Angioplasty, atherectomy, laser treatment or the insertion of a stent to correct a narrowing or blockage of one or more coronary arteries as shown by angiographic evidence. Intra-arterial investigative procedures are not covered. Payment under this clause is limited to ten percent (10%) of the Covered Event coverage under the relevant endorsement or annexure, subject to a maximum of RM25,000. This Covered Event is payable once only and shall be deducted from the amount of the relevant endorsement or annexure, thereby reducing the amount of the lump sum payment which may be payable.
3.	**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 according to Cairns et al. criteria and confirmed by a consultant neurologist. This condition has to be medically documented for a continuous period of at least one (1) month.	**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 or there should be evidence of quadriplegia and inability to speak. This diagnosis must be supported by diagnostic tests such as MRI Brain, MRA Brain, Electromyography or nerve conduction studies showing	**Apallic syndrome (i.e. Persistent Vegetative State (PVS))** 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.

		Akinetic mutism because of psychological reasons is not covered.	evidence of infarction of the ventral pons and EEG indicating that the person is conscious. The diagnosis must be confirmed by a consultant neurologist. This condition has to be medically documented for a continuous period at least one (1) month.	
4.	**Bacterial Meningitis**	**Bacterial Meningitis with Full Recovery** Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord which requires hospitalization. This Diagnosis must be confirmed by: (a) an appropriate specialist; and (b) the presence of bacterial infection in cerebrospinal fluid by lumbar puncture For the above definition, other forms of meningitis, including viral meningitis are not covered.	**Mild Bacterial Meningitis** Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in Permanent functional impairment. The Permanent functional impairment must result in an inability to perform at least two (2) of the Activities of Daily Living. A minimum Assessment Period of thirty (30) days applies. The Diagnosis is to be confirmed by: (a) an appropriate specialist; and (b) the presence of bacterial infection in the cerebrospinal fluid by lumbar puncture For the above definition, other forms of meningitis, including viral meningitis are not covered.	**Bacterial Meningitis** - *resulting in Permanent inability to perform Activities of Daily Living* Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in Permanent functional impairment. The Permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of thirty (30) days applies. The Diagnosis must be confirmed by: (a) an appropriate specialist; and (b) the presence of bacterial infection in the cerebrospinal fluid by lumbar puncture. For the above definition, other forms of meningitis, including viral meningitis are not covered.
5.	**Benign Brain Tumour**	**NIL**	**NIL**	**Benign Brain Tumour** - *of specified severity* A benign tumour in the brain or meninges within the skull, where all of the following conditions are met: (a) It is life threatening. (b) It has caused damage to the brain. (c) It has undergone surgical removal or has caused Permanent neurological deficit with persisting clinical

				symptoms; and (d) Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on MRI, CT or other reliable imaging techniques. The following are not covered: (a) Cysts; (b) Granulomas; (c) Malformations in or of the arteries or veins of the brain; (d) Hematomas; (e) Tumours in the pituitary gland; (f) Tumours in the spine; (g) Tumours of the acoustic nerve.
6.	**Blindness**	**Loss of Sight in One Eye** Permanent and Irreversible loss of sight in one (1) eye: (a) as a result of illness or accident; (b) the loss of sight to the extent that, even when tested with the use of visual aids, vision is measured at 3/60 or worse in one eye using a Snellen eye chart or equivalent test, and the Diagnosis must be certified by a specialist in the relevant field, and (c) is not due to alcohol or drug misuse.	**Optic Nerve Atrophy** The unequivocal diagnosis of optic nerve atrophy affecting both eyes leading to a Permanent best corrected visual acuity of 6/60 or less on the Snellen Chart in both eyes. The optic nerve atrophy and quantum of visual loss of sight must be certified by a specialist in the relevant field. Optic nerve atrophy resulting from alcohol or drug misuse will be excluded. **Retinitis Pigmentosa** This benefit is payable for retinitis pigmentosa where the field of vision is restricted to ten (10) degrees or less in the better eye. The condition must be certified by a specialist ophthalmologist and not be amenable to any form of treatment or correction.	**Blindness** - *Permanent and Irreversible* Permanent and Irreversible loss of sight as a result of accident or illness to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test and the result must be certified by an ophthalmologist.
7.	**Brain Aneurysm Surgery or Arterio-Venous Malformation Surgery (via Endovascular**	**Brain Aneurysm surgery or Arterio-Venous Malformation Surgery (via Endovascular procedures)** The actual undergoing of surgical repair of an	**NIL**	**NIL**

	procedures)	intracranial aneurysm or surgical removal of an arterio-venous malformation via endovascular procedures. The presence of the intracranial aneurysm or arterio-venous malformation must be confirmed by Brain MRI or MRA. The surgical intervention must be certified to be absolutely necessary by a Specialist in the relevant field.		
8.	**Brain Surgery**	**Surgery for Subdural Haematoma** The actual undergoing of burr hole surgery to the head to drain a subdural haematoma as a result of an accident. The need for the burr hole surgery must be certified to be absolutely necessary by a specialist in the relevant field. **Cavernous Sinus Thrombosis Surgery** The actual undergoing of a surgical drainage for cavernous sinus thrombosis. The presence of cavernous sinus thrombosis as well as the requirement for surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field. **Cerebral Shunt Insertion** The actual undergoing of a Permanent 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.	**Removal of brain tumour via transphenoidal route** The actual undergoing of surgical removal of any types of brain tumour via transphenoidal route under general anesthesia. The surgery should be considered as medically necessary upon the advice of a specialist. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. The following are not covered: (a) Cysts; (b) Granulomas; (c) Malformations in or of the arteries or veins of the brain; (d) Hematomas; (e) Tumours of the acoustic nerve. **Surgical Removal of Pituitary Tumour** The actual undergoing of surgical removal of pituitary tumour necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. Partial removal of pituitary microadenoma is specifically not covered.	**Brain Surgery** The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy (surgical opening of skull) is performed. For the above definition, the following are not covered: (a) Burr hole procedures; (b) Transphenoidal procedures; (c) Endoscopic assisted procedures or any other minimally invasive procedures; (d) Brain surgery as a result of an accident.

			Head Trauma Due To Accident 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.	
9.	**Cancer**	**Carcinoma in situ** Carcinoma in situ (CIS) means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The Diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the Diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical Diagnosis does not meet this standard. In the case of the cervix uteri, Pap smear alone is not acceptable and should be accompanied with cone biopsy or colposcopy with the cervical biopsy report clearly indicating presence of CIS. Clinical Diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II and CIN III (where there is severe dysplasia without carcinoma in situ) does not meet the required definition and are specifically not covered.	**Mastectomy for CIS Breast or Prostatectomy for Early Prostate Cancer** 1. The actual undergoing of a mastectomy due to Carcinoma in situ of the breast. The mastectomy must be certified to be absolutely necessary by a specialist in the relevant field. Partial mastectomy and lumpectomy are specifically not covered; or; 2. The actual undergoing of prostatectomy where the histological findings thereafter indicate the presence of Stage 1 Prostate Cancer. The prostatectomy must be certified to have been absolutely necessary by a specialist in the relevant field. Partial prostatectomy is specifically not covered.	**Cancer** – *of specified severity and does not cover very early cancers* Any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma. For the above definition, the following are not covered: (a) All cancers which are histologically classified as any of the following: - pre-malignant; - non-invasive; - carcinoma in situ; - having borderline malignancy; - having malignant potential. (b) All tumours of the prostate histologically classified as T1N0M0 (TNM classification). (c) All tumours of the thyroid histologically classified as T1N0M0 (TNM classification). (d) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification). (e) Chronic Lymphocytic Leukemia less than RAI Stage 3. (f) All cancers in the presence of HIV. (g) Any skin cancer other than malignant

		Non-melanoma CIS of the skin is also specifically not covered. This coverage is available to the first occurrence of CIS only; or **Early Prostate Cancer** Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification; or **Early Thyroid Cancer** Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0 including Papillary microcarcinoma of thyroid; or **Early Bladder Cancer** Bladder Cancer that is histologically described using the TNM Classification as T1N0M0 including Papillary carcinoma (Ta) of Bladder; or **Early Chronic Lymphocytic Leukaemia** Chronic Lymphoctic Leukaemia (CLL) RAI Stage 1 or 2. CLL RAI stage 0 or lower is not covered.		melanoma.
10.	**Chronic Adrenal Insufficiency**	**Adrenalectomy For Adrenal Adenoma** The actual undergoing of Adrenalectomy for treatment of malignant systemic hypertension that was secondary to an aldosterone secreting adrenal adenoma. The malignant hypertension must have been uncontrolled by medical therapy and the adrenalectomy must be considered medically necessary for the management of poorly controlled hypertension by a Specialist in the relevant	**NIL**	**Chronic Adrenal Insufficiency** An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy. All of the following criteria must be met: (a) The diagnosis must be confirmed by the following tests: (i) ACTH simulation tests; (ii) insulin-induced hypoglycemia test;

		field. **Pheochromocytoma with Surgery** Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour. The Diagnosis of Pheochromocytoma must be confirmed by an endocrinologist.		(iii) plasma ACTH level measurement; (iv) Plasma Renin Activity (PRA) level measurement (v) Only the autoimmune type of primary adrenal insufficiency is covered; (vi) The diagnosis must be confirmed by an endocrinologist. All other causes of adrenal insufficiency are not covered.
11.	**Chronic Aplastic Anemia**	**Reversible Aplastic Anemia** Acute reversible bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with any two (2) of the following: (a) Blood product transfusion; (b) Marrow stimulating agents; or (c) Immunosuppressive agents. The Diagnosis must be confirmed by a haematologist and a bone marrow biopsy. **Pure Red Cell Aplasia (PRCA)** Complete or nearly complete cessation of red cell production in the bone marrow without effects on other hematopoietic cells. The condition must have resulted in reversible but severe anaemia, meeting both of the following criteria: (a) Hemoglobin <4 g/dL or Hematocrit <10 percent; (b) Absolute reticulocyte count <10,000/microL or reticulocyte percentage <0.5	**Myelodysplastic Syndrome or Myelofibrosis** Myelodysplastic syndrome or myelofibrosis requiring regular and Permanent transfusion of blood products for severe recurrent anaemia. Diagnosis of Myelodysplastic Syndrome (MDS) or Myelofibrosis must be confirmed by haematologist as a result of marrow biopsy. The condition must be deemed incurable and blood transfusion support must be an indefinite requirement.	**Chronic Aplastic Anemia** - *resulting in Permanent Bone Marrow Failure* Irreversible Permanent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring at least two (2) of the following treatments: (a) Regular blood product transfusion; (b) Marrow stimulating agents; (c) Immunosuppressive agents; or (d) Bone marrow transplantation. The Diagnosis must be confirmed by a bone marrow biopsy.

		percent; The diagnosis must be confirmed by a specialist in the relevant field based on a bone marrow biopsy.		
12.	**Chronic Autoimmune Hepatitis**	**Early Chronic Autoimmune Hepatitis** A chronic necrotic inflammatory liver disorder of unknown cause associated with circulating auto-antibodies and a high serum globulin level. All of the following criteria must be met: (a) Hypergammaglobulinaemia; (b) The presence of at least one of the following auto-antibodies: (i) Anti-nuclear antibodies; (ii) Anti-smooth muscle antibodies; (iii) Anti-actin antibodies; (iv) Anti-LKM-1 antibodies; (v) Anti- LC1 antibodies; or (vi) Anti-SLA/LP antibodies (c) Liver biopsy confirmation of the diagnosis of auto-immune hepatitis; (d) The diagnosis must be confirmed by a gastroenterologist or hepatologist.	**NIL**	**Chronic Autoimmune Hepatitis** A chronic necrotic inflammatory liver disorder of unknown cause associated with circulating auto-antibodies and a high serum globulin level. All of the following criteria must be met: (a) Hypergammaglobulinaemia; (b) The presence of at least one of the following auto- antibodies: (i) Anti-nuclear antibodies; (ii) Anti-smooth muscle antibodies; (iii) Anti-actin antibodies; (iv) Anti-LKM-1 antibodies; (v) Anti- LC1 antibodies; or (vi) Anti-SLA/LP antibodies (c) Liver biopsy confirmation of the diagnosis of auto-immune hepatitis; (d) On continuous Immunosuppressive therapy for a period of at least six (6) months; (e) The diagnosis must be confirmed by a gastroenterologist or hepatologist.
13.	**Chronic Crohn's Disease**	**Chronic Crohn's Disease** *– of specified severity* Chronic Crohn's disease is a chronic granulomatous inflammatory bowel disease. All of the following criteria must be met: (a) Diagnosis must be confirmed by endoscopy and intestinal biopsy; (b) Must require continuous	**NIL**	**Crohn's Disease With Intestinal Fistula, Obstruction Or Perforation with Surgery** Crohn's Disease is a chronic granulomatous inflammatory bowel disease. All of the following criteria must be met: (a) Diagnosis must be confirmed by endoscopy and intestinal biopsy;

		immunosuppressive treatment or continuous treatment with immunomodulating drugs under the direction of a specialist for a period of at least six (6) months; (c) Must be diagnosed and treated by a gastroenterologist.		(b) There must be fistula formation between the loops of intestine (excluding Fistula-in-Ano), or intestinal obstruction or intestinal perforation; (c) Surgery must be performed for the intestinal fistula, obstruction or perforation; (d) There must be continuous immunosuppressive treatment; (e) Must be diagnosed and treated by a gastroenterologist and surgery performed by a surgeon.
14.	**Chronic Relapsing Pancreatitis**	**NIL**	**Moderately Chronic Relapsing Pancreatitis resulting in Diabetes Mellitus requiring lifelong Insulin** Multiple attacks of pancreatitis diagnosed on endoscopic ultrasound or Endoscopic Retrograde Cholangiopancreatography (ERCP) which results in permanent pancreatic endocrine dysfunction causing diabetes. Pancreatic endocrine dysfunction must result in insulin requiring diabetes mellitus and a need for permanent lifelong insulin replacement therapy. The diagnosis of pancreatitis resulting in Diabetes Mellitus requiring lifelong insulin replacement therapy must be made by a consultant gastroenterologist or a consultant endocrinologist. This benefit is not payable on (a) diagnosis or onset of prediabetes or hyperglycemia; (b) diagnosis or onset of prediabetes,	**Chronic Relapsing Pancreatitis** More than three (3) attacks of pancreatitis resulting in permanent pancreatic dysfunction causing malabsorption needing enzyme replacement therapy. The Diagnosis must be made by a consultant gastroenterologist and confirmed by Endoscopic Retrograde Cholangiopancreatography (ERCP). Chronic Relapsing Pancreatitis caused by alcohol or drug use is not covered. **Acute Necrohemorrhagic Pancreatitis with Pancreatic Surgery** Acute inflammation and necrosis of pancreas parenchyma, focal enzymic necrosis of pancreatic fat and hemorrhage due to blood vessel necrosis, where all of the following criteria are met: (a) The necessary treatment is surgical clearance of necrotic

			hyperglycaemia or diabetes mellitus prior to the onset of any form of pancreatitis. Pancreatitis caused by alcohol use is not covered.	tissue or pancreatectomy; and (b) The Diagnosis is based on histopathological features and confirmed by a gastroenterologist. Pancreatitis due to alcohol or drug abuse is not covered.
15.	**Chronic Ulcerative Colitis**	**Chronic Ulcerative Colitis** - *of specified severity* Ulcerative colitis refers to chronic pan colitis with inflammation involving the entire colon. All of the following criteria must be met: (a) Diagnosis must be confirmed by endoscopic appearances and biopsy proof; (b) there must be ongoing systemic immunosuppression therapy or immunomodulatory therapy for a period of at least 6 months; (c) Must be diagnosed and treated by a gastroenterologist. For the above definition, the following are not covered: (a) Other forms of inflammatory colitis; (b) Ulcerative Colitis confirmed by endoscopy to involve only the rectum.	**NIL**	**Chronic Ulcerative Colitis with total colectomy and ileostomy** Ulcerative Colitis refers to chronic pan colitis with inflammation involving the entire colon. All of the following criteria must be met: (a) Diagnosis must be confirmed by endoscopic appearances and biopsy proof; (b) Total colectomy and ileostomy must be performed.
16.	**Coma**	**Coma for 48 hours** A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least forty-eight (48) hours. This Diagnosis must be supported by evidence of all of the following: (a) No response to external stimuli for at least forty-eight (48) hours, (b) The use of life support measures to sustain life, and	**Severe Epilepsy** Severe epilepsy confirmed by all of the following: (a) Diagnosis made by a specialist in the relevant field by the use of electroencephalography (EEG), magnetic resonance imaging (MRI), position emission tomography (PET) or any other appropriate diagnostic test that is	**Coma** - *resulting in Permanent neurological deficit with persisting clinical symptoms* A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least ninety-six (96) hours, requiring the use of life support systems and resulting in a Permanent neurological deficit with persisting clinical symptoms. A minimum

		(c) Brain damage resulting in Permanent neurological deficit with persisting clinical symptoms. A minimum Assessment Period of thirty (30) days applies. Confirmation by a neurologist must be present. Coma resulting directly from alcohol or drug abuse is not covered. Medically induced coma is also not covered.	available, (b) there must be documentation of recurrent unprovoked tonic-clonic or grand mal seizures of more than five (5) attacks per and be known to be resistant to optimal therapy as confirmed by drug serum-level testing, and (c) the Life Assured must have been taking at least two (2) prescribed anti-epileptic (anti-convulsant) 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. **Coma for 72 hours** A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least seventy-two (72) hours. This Diagnosis must be supported by evidence of all of the following: (a) No response to external stimuli for at least seventy-two (72) hours, (b) The use of life support measures to sustain life, and (c) Brain damage resulting in Permanent neurological deficit with persisting clinical symptoms. A minimum Assessment Period of thirty (30) days applies. Confirmation by a neurologist must be present. Coma resulting directly from alcohol or drug abuse is not covered. Medically	Assessment Period of thirty (30) days applies. Confirmation by a neurologist must be present. The following are not covered: (a) Coma resulting directly from alcohol or drug abuse. (b) Medically induced coma.

			induced coma is also not covered.	
17.	**Coronary Artery By-Pass Surgery**	**Pericardectomy or Keyhole Cardiac Surgery** The undergoing of a pericardectomy as a result of pericardial disease or undergoing of any surgical procedure requiring keyhole cardiac surgery. Both these surgical procedures must be certified to be absolutely necessary by a specialist in the relevant field. When an Early Coronary Artery Disease early stage critical illness and/or Moderate Coronary Artery Disease intermediate stage critical illness has been claimed under this policy, the benefit of Pericardectomy or Keyhole Cardiac Surgery is no longer payable. **Transmyocardial Laser Surgery or Enhanced External Counterpulsation Device use** The actual undergoing of Transmyocardial laser revascularization surgery or use Enhanced External Counterpulsation Device for intractable angina not responsive to medical therapy and not amenable to other surgical or percutaneous techniques. The Diagnosis of significant coronary artery obstruction and the necessity of the above procedures must be certified by a consultant cardiologist and also must be supported by angiographic evidence.	**Minimally Invasive Direct Coronary Artery Bypass Grafting (MIDCAB)** Coronary Artery Bypass Grafting performed by port access procedures (thoracoscopic techniques) or MIDCAB procedures (open coronary artery bypass grafting where median sternotomy is not required) to correct blockages in the coronary arteries. All intravascular procedures are not covered. When an Early Coronary Artery Disease early stage critical illness and/or Moderate Coronary Artery Disease intermediate stage critical illness has been claimed under this policy, the benefit of Minimally Invasive Direct Coronary Artery Bypass Grafting (MIDCAB) is no longer payable.	**Coronary Artery By-Pass Surgery** Refers to the actual undergoing of open-chest surgery to correct or treat Coronary Artery Disease (CAD) by way of coronary artery by-pass grafting. For the above definition, the following are not covered: (a) angioplasty; (b) other intra-arterial or catheter based techniques; (c) keyhole procedures; (d) laser procedures.

18.	**Creutzfeldt-Jakob Disease (Mad Cow Disease)**	**NIL**	**Moderate Creutzfeldt-Jakob Disease (Mad Cow Disease)** The occurrence of Creutzfeldt-Jakob Disease or Variant Creutzfeldt-Jakob Disease where there is an associated neurological deficit, which is solely responsible for the Life Assured's permanent inability to perform at least two (2) of the listed Activities of Daily Living. These conditions have to be medically documented for at least six (6) months and confirmed by a consultant neurologist with appropriate testing such as conclusive Electroencephalography (EEG) and Cerebrospinal Fluid (CSF) findings as well as Computerized Tomography (CT) scan and Magnetic Resonance Imaging (MRI). Disease caused by human growth hormone treatment is not covered.	**Creutzfeldt-Jakob Disease (Mad Cow Disease)** The occurrence of Creutzfeldt-Jacob Disease or Variant Creutzfeldt-Jacob Disease where there is an associated neurological deficit, which is solely responsible for the life insured's permanent inability to perform at least three (3) of the listed Activities of Daily Living. These conditions have to be medically documented for at least six (6) months and confirmed by a consultant neurologist with appropriate testing such as conclusive Electroencephalography (EEG) and Cerebrospinal Fluid (CSF) findings as well as Computerized Tomography (CT) scan and Magnetic Resonance Imaging (MRI). Disease caused by human growth hormone treatment is not covered.
19.	**Deafness / Loss of Hearing**	**Partial Loss of Hearing** Permanent and Irreversible loss of hearing as a result of accident or illness to the extent that the loss is greater than sixty (60) decibels across all frequencies of hearing in both ears. Medical evidence in the form of an audiometry and sound-threshold tests result must be provided and certified by an Ear, Nose, and Throat (ENT) specialist.	**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.	**Deafness** - *Permanent and Irreversible* Permanent and Irreversible loss of hearing as a result of accident or illness to the extent that the loss is greater than eighty (80) decibels across all frequencies of hearing in both ears. Medical evidence in the form of an audiometry and sound-threshold tests result must be provided and certified by an Ear, Nose, and Throat (ENT) specialist.
20.	**Ebola Hemorrhagic Fever**	**NIL**	**NIL**	**Ebola Haemorrhagic Fever** The infection with the Ebola virus causing fever and internal or external bleeding. All of the following criteria must be met:

				(a) Presence of the Ebola virus has been confirmed by laboratory testing; (b) Mucosal or gastrointestinal bleeding has occurred; and (c) The diagnosis of Ebola Hemorrhagic Fever must be confirmed by an infectious disease specialist.
21.	**Eisenmenger's Syndrome**	**Less Severe Eisenmenger's Syndrome** Eisenmenger's Syndrome shall mean 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: (a) Presence of permanent physical impairment classified as NYHA III; (b) The diagnosis of Eisenmenger Syndrome and the level of physical impairment must be confirmed by a cardiologist. The NYHA classification of cardiac impairment for Class III and Class IV means the following:- 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.	**NIL**	**Severe Eisenmenger's Syndrome** Eisenmenger's Syndrome shall mean 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: (a) Presence of permanent physical impairment classified as NYHA IV; (b) The diagnosis of Eisenmenger Syndrome and the level of physical impairment must be confirmed by a cardiologist. The NYHA classification of cardiac impairment for Class III and Class IV means the following:- 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.

22.	**Elephantiasis**	**NIL**	**NIL**	**Elephantiasis** Elephantiasis is the result and complication of filariasis, characterized by massive swelling in the tissues of the body as a result of permanent obstructed circulation in lymphatic vessels, resulting in permanent inability of the life insured to perform at least three (3) of the listed Activities of Daily Living. Unequivocal diagnosis of Elephantiasis must be clinically confirmed by a specialist in infectious disease or specialist in the relevant field, including laboratory confirmation of microfilariae. Lymphoedema caused by infection with a sexually transmitted disease, trauma, postoperative scarring, congestive heart failure, or congenital lymphatic system abnormalities are not covered.
23.	**Encephalitis**	**Encephalitis with Full Recovery** Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection requiring hospitalization. The Diagnosis must be confirmed by a consultant neurologist and supported with appropriate investigations proving acute viral infection of the brain. Encephalitis in the presence of HIV infection is specifically not covered.	**Mild Encephalitis** Severe inflammation of brain substance, resulting in Permanent functional impairment. The Permanent functional impairment must result in an inability to perform at least two (2) of the Activities of Daily Living. A minimum Assessment Period of thirty (30) days applies. The covered event must be certified by a neurologist. Encephalitis in the presence of HIV infection is specifically not covered.	**Encephalitis** - *resulting in Permanent inability to perform Activities of Daily Living* Severe inflammation of brain substance, resulting in Permanent functional impairment. The Permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of thirty (30) days applies. The Covered Event must be certified by a neurologist. Encephalitis in the presence of HIV infection is not covered.
24.	**End-Stage Kidney Failure**	**Surgical Removal of One Kidney** The complete surgical removal of one kidney necessitated by any disease	**Chronic Kidney Disease** A nephrologist must make a Diagnosis of chronic kidney disease with permanently impaired renal	**Kidney Failure** - *requiring dialysis or kidney transplant* End-stage kidney failure presenting as chronic

		or accident of the Life Assured. The need for the surgical removal of the kidney must be certified to be absolutely necessary by a specialist in the relevant field. Donation is not covered. **Chronic Glomerulonephritis** This benefit is payable on the diagnosis of chronic glomerulonephritis resulting in permanent and irrecoverable loss of renal function defined by a GFR less than 30 ml/min for six (6) months despite treatment under the care of a specialist nephrologist. The diagnosis of glomerulonephritis must be made by a consultant nephrologist and supported by a renal biopsy. Diabetic nephropathy and all other causes of renal failure not identified on renal biopsy as being caused by glomerulonephritis are not covered.	function. There must be laboratory evidence that shows that renal function is severely decreased with GFR less than 15 ml/min, persisting for a period of six (6) months or more.	Irreversible failure of both kidneys to function, as a result of which regular dialysis is initiated or kidney transplantation is carried out.
25.	**End-Stage Liver Disease**	**Liver Surgery** Partial hepatectomy of at least one (1) entire lobe of the liver that has been found necessary as a result of illness or accident of the Life Assured. Donation is not covered. Liver disease secondary to alcohol or drug abuse is not covered. **Biliary Tract Reconstruction Surgery** Biliary tract reconstruction surgery involving choledochoenterostomy (choledochojejunostomy or choledochoduodenostomy) for the treatment of biliary tract disease, including congenital biliary atresia, that is not amenable to other surgical or endoscopic measures. The procedure must be	**Liver Cirrhosis** Cirrhosis of the liver with a HAI-Knodell Scores of six (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. Liver disease secondary to alcohol or drug abuse is not covered. **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	**End-Stage Liver Failure** End-stage liver failure as evidenced by all of the following: (a) Permanent jaundice; (b) Ascites (excessive fluid in peritoneal cavity); and (c) Hepatic encephalopathy. Liver failure secondary to alcohol or drug abuse is not covered.

		considered the most appropriate treatment by a registered specialist in hepatobiliary disease. This benefit is not payable for the consequences of gall stone disease or cholangitis.	progressed to the point where there is Permanent jaundice. The benefit is payable only where there is a need for 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 not covered.	
26.	**End-Stage Lung Disease**	**Severe Asthma** Evidence of an acute attack of Severe asthma with persistent status asthmaticus that requires hospitalization in an intensive care unit and ventilation with a mechanical ventilator requiring endotracheal intubation for a continuous period of at least four (4) hours on the advice of a specialist in the relevant field. This benefit is not payable for non-invasive ventilation, such as CPAP or BIPAP. There must be evidence of severe asthma with an FEV <50% predicted requiring continuous steroid therapy for at least six (6) months. **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	**Surgical Removal of One Lung** Complete surgical removal of a lung as a result of an illness or an accident of the Life Assured. Partial removal of a lung is not included in this benefit. Donation is also not covered.	**End-Stage Lung Disease** End-stage lung disease causing chronic respiratory failure. All of the following criteria must be met: (a) The need for regular oxygen treatment on a Permanent basis; (b) Permanent impairment of lung function with a consistent Forced Expiratory Volume (FEV) of less than one (1) liter during the first second; (c) Shortness of breath at rest; and (d) Baseline Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less. **Severe Pulmonary Fibrosis** Idiopathic pulmonary fibrosis is a chronic, progressive form of interstitial lung disease characterised by fibrosis and worsening of lung function. It should require extensive and permanent oxygen therapy at least eight (8) hours per day. Lung function test consistently showing Forced Expiratory Volume (FEV) of less than one (1) litre during the first second

		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.		and/or FVC ⩽ 50% and DLCO ⩽35% of predicted value. The Unequivocal Diagnosis must be confirmed with lung biopsy and by a specialist in the relevant field.
27.	**Full Blown AIDS**	**HIV due to Assault** Infection with the HIV (Human Immunodeficiency Virus) which resulted from a physical or sexual assault occurring after the cover start date, provided that all the following conditions are met: (a) The incident must be reported to the appropriate authority and that a criminal case must be opened; (b) Proof of the assault giving rise to the infection must be reported to the insurer within thirty (30) days of the assault taking place; (c) Proof that the assault involved a definite source of the HIV infected fluids; (d) Proof of sero-conversion from HIV negative to HIV positive occurring during the one-hundred and eighty (180) days after the documented assault; and (e) 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 not covered. 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	**NIL**	**Full-blown AIDS** The clinical manifestation of AIDS (Acquired Immuno-deficiency Syndrome) must be supported by the results of a positive HIV (Human Immuno-deficiency Virus) antibody test and a confirmatory test. In addition, the Life Assured must have a CD4 cell count of less than two hundred (200)/µL and one or more of the following criteria are met: (a) Weight loss of more than ten percent (10%) of body weight over a period of six (6) months or less (wasting syndrome); (b) Kaposi Sarcoma; (c) Pneumocystis Carinii Pneumonia; (d) Progressive multifocal leukoencephalopathy; (e) Active Tuberculosis; (f) Less than one-thousand (1000) Lymphocytes/µL; (g) Malignant Lymphoma.

		non-infectious.		
28.	**Fulminant Viral Hepatitis**	**Occupationally Acquired Hepatitis B or C** Infection with the Hepatitis B or C virus which resulted from an accident occurring after the Issue Date or Commencement Date of this Policy, whichever is the later whilst the Life Assured was carrying out the normal professional duties of his or her occupation in Malaysia or Singapore, provided that all of the following are proven to the Company's satisfaction: (a) Proof of the accident giving rise to the infection must be reported to the Company within thirty (30) days of the accident taking place; (b) Proof that the accident involved a definite source of the hepatitis B or C infected fluids; (c) There is a need for antiviral therapy as a consequence of proven seroconversion; (d) Hepatitis B or C infection resulting from any other means including sexual activity and the use of intravenous drugs is not covered. 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 Malaysia or Singapore). We would not be liable if there had been failure to observe any proper defined procedural practice or occupation required	**NIL**	**Fulminant Viral Hepatitis** A sub-massive to massive necrosis (death of liver tissue) caused by any virus as evidenced by all of the following diagnostic criteria: (a) A rapidly decreasing liver size as confirmed by abdominal ultrasound; (b) Necrosis involving entire lobules, leaving only a collapsed reticular framework; (c) Rapidly deteriorating liver functions tests; and (d) Deepening jaundice. Viral hepatitis infection or carrier status alone (inclusive but not limited to Hepatitis B and Hepatitis C) without the above diagnostic criteria is not covered.

		vaccination practices. **Hepatitis with Cirrhosis** A submassive necrosis of the liver by the Hepatitis virus leading to cirrhosis. There must be a definite diagnosis of liver cirrhosis by a specialist in the relevant field that must be supported by liver biopsy showing histological stage F4 by Metavir grading or a Knodell fibrosis score of 4. Liver disease secondary to alcohol or drug abuse is not covered.		
29.	**Generalised Tetanus**	**NIL**	**NIL**	**Generalised Tetanus** Tetanus is an illness characterised by an acute onset of hypertonia, painful muscular contractions (including but not limited to the muscles of the jaw and neck) and generalised muscle spasms caused by tetanus toxin that is produced by Clostridium tetani bacterium infection. The Diagnosis of Generalised Tetanus due to tetanus toxin must be confirmed by a Physician. All the following criteria must be met to qualify for this benefit: (a) Constant mechanical ventilation is instituted for at least three (3) days as a medically necessary treatment for Generalised Tetanus due to tetanus toxin; (b) Tetanus immune Globulin is administered.
30.	**Guillain-Barre Syndrome**	**NIL**	**Guillain-Barre Syndrome** *- of specified severity* The Guillain-Barre Syndrome is a serious disorder of the peripheral nervous system caused by damage to the fatty insulating sheaths (myelin sheaths) of the nerves. The diagnosis of	**NIL**

			Guillain-Barre Syndrome must be unequivocal and made by a neurologist via cerebrospinal fluid study, electromyogram, nerve conduction study or other equivalent tests. Diagnosis of Guillain-Barre Syndrome must be presented with all of the below as confirmed by a specialist one (1) month after initial diagnosis of the disease: (a) hospital admission; (b) treatment with intravenous gamma globulins or plasma exchange; and (c) continuous endotracheal ventilation in an intensive care unit for a minimum of ten (10) days.	
31.	**Heart Attack**	**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. **Less Severe Heart Attack** Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction: (a) A history of typical chest pain; (b) 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 and	**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.	**Heart Attack** - *of specified severity* Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction: (a) A history of typical chest pain; (b) 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 and (c) Elevation of the cardiac biomarkers, inclusive of CPK-MB above the generally accepted normal laboratory levels or Troponins recorded at the following levels or higher: - Cardiac Troponin T or Cardiac Troponin I > / = 0.5 ng/ml The evidence must show the occurrence of a definite

		(c) Elevation of the cardiac biomarkers, inclusive of CPK-MB above the generally accepted normal laboratory levels or Troponins recorded at the following levels or higher: - Cardiac Troponin T or Cardiac Troponin I 0.1 to <0.5 ng/ml The evidence must show the occurrence of a definite acute myocardial infarction which should be confirmed by a cardiologist or physician. For the above definition, the following are not covered: - occurrence of an acute coronary syndrome including but not limited to unstable angina. - a rise in cardiac biomarkers resulting from a percutaneous procedure for coronary artery disease.		acute myocardial infarction which should be confirmed by a cardiologist or physician. For the above definition, the following are not covered: - occurrence of an acute coronary syndrome including but not limited to unstable angina. - a rise in cardiac biomarkers resulting from a percutaneous procedure for coronary artery disease.
32.	**Heart Valve Surgery**	**Percutaneous Cardiac Valvuloplasty/Valvotomy** This benefit is payable where a heart valve is repaired by percutaneous balloon valvuloplasty or valvulotomy techniques not involving a thoracotomy. Percutaneous valve replacements are not covered.	**Percutaneous Cardiac Valve Replacement** This benefit is payable where a heart valve is replaced or repaired by the deployment of a Permanent device or prosthesis by percutaneous intravascular techniques not involving a thoracotomy. Percutaneous balloon valvuloplasty and other percutaneous repair procedures where no new valve or any percutaneous device or prosthesis is deployed are not covered.	**Heart Valve Surgery** The actual undergoing of open-heart surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities. For the above definition, the following are not covered: (a) Repair via intra-arterial procedure; (b) Repair via key-hole surgery or any other similar techniques.
33.	**HIV Infection Due To Blood Transfusion**	**NIL**	**NIL**	**HIV Infection Due To Blood Transfusion** Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met: (a) The blood transfusion was medically

				necessary or given as part of a medical treatment; (b) The blood transfusion was received in Malaysia or Singapore after the commencement of the policy; (c) 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; (d) The Life Assured does not suffer from hemophilia; and (e) The Life Assured is not a member of any high risk groups including but not limited to intravenous drug users. 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.
34.	**HIV Infection Due To Organ Transplant**	**NIL**	**HIV Infection Due To Organ Transplant** Infection with the Human Immunodeficiency Virus (HIV) through an organ transplant, provided that all of the following conditions are met: (a) The organ transplant was medically necessary or given as part of a medical treatment; (b) The organ transplant was received in Malaysia or Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this policy, whichever is the later; and (c) The source of the infection is established to be by the Institution that provided the	**NIL**

			transplant and the institution is able to trace the origin of the HIV to the infected transplanted organ or from the procedure of the transplant surgery. 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.	
35.	**Infective Endocarditis**	**Less Severe Infective Endocarditis** Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met: (a) Positive result of the blood culture proving presence of the infectious organism(s); (b) Presence of at least mild heart valve incompetence (heart valve regurgitant) or mild heart valve stenosis attributable to Infective Endocarditis; (c) The unequivocal diagnosis and the severity of valvular impairment are confirmed by a consultant cardiologist and supported by echocardiogram or other reliable imaging technique.	**NIL**	**Infective Endocarditis** Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met: (a) Positive result of the blood culture proving presence of the infectious organism(s); (b) Presence of at least moderate heart valve incompetence (heart valve regurgitant) or moderate heart valve stenosis attributable to Infective Endocarditis; (c) The unequivocal diagnosis and the severity of valvular impairment are confirmed by a consultant cardiologist and supported by echocardiogram or other reliable imagine technique.
36.	**Kawasaki Disease with Heart Complications**	**Kawasaki Disease with Heart Complications** The occurrence of Kawasaki Disease with Heart Complications where all of the following conditions are met: (a) There is persistent dilation or aneurysm formation in one (1) or more coronary arteries of at least six (6) millimeters in diameter; (b) The dilation or	**NIL**	**NIL**

		aneurysm has persisted for at least six (6) months following initial diagnosis of this disease; (c) Diagnosis and treatment must be by a paediatric cardiologist.		
37.	**Loss of Independent Existence**	**Early Loss of Independent Existence** Confirmation by an appropriate specialist of the loss of independent existence and resulting in a permanent inability to perform at least two (2) of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent", shall mean beyond the hope of recovery with current medical knowledge and technology. Only Life Assured aged between 15 and 75 on first Diagnosis is eligible to receive a benefit under this illness and any such illness resulting directly or indirectly, wholly or partly, from congenital conditions is excluded. A minimum Assessment Period of six (6) months applies. When an Early/Moderately Severe Parkinson's Disease and/or Early/Moderately Severe Alzheimer's Disease critical illness has been claimed under this policy, the benefit of Early Loss of Independent Existence is no longer payable. **Loss of Fingers** Total and irreversible physical loss of all phalanges of all fingers including thumb of the same hand due to accident.	**NIL**	**Loss of Independent Existence** Confirmation by an appropriate specialist of the loss of independent existence and resulting in a Permanent inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of six (6) months applies.

		This condition must be confirmed by a registered medical practitioner. Loss of all phalanges of all fingers due to self-inflicted injuries are not covered.		
38.	**Loss of Speech**	**NIL**	**Loss of Speech (other than injury or illness to the vocal cords)** Total, Permanent and Irreversible loss of the ability to speak as a result of injury or illness. A minimum Assessment Period of twelve (12) months applies. Medical evidence to confirm injury or illness to support this disability must be supplied by an Ear, Nose, and Throat specialist. All psychiatric related causes are not covered. **Loss of Speech due to Vocal Cord Paralysis and with surgery** 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 with surgical intervention by 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 not covered.	**Loss of Speech** Total, Permanent and Irreversible loss of the ability to speak as a result of injury or illness. A minimum Assessment Period of six (6) months applies. Medical evidence to confirm injury or illness to the vocal cords to support this disability must be supplied by an Ear, Nose, and Throat specialist. All psychiatric related causes are not covered.
39.	**Major Burns**	**Mild Severe Burns** Second degree (i.e. partial thickness of the skin) skin burns covering at least twenty percent (20%) of the surface of the Life Assured's body.	**Moderately Severe Burns** Third degree (i.e. full thickness of the skin) skin burns covering at least fifty percent (50%) of the face of the Life Assured.	**Third Degree Burns** – *of specified severity* Third degree (i.e. full thickness) skin burns covering at least twenty percent (20%) of the total body surface area.

		Self-inflicted injuries are not covered.	Self-inflicted injuries are not covered.	Self-inflicted injuries are not covered.
40.	**Major Head Trauma**	**Facial Reconstructive Surgery** The actual undergoing of re-constructive surgery above the neck (restoration or re-constructive of the shape of and appearance of facial structures which are defective, missing or damaged or misshapen) performed by a specialist in the relevant field to correct disfigurement as a direct result of an accident or assault. 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 not covered.	**Mild Head Trauma** Physical head injury resulting in Permanent functional impairment verified by a neurologist. The Permanent functional impairment must result in an inability to perform at least two (2) of the Activities of Daily Living. A minimum Assessment Period of three (3) months applies.	**Major Head Trauma -** *resulting in Permanent inability to perform Activities of Daily Living* Physical head injury resulting in Permanent functional impairment verified by a neurologist. The Permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of three (3) months applies.
41.	**Major Organ Transplant**	**Small Bowel Transplant** The receipt of a transplant of at least one (1) meter of small bowel with its own blood supply via a laparatomy resulting from intestinal failure. **Corneal Transplant** The receipt of a transplant of a whole cornea due to Irreversible scarring with resulting reduced visual acuity which cannot be corrected with other methods.	**NIL**	**Major Organ / Bone Marrow Transplant** The receipt of a transplant of: (a) Human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or (b) One (1) 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 not covered.
42.	**Medullary Cystic Disease**	**Early Stage Medullary Cystic Disease** Early Stage Medullary Cystic Disease where the following criteria are met: (a) the presence of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis; (b) clinical manifestations	**NIL**	**Medullary Cystic Disease** A progressive hereditary disease of the kidney characterized by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anemia, polyuria and renal loss of sodium, progressing to chronic kidney failure. Diagnosis must be supported by a

		of anaemia, polyuria, and eGFR of less than 60ml/min/1.73m2; and (c) the Diagnosis of Medullary Cystic Disease is confirmed by a renal biopsy.		renal biopsy.
43.	**Meningeal Tuberculosis**	**Tuberculous Myelitis** Myelitis caused by tubercle bacilli, resulting in permanent neurological deficit for at least a continuous period of three (3) months. The diagnosis must be confirmed by a neurologist and supported by analysis of cerebrospinal fluid by lumbar puncture.	**NIL**	**Meningeal Tuberculosis** Meningitis caused by tubercle bacilli, resulting in permanent neurological deficit for at least a continuous period of six (6) months. The diagnosis must be confirmed by a neurologist and supported by analysis of cerebrospinal fluid by lumbar puncture.
44.	**Motor Neuron Disease**	**Peripheral Motor Neuropathy resulting in permanent need of mobility aid** This refers to severe peripheral motor neuropathy arising from anterior horn cells resulting in significant motor weakness, fasciculation and muscle wasting. The diagnosis must be confirmed by a consultant neurologist as a result of nerve conduction studies and resulting in a permanent need for the use of walking aids or a wheelchair. Diabetic neuropathy or neuropathy due to alcohol is not covered.	**NIL**	**Motor Neuron Disease -** *Permanent neurological deficit with persisting clinical symptoms* A definite Diagnosis of motor neuron disease by a neurologist with reference to either spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be Permanent neurological deficit with persisting clinical symptoms.
45.	**Multiple Sclerosis**	**Early Multiple Sclerosis** A definite Diagnosis of multiple sclerosis by a neurologist. The Diagnosis must be supported by all of the following: (a) Investigations that unequivocally confirm the Diagnosis to be Multiple Sclerosis; and (b) Well documented history of exacerbations and remissions of symptoms or	**Mild Multiple Sclerosis** There must be a definite diagnosis of Multiple Sclerosis confirmed by a neurologist. The diagnosis must be supported by all of the following: (a) Investigations that unequivocally confirm the diagnosis to be Multiple Sclerosis; (b) Any permanent residual neurological deficit confirmed by a neurologist at 3 months; and (c) Well documented	**Multiple Sclerosis** A definite Diagnosis of multiple sclerosis by a neurologist. The Diagnosis must be supported by all of the following: (a) Investigations which confirm the Diagnosis to be Multiple Sclerosis; (b) Multiple neurological deficits resulting in impairment of motor and sensory functions occurring over a continuous period of at least six (6) months;

		neurological deficits. Other causes of neurological damage such as SLE and HIV are not covered.	history of exacerbations and remissions of neurological deficits. Other causes of neurological damage such as SLE or HIV are not covered.	and (c) Well documented history of exacerbations and remissions of said symptoms or neurological deficits.
46.	**Muscular Dystrophy**	**NIL**	**Moderately Severe Muscular Dystrophy** A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a neurologist. The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least two (2) of the Activities of Daily Living for a continuous period of at least six (6) months. The diagnosis must be confirmed by appropriate neuromuscular testing such as Electromyogram (EMG).	**Muscular Dystrophy** The definite Diagnosis of a Muscular Dystrophy by a neurologist which must be supported by all of the following: (a) Clinical presentation of progressive muscle weakness; (b) No central/peripheral nerve involvement as evidenced by absence of sensory disturbance; (c) Characteristic electromyogram and muscle biopsy findings. No benefit will be payable under this Covered Event before the Life Assured has reached the age of twelve (12) years next birthday.
47.	**Myasthenia Gravis**	**Less Severe Myasthenia Gravis** An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatiguability, where all of the following criteria are met: (a) Presence of permanent muscle weakness categorized as at least Class III according to the Myasthenia Gravis Foundation of America Clinical Classification below; (b) The unequivocal diagnosis of Myasthenia Gravis and categorization are confirmed by a neurologist. Myasthenia Gravis Foundation of America	**Myasthenia Gravis with Myasthenic Crisis** An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatiguability, where all of the following criteria are met: (a) The Diagnosis of Myasthenic Crisis and categorization are confirmed by a registered neurologist; and (b) At least one episode of myasthenic crisis with actual undergoing of endotracheal intubation and mechanical ventilation.	**Myasthenia Gravis** An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatiguability, where all of the following criteria are met: (a) Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; (b) The unequivocal diagnosis of Myasthenia Gravis and categorization must be confirmed by a neurologist. Myasthenia Gravis Foundation of America Clinical Classification:

		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		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
48.	**Necrotising Fasciitis**	**Early Stage Necrotising Fasciitis** The occurrence of necrotising fasciitis where all of the following conditions are met: (a) the standard clinical criteria of necrotising fasciitis are met; (b) the bacteria identified is a known cause of necrotising fasciitis; (c) treatment of Necrotising Fasciitis requiring at least 96 hours intensive care unit (ICU) admission and total requiring at least 7 days hospital admission.	**NIL**	**Necrotising Fasciitis** – *resulting in total and permanent loss of function* The occurrence of necrotizing fasciitis where all of the following conditions are met: (a) the standard clinical criteria of necrotising fasciitis are met; (b) the bacteria identified is a known cause of necrotising fasciitis; (c) 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; (d) treatment of Necrotising Fasciitis requiring at least 10 days intensive care unit (ICU) admission.
49.	**Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection**	**NIL**	**NIL**	**Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection** Infection with the Human Immunodeficiency Virus (only if the Life Assured is a Medical Staff as defined below), where it was acquired as a result of an accident occurring during the course of carrying out normal occupational duties with seroconversion to HIV

				infection occurring within six (6) months of the accident. Any accident giving rise to a potential claim must be reported to the Company within thirty (30) days of the accident taking place supported by a negative HIV test taken within seven (7) days of the accident. "Medical Staff" is defined as "doctors (General Physicians and specialists), traditional practitioners, nurses, paramedics, laboratory technicians, dentists, dental nurses, ambulance workers who are working in a medical centre or hospital or dental clinic/polyclinic in Malaysia. Doctors, traditional practitioners, nurses and dentists must be registered with the Ministry of Health of Malaysia". 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.
50.	**Osteogenesis Imperfecta**	**Severe Osteoporosis With Fractures** The occurrence of Osteoporosis with Fractures where all of the following criteria are met: (a) At least a fracture of the neck of femur or two (2) vertebral body fractures, due to or in the presence of osteoporosis; (b) Bone mineral density measured in at least two (2) sites by dual-energy x-ray densitometry (DEXA) or quantitative CT scanning is consistent with severe osteoporosis (T-score of less than -2.5); (c) Actual undergoing of	**NIL**	**Osteogenesis Imperfecta** This is characterised by brittle, osteoporotic, easily fractured bone, where all of the following criteria are met: (a) Must be diagnosed as Type III Osteogenesis Imperfecta; (b) Presence of growth retardation and hearing impairment; (c) x-ray confirms multiple fracture of bones and progressive kyphoscoliosis; (d) Positive result of skin biopsy to confirm Osteogenesis Imperfecta. (e) Diagnosis must be confirmed by an appropriate specialist.

		internal fixation or replacement of the fractured bone. Coverage for Osteoporosis with Fractures will automatically cease after the Life Assured attains the age of seventy (70) years next birthday.		
51.	**Other Serious Coronary Artery Disease**	**Early Coronary Artery Disease** The narrowing of the lumen of two coronary arteries occurring at the same time by a minimum of sixty percent (60%), as proven by coronary arteriography, regardless of whether any form of coronary artery surgery has been recommended or performed. Coronary arteries herein refer to right coronary artery, left main stem, left anterior descending and left circumflex, but not their branches. Note that any non-invasive method of determining coronary artery stenosis is not covered. When a Pericardectomy or Keyhole Cardiac Surgery early stage critical illness and/or Minimally Invasive Direct Coronary Artery Bypass intermediate stage critical illness has been claimed under this policy, the benefit of Early Coronary Artery Disease is no longer payable.	**Moderate Coronary Artery Disease** The narrowing of the lumen of two coronary arteries occurring at the same time by a minimum of sixty percent (60%) and another one coronary artery by a minimum of fifty percent (50%), as proven by coronary arteriography, regardless of whether any form of coronary artery surgery has been recommended or performed. Coronary arteries herein refer to right coronary artery, left main stem, left anterior descending and left circumflex, but not their branches. Note that any non-invasive method of determining coronary artery stenosis is not covered. When a Pericardectomy or Keyhole Cardiac Surgery early stage critical illness and/or Minimally Invasive Direct Coronary Artery Bypass intermediate stage critical illness has been claimed under this policy, the benefit of Moderate Coronary Artery Disease is no longer payable.	**Serious Coronary Artery Disease** The narrowing of the lumen of Right Coronary Artery (RCA), Left Anterior Descending Artery (LAD) and Circumflex Artery (not inclusive of their branches) occurring at the same time by a minimum of sixty percent (60%) in each artery as proven by coronary arteriography (non-invasive diagnostic procedures are not covered). A narrowing of sixty percent (60%) or more of the Left Main Stem will be considered as a narrowing of the Left Anterior Descending Artery (LAD) and Circumflex Artery. This Covered Event is payable regardless of whether or not any form of coronary artery surgery has been performed.
52.	**Paralysis / Paraplegia**	**Loss of Use of One Limb** Total, Permanent and Irreversible loss of use of one (1) entire limb due to injury or disease of the Life Assured. This condition must be confirmed by a specialist in the relevant field. A minimum Assessment Period of six	**Loss of One Limb requiring Prosthesis** Total and Irreversible loss of one (1) entire limb (above elbow or above knee) which has required the fitting and use of prosthesis due to illness or accident. This condition must be confirmed by	**Paralysis of limbs** Total, Permanent and Irreversible loss of use of both arms or both legs, or of one arm and one leg, through paralysis caused by illness or injury. A minimum Assessment Period of six (6) months applies.

		(6) months applies. Self-inflicted injuries are not covered. **Accidental Cervical Spinal Cord Injury** Accidental cervical spinal cord injury resulting in total and Irreversible loss of use of at least one (1) entire limb. A minimum Assessment Period of six (6) months applies. 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 reliable imaging techniques. Self-inflicted injuries are not covered. **Spinal Cord Disease or Injury resulting in Bowel and Bladder Dysfunction** Spinal cord disease or chorda equina injury resulting in permanent bowel dysfunction and bladder dysfunction requiring Permanent regular self catheterisation or a Permanent urinary conduit. A minimum Assessment Period of six (6) months applies. The Diagnosis must be supported by a consultant neurologist. Spina bifida, meningocele and meningomyelocele are all not covered. Self-inflicted injuries are not covered.	specialists in the relevant fields. Self-inflicted injuries are not covered.	Self-inflicted injuries are not covered.
53.	**Parkinson's Disease**	**Early Parkinson's Disease** A definite Diagnosis of Parkinson's Disease by a neurologist where all the following conditions are met:	**Moderately Severe Parkinson's Disease** A definite Diagnosis of Parkinson's Disease by a neurologist where all the following conditions are met:	**Parkinson's Disease** – *resulting in Permanent inability to perform Activities of Daily Living* A definite Diagnosis of Parkinson's Disease by a neurologist where all the

		(a) The disease cannot be controlled with medication, (b) Shows signs of progressive impairment, and (c) Confirmation of the Permanent inability of the Life Assured to perform (whether aided or unaided) at least one (1) of the Activities of Daily Living for a continuous period of at least six (6) months. Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are not covered. When an Early Loss of Independent Existence critical illness has been claimed under this policy, the benefit of Early Parkinson's Disease is no longer payable.	(a) The disease cannot be controlled with medication, (b) Shows signs of progressive impairment, and (c) Confirmation of the Permanent inability of the Life Assured to perform (whether aided or unaided) at least two (2) of the Activities of Daily Living for a continuous period of at least six (6) months. Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are not covered. When an Early Loss of Independent Existence critical illness has been claimed under this policy, the benefit of Early Parkinson's Disease is no longer payable.	following conditions are met: (a) Cannot be controlled with medication; (b) Shows signs of progressive impairment; and (c) Confirmation of the Permanent inability of the Life Assured to perform without assistance three (3) or more of the Activities of Daily Living. Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are not covered.
54.	**Poliomyelitis**	**NIL**	**Moderate Poliomyelitis** The occurrence of Poliomyelitis where the following conditions are met: (a) Poliovirus is identified as the cause, (b) Paralysis of the respiratory muscles supported by ventilator for a continuous period of minimum 96 hours.	**Poliomyelitis** The occurrence of Poliomyelitis where the following conditions are met: (a) Poliovirus is identified as the cause, (b) Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.
55.	**Primary Pulmonary Arterial Hypertension**	**Secondary Pulmonary Hypertension – Class III** Secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of Permanent physical impairment of at least Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment.	**Secondary Pulmonary Hypertension – Class IV** Secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of Permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The Diagnosis must be	**Primary Pulmonary Arterial Hypertension –** *of specified severity* A definite Diagnosis of primary pulmonary arterial hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in Permanent physical impairment to the degree of at least Class III of the New York Heart

		The Diagnosis must be established by cardiac catheterisation by a specialist in the relevant field. **Insertion of a Vena-cava filter** The surgical insertion of a vena-cava filter after there has been documented proof of recurrent pulmonary emboli. The need for the insertion of a vena-cava filter must be certified to be absolutely necessary by a specialist in the relevant field.	established by cardiac catheterization by a specialist in the relevant field.	Association (NYHA) classification of cardiac impairment. Pulmonary arterial hypertension resulting from other causes shall be excluded from this benefit. The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following: 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.
56.	**Progressive Muscular Atrophy**	**NIL**	**NIL**	**Progressive Muscular Atrophy** Progressive muscular atrophy resulting in wasting of muscles, increased spasticity and the Insured's permanent inability to perform at least three (3) of the six (6) Activities of Daily Living.as diagnosed by a consultant neurologist The diagnosis must be confirmed by appropriate neuromuscular testing such as Electromyogram (EMG). These conditions have to be medically documented for at least three (3) months.
57.	**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 evidence. The following are not covered: (a) localised scleroderma (linear scleroderma or morphea);	**Progressive Scleroderma With CREST Syndrome** A rheumatologist must make the definite diagnosis of systemic sclerosis with CREST syndrome, based on clinically accepted criteria. This diagnosis must be unequivocally supported by biopsy and serological evidence. The disease must involve the skin with deposits of calcium (calcinosis), skin thickening of the fingers or toes (sclerodactyly) and also involve the esophagus.	**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 not covered: (a) Localised

		(b) eosinophilic fasciitis; (c) CREST syndrome	There must also be telangiectasia (dilated capillaries) and Raynaud's Phenomenon causing artery spasms in the extremities. The following are not covered: (a) localised scleroderma (linear scleroderma or morphea); (b) eosinophilic fasciitis.	scleroderma (linear scleroderma or morphea); (b) Eosinophilic fascitis; (c) CREST syndrome.
58.	**Progressive Supranuclear Palsy**	**Early Progressive Supranuclear Palsy** Progressive supranuclear palsy resulting independently of all other causes and directly resulting lack of control of gait and balance, and permanent inability to perform (without aided) at least two (2) of the six (6) Activities of Daily Living. The diagnosis must be made by a neurologist as progressive and resulting in neurological deficit for at least a continuous period of six (6) months.	**NIL**	**Progressive Supranuclear Palsy** Progressive supranuclear palsy resulting independently of all other causes and directly resulting lack of control of gait and balance, and permanent inability to perform (with or without aided) at least three (3) of the six (6) Activities of Daily Living. The diagnosis must be made by a neurologist as progressive and resulting in neurological deficit for at least a continuous period of six (6) months.
59.	**Rabies**	**NIL**	**NIL**	**Rabies** An infection by Rabies virus associated with all of these following signs and symptoms of Rabies namely muscle fasciculations, delirium, psychosis, seizures and aphasia. This benefit will not be payable if the life assured undergoes only the prophylactic post exposure vaccination, without having developed the aforementioned symptoms.

60.	**Severe Cardiomyopathy**	**Hypertrophic Cardiomyopathy** This benefit will be paid on the Diagnosis of symptomatic hypertrophic cardiomyopathy HCM. The Diagnosis of asymmetric septal cardiac hypertrophy must be made by a consultant cardiologist and proven on echocardiographic criteria. The Life Assured must have undergone surgical myomectomy or septal ablation according to accepted guidelines. All other forms of ventricular hypertrophy including apical hypertrophic cardiomyopathy are not covered.	**NIL**	**Cardiomyopathy** - *of specified severity* A definite Diagnosis of cardiomyopathy by a cardiologist which results in permanently impaired ventricular function and resulting in Permanent physical impairment of at least Class III of the New York Heart Association's classification of cardiac impairment. The Diagnosis has to be supported by echocardiographic findings of compromised ventricular performance. The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following: Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest. Cardiomyopathy directly related to alcohol or drug abuse is not covered.
61.	**Severe Haemophilia**	**NIL**	**NIL**	**Severe Haemophilia** The Life Assured must be suffering from severe hemophilia A (VIII deficiency) or hemophilia B (IX deficiency) with factor VIII or factor IX activity levels less than one percent (1%). Diagnosis must be confirmed by a qualified haematologist. The coagulation-disease other than hemophilia A (VIII deficiency) or hemophilia B (IX deficiency) are not covered.
62.	**Severe Rheumatoid Arthritis**	**NIL**	**Mild Rheumatoid Arthritis** Rheumatoid arthritis is a chronic autoimmune disorder. The diagnosis	**Severe Rheumatoid Arthritis** Rheumatoid arthritis is a chronic autoimmune disorder. The diagnosis

			must be confirmed by a Rheumatologist. All of the following criteria must be met: (a) meets the latest diagnostic criteria as per American College of Rheumatology; (b) destruction and deformity of at least three (3) of the following joint groups: interphalangeal hand joints, wrist, elbow, knee, hip, ankle, cervical spine or interphalangeal foot joints. Clinical findings and imaging study must evidence these changes; (c) physical impairment resulting inability to perform at least two (2) of the Activities of Daily Living without the continual physical assistant of another person for a continuous period of at least hundred and eighty (180) days.	must be confirmed by a Rheumatologist All of the following criteria must be met: (a) meets the latest diagnostic criteria as per American College of Rheumatology; (b) destruction and deformity of at least three (3) of the following joint groups: interphalangeal hand joints, wrist, elbow, knee, hip, ankle, cervical spine or interphalangeal foot joints. Clinical findings and imaging study must evidence these changes; (c) physical impairment resulting in inability to perform at least three (3) of Activities of Daily Living without the continual physical assistant of another person for a continuous period of at least hundred and eighty (180) days.
63.	**Stroke**	**Stroke Treatment By Carotid Angioplasty And Stent Placement** Means the actual undergoing of an endovascular intervention in the form of angioplasty with stenting to treat stenosis of seventy-five percent (75%) or above, as proven by angiographic evidence, of one (1) or more carotid arteries. The Diagnosis and medical necessity of the treatment must be confirmed 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 eighty percent (80%) narrowing of the carotid artery as diagnosed by an arteriography. Percutaneous transvascular carotid angioplasty is not covered. Endarterectomy of blood vessels other than the carotid artery are specifically not covered.	**Stroke** - *resulting in Permanent neurological deficit with persisting clinical symptoms* Death of brain tissue due to inadequate blood supply, bleeding within the skull or embolization from an extra cranial source resulting in Permanent neurological deficit with persisting clinical symptoms. The Diagnosis must be based on changes seen in a CT scan or MRI and certified by a neurologist. A minimum Assessment Period of three (3) months applies. For the above definition, the following are not covered: (a) Transient ischemic attacks; (b) Cerebral symptoms due to migraine; (c) Traumatic injury to brain tissue or blood

				vessels; (d) Vascular disease affecting the eye or optic nerve or vestibular functions. **Stroke Treatment by Carotid Endarterectomy Surgery** Stroke treated with open Carotid Endarterectomy Surgery means the documented occurrence of a new cerebrovascular accident followed by the actual undergoing of open carotid endarterectomy surgery by a registered specialist and licensed surgeon, based on current standard medical indications. Percutaneous intra-arterial vascular procedures are specifically not covered. The new stroke and the need for surgery must be confirmed with the necessary appropriate imaging investigations.
64.	**Surgery for Idiopathic Scoliosis**	**Surgery for Idiopathic Scoliosis** Surgery for idiopathic scoliosis means 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 or neuromuscular diseases are not covered.	**NIL**	**NIL**
65.	**Surgery to Aorta**	**Large Asymptomatic Aortic Aneurysm or Dissection** Asymptomatic abdominal or thoracic aortic aneurysm or dissection greater than 55mm in diameter as evidenced by appropriate imaging technique, and	**Minimally Invasive Surgery to Aorta** The actual undergoing of surgery via minimally invasive or intra-arterial techniques to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as	**Surgery To Aorta** The actual undergoing of surgery via a thoracotomy or laparotomy (surgical opening of thorax or abdomen) to repair or correct an aortic aneurysm, an obstruction of the aorta or a dissection of the aorta.

		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.	evidenced by a cardiac echocardiogram 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.	For this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. For the above definition, the following are not covered: (a) angioplasty; (b) other intra-arterial or catheter based techniques; (c) other keyhole procedures; (d) laser procedures.
66.	**Systemic Lupus Erythematosus with Lupus Nephritis**	**Systemic Lupus Erythematosus** Less Severe Systemic Lupus Erythematosus shall mean a definite Diagnosis of Systemic Lupus Erythematosus confirmed by a rheumatologist. All of the following criteria must be met: (a) Presence of at least 3 of the 5 criteria; (i) Arthritis: non-erosive arthritis, involving 2 or more joints; (ii) Serositis: pleuritis or pericarditis; (iii) Renal Disorder: persistent proteinuria > 0.5 g per day or cellular casts; (iv) Hematologic disorder: hemolytic anemia, Leukopenia, Lymphopenia, or thrombocytopenia; or (v) Positive anti-nuclear antibody, Anti-dsDNA or anti-Smith antibody (b) Diagnosis of systemic lupus erythematosus must be confirmed by an appropriate specialist. Other forms, discoid lupus	**Moderately Severe Systemic Lupus Erythematosus With Kidney Complications** Moderately Severe Systemic Lupus Erythematosus 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. All of the following criteria must be met: (a) Clinically there must be at least four (4) out of the following presentations suggested by The American College of Rheumatology: (i) Malar rash; (ii) Discoid rash; (iii) Photosensitivity; (iv) Oral ulcers; (vi) Arthritis; (vii) Serositis; (viii) Renal disorder; (ix) Leukopenia (<4,000/mL), or Lymphopenia (<1,500/mL), or Haemolytic anaemia, or Thrombocytopenia (<100,000/mL); or (x) Neurological disorder (b) One (1) or more of the	**Systemic Lupus Erythematosus With Severe Kidney Complications** A definite Diagnosis of Systemic Lupus Erythematosus confirmed by a rheumatologist. For this definition, the Covered Event is payable only if it has resulted in Type III to Type V Lupus Nephritis as established by renal biopsy. Other forms such as discoid lupus or those forms with only hematological or joint involvement are not covered. WHO Lupus Classification: Type III – Focal Segmental glomerulonephritis Type IV – Diffuse glomerulonephritis Type V – Membranous glomerulonephritis.

		and those forms with haematological involvement will be specifically not covered.	following tests being positive: (i) Anti-nuclear Antibodies; (ii) L.E. cells; (iii) Anti-DNA; or (iv) Anti-Sm (Smith IgG Autoantibodies) (c) There is lupus nephritis causing impaired renal function with a Glomerular filtration rate (GFR) of less than 60ml/min (MDRD formula).	
67.	**Terminal Illness**	**NIL**	**NIL**	**Terminal Illness** The conclusive Diagnosis of a condition that is expected to result in death of the Life Assured within twelve (12) months. The Life Assured must no longer be receiving active treatment other than that for pain relief. The Diagnosis must be supported by written confirmation from an appropriate specialist and confirmed by the Company's appointed doctor.
68.	**Tumour or Fracture of Spinal Column**	**NIL**	**NIL**	**Accidental Fracture of Spinal Column** A new multiple spinal fracture caused by an Accident which results in a total and permanent neurological deficit with persisting clinical symptoms. The diagnosis of the fracture of the spinal column must be based on an examination of an X-ray or any other similar imaging technology acceptable to The Company by a specialist orthopaedic surgeon or a radiologist acceptable to us. The diagnosis of any neurological deficits must be made by a consultant neurologist or attending orthopaedic surgeon acceptable to The Company. This benefit shall be payable only until

				age seventy-five (75) years next birthday. Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life Assured. Symptoms that are covered include paralysis (muscle power of 0/5), lack of coordination and coma.
69.	**Wilson's Disease**	**NIL**	**NIL**	**Wilson's Disease** A potentially fatal disorder of copper toxicity characterized by progressive liver disease or neurologic deterioration due to copper deposit. The diagnosis must be confirmed by a specialist and the treatment with a chelating agent must be documented for at least six (6) months.
70.	**Ollier's Disease**	**NIL**	**Ollier's Disease** The actual undergoing of surgery to correct two (2) or more skeletal deformities due to multiple enchondromas within the bones (endochondromatosis) in a confirmed case of Ollier's disease. The diagnosis of Ollier's disease must be confirmed by a consultant orthopaedic surgeon and the surgery must be certified as medically necessary by the treating orthopaedic surgeon/specialist.	**NIL**
71.	**Maffucci Syndrome**	**NIL**	**Maffucci Syndrome** The actual undergoing of surgery to correct two (2) or more skeletal deformities due to multiple enchondromas within the bones (endochondromatosis) and hemangiomas in a confirmed case of Maffucci	**NIL**

			syndrome. The diagnosis of Maffucci syndrome must be confirmed by a consultant orthopaedic surgeon and the surgery must be certified as medically necessary by the treating orthopaedic surgeon/specialist.	

10. DEFINITIONS OF SPECIAL BENEFIT EVENTS

1.	**Diabetes Recovery Benefit**	**Surgery for Type 2 Diabetic Retinopathy**	Diabetic Retinopathy with the need to undergo laser treatment certified to be absolutely necessary by an ophthalmologist with support of a Fluorescent Fundus Angiography report and vision is measured at 6/18 or worse in the better eye using a Snellen eye chart. Laser treatment must be performed for this benefit to be payable.
		Limb Amputation due to Type 2 Diabetic Complications	The actual undergoing of amputation of a foot above the ankle or hand above the wrist to treat gangrene that has occurred because of a complication of diabetes.
		Severe Diabetic Nephropathy resulting in Kidney Failure	A definite diagnosis of diabetic nephropathy by a nephrologist and is evident by eGFR less than 30 ml/min/1.73 m2 with ongoing proteinuria greater than 300mg/24 hours.
		Diabetic Coma	A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least seventy-two (72) hours. This Diagnosis must be supported by evidence of all of the following: (a) Results from complication of diabetes; and (b) No response to external stimuli for at least seventy-two (72) hours; (c) The use of life support measures to sustain life; (d) Brain damage resulting in Permanent neurological deficit with persisting clinical symptoms. A minimum Assessment Period of thirty (30) days applies. Confirmation by a neurologist must be present. Coma resulting directly or indirectly from all other causes are not covered.
2.	**Mental Illness Benefit**	**Severe Major Depressive Disorder (MDD)**	A severe mental disorder characterized by a persistent feeling of sadness and loss of interest, with clinically significant distress or impairment in social, occupational, or other important areas of functioning. The definition does not include other mood disorders (e.g. dysthymia, disruptive mood regulation, etc), adjustment disorders or anxiety disorders according to the DSM-5 criteria or any subsequent DSM update or any alternative criteria that supersedes DSM. The diagnosis must fulfil all of the following criteria: (a) An unequivocal diagnosis of Severe Major Depressive Disorder (MDD) must be confirmed by a Psychiatrist based on the defined DSM-5 criteria or any subsequent DSM update or any alternative criteria that supersedes

			DSM; (b) Must have received electroconvulsive therapy (ECT) which is conducted by a Psychiatrist; (c) Must have received a combination of 2 or more specific medication therapy to treat the Severe MDD, which is mood stabilisers or atypical antipsychotics or antidepressants, without interruption for a period of at least one hundred and eighty (180) days after diagnosis. All substance/medication or alcohol induced diagnosis of depression are not covered.
		Bipolar Disorder I	Bipolar Disorder I is a mental disorder that causes unusual shifts in mood, energy, activity levels, and clinically significant distress or impairment in social, occupational, or other important areas of day to day functioning. The diagnosis must fulfil all of the following criteria: (a) An unequivocal diagnosis of Bipolar Disorder I must be confirmed by a Psychiatrist based on the defined DSM-5 criteria or any subsequent DSM update or any alternative criteria that supersedes DSM; (b) Must exhibit symptoms that are markedly severe and which interfere with social and occupational functioning; (c) Must have received a combination of two (2) or more specific medication therapy to treat Bipolar Disorder I, which is mood stabilisers or atypical antipsychotics or antidepressants, without interruption for a period of at least one hundred and eighty (180) days after diagnosis. All substance/medication or alcohol induced diagnosis of Bipolar Disorder I are not covered.
		Severe Obsessive Compulsive Disorder (OCD)	A chronic and long-lasting disorder characterised by both obsessions and compulsions, and has resulted in marked severe impairment in social or occupational functioning. The definition does not include other related disorders (e.g. anxiety, hoarding disorder, body dysmorphic disorder etc) according to the DSM-5 criteria or any subsequent DSM update or any alternative criteria that supersedes DSM. The unequivocal diagnosis of Severe Obsessive Compulsive Disorder (OCD) must fulfil all of the following criteria: (a) An unequivocal diagnosis of Severe OCD must be confirmed by a Psychiatrist based on the DSM-5 criteria or any subsequent DSM update or any alternative criteria that supersedes DSM; (b) The Severe OCD must be classified as "severe" or "extreme" under the Y-BOCS scale (score of 24 and above) which is assessed by a registered Psychiatrist; (c) Must have received a combination of two (2) or more specific medication therapy to treat the Severe OCD, which is antipsychotics and antidepressants, without interruption for a period of at least one hundred and eighty (180) days after diagnosis. All substance/medication or alcohol induced diagnosis of Severe OCD are not covered.

		Schizophrenia	A psychotic disorder that is characterised by major disturbances in cognitive functioning, emotion and behaviour and where the Life Assured experiences hallucinations or delusions. The definition does not include other psychotic illnesses (e.g. delusional disorder, psychotic depression etc) according to the DSM-5 criteria or any subsequent DSM update or any alternative criteria that supersedes DSM. The diagnosis must fulfil all of the following criteria: (a) An unequivocal diagnosis of Schizophrenia must be confirmed by a Psychiatrist according to DSM-5 criteria or any subsequent DSM update or any alternative criteria that supersedes DSM; (b) Must have received the sequential use of at least two (2) antipsychotic medication to treat the Schizophrenia, without interruption for a period of at least 180 days after diagnosis. All substance/medication or alcohol induced diagnosis of Schizophrenia are not covered.
		Schizoaffective Disorder	Schizoaffective Disorder is characterised primarily by symptoms of schizophrenia such as hallucinations or delusions, and concurrent with symptoms of a mood disorder such as mania and depression. The definition does not include other psychotic illnesses (e.g. delusional disorder, psychotic depression etc) according to the DSM-5 criteria or any subsequent DSM update or any alternative criteria that supersedes DSM. The diagnosis must fulfil all of the following criteria: (a) An unequivocal diagnosis of Schizoaffective Disorder must be confirmed by a Psychiatrist according to DSM-5 criteria or any subsequent DSM update or any alternative criteria that supersedes DSM; (b) Must have received a combination of 2 or more specific medication therapy to treat the Schizoaffective Disorder, which is mood stabilizers or antipsychotics or antidepressants, without interruption for a period of at least one hundred and eighty (180) days after diagnosis. All substance/medication or alcohol induced diagnosis of Schizoaffective disorder are not covered.
3.	**Total Quadriplegia as a result of Spinal Cord Injury**		The total (muscle power of 0/5), permanent and irreversible loss of function or use of all four (4) limbs due to or as a result of injury to the spinal cord persisting for at least six (6) months from the date of trauma or illness. This condition must be confirmed by a specialist in the relevant field and substantiated with appropriate radiological evidence. Self-inflicted injuries are not covered.

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