

NTUC Income

Product Summary: LUV Plan

INTRODUCTION

The LUV Plan is a specially designed group term life policy issued by NTUC Income Insurance Cooperative Limited ("NTUC Income") to the National Trades Union Congress ("NTUC"). This group insurance policy provides financial protection to NTUC Members and their respective spouses and children.

This Product Summary only lists the key features of the Insured's cover under the LUV Plan. It is not an insurance contract, and does not have any legal effect. The full terms and conditions of the insurance contract and the applicable terms of the cover taken up by the Insured are found in the LUV Plan Master Insurance Policy.

COMMENCEMENT & TERMINATION OF COVER

The Insured's cover starts from the Policy Entry Date to the expiry of the Contract Term stated in the Certificate Schedule.

The Insured's cover terminates if any of the following events occurs:

- a. the premium due in respect of that Insured is not paid;
- b. the person who has made an application to cover the Insured under this Policy or the Policyholder ceases to be a NTUC Member for any reason whatsoever;
- c. the Insured attains the age of 65 where the Insured's Age at the time of application was above 60 years old;
- d. the Insured attains the age of 70 where the Insured's Age at the time of application was 60 years old and below;
- e. the Dependent attains the age of 25 years or ceases to be a dependent of the Policyholder, whichever is earlier;
- f. the Contract Term expires;
- g. this Policy is cancelled;
- h. the Sum Assured or an aggregate amount equal to 100% of the Sum Assured has been paid; or
- i. the claim is fraudulent.

PLAN AND COVER TYPE

The cover and plan type applicable to the Insured determines the premiums payable by the Policyholder and the Benefits and the Sum Assured payable by us. Please refer to Table of Plans and Cover at Appendix 1.

PREMIUM PAYABLE BY POLICYHOLDER

The premium payable on a monthly or yearly basis will depend on the Cover Type and Plan Type. The Table of Plan and Cover in Appendix 1 list the current premium payable. The premium is not guaranteed and may change based on the age of the next birthday of the Insured (when the Insured is covered under the LUV Plan) or when cover under the LUV Plan is renewed or upon 30 days notice being given by NTUC Income to NTUC and/or the Policyholder.

LOYALTY DISCOUNT

The Policyholder will enjoy a discount based on the number of years that an Insured has been insured with us. Please refer to Table of Loyalty Discount in Appendix 1.

BENEFITS

If the Policyholder has paid the premiums and the Insured's cover is valid, NTUC Income will pay the Benefits according to the Cover Type and the Plan Type selected by the Policyholder applicable to the Insured.

Under the LUV Plan cover, the Insured is covered as follows:

Death From All Causes

If the Insured dies from any cause, NTUC Income will pay the Sum Assured except where the Insured, whether sane or insane, dies by his or her own hands within one year from:-

- (a) the commencement date of cover for the Insured ("Policy Entry Date");
- (b) the effective date of any increase in the Sum Assured, or,
- (c) the date of reinstatement or renewal of the Insured's cover.

The Insured's cover shall be void if the Insured dies by his or her own hands.

Permanent and Total Disability From Any Cause

If the Insured suffers Permanent and Total Disability due to any cause (except self-inflicted injuries), NTUC Income will pay the Sum Assured.

Notwithstanding that the Insured's cover under this Policy has been terminated upon payment of the Sum Assured, we will pay a further monthly sum, which is equal to one per cent (1%) of the Sum Assured, up to a period of 12 months or until the Insured reaches the age of 65 years, whichever is the earlier. This monthly sum will be paid one (1) month after we pay the Sum Assured.

If the Insured is diagnosed with any Critical Illness for the first time by a Registered Medical Practitioner after we have paid the Sum Assured for the Insured's Total and Permanent Disability, we will pay the balance of the unpaid monthly 1% sums, if any, in one lump sum.

Permanent and Partial Disability Due To Accident

If the Insured suffers any Loss specifically described in the Table of Compensation in Appendix 2, NTUC Income will pay a percentage of the Sum Assured provided the Loss is directly caused by any accidental violent, external and visible means ("Accident"); and the Loss occurs within 365 days following the Accident.

No payment shall be made if the Loss is caused directly or indirectly by any of the following:

- i. self-inflicted injuries while sane or insane
- ii. war, declared or undeclared, revolution or any warlike operation
- iii. military, naval service in time of declared or undeclared war, or while under order for warlike operations or restoration of public order
- iv. racing on wheels.

The total sum payable by us for one or more Losses in respect of any one Accident shall not exceed 100% of the Sum Assured.

Hospital Cash Benefit

If an Insured is admitted and confined by illness or injury to a licensed hospital in Singapore, NTUC Income will pay, for each day of hospital confinement, a daily hospital cash benefit of S\$5.00 for every S\$10,000 of the Sum Assured, subject to a maximum of 365 days for each confinement.

Each hospital confinement must be for a minimum period of six consecutive hours before any benefit is payable. No minimum period of hospital confinement shall be necessary if such confinement is related to a surgical operation, or if the hospital makes a charge for the Daily Room and Board charges.

No payment shall be made if the Insured's confinement to a hospital for any illness or injury is caused directly or indirectly by any of the following:

- a. strike, riot, civil commotion
- b. war, warlike operations or terrorism
- c. being under the influence of intoxicating liquor or any narcotic or drug
- d. suicide, attempted suicide, provoked assault, intentional self injury, or engaging in any brawl
- e. insanity or any other disorders of the mind
- f. venereal disease, childbirth, pregnancy or miscarriage and their sequelae
- g. infertility, sub-fertility, assisted conception or any contraceptive operation
- h. congenital anomalies
- i. an illness or injury which occurs during the first thirty days of the Policy Entry Date of the Insured's cover
- j. taking part in flying or other aerial activities except as a fare-paying passenger on a regular scheduled passenger flight of a commercial aircraft
- k. Acquired Immunodeficiency Syndrome (AIDS), AIDS related complex or infection by Human Immunodeficiency Virus (HIV) unless the Insured is infected in accordance with and satisfies the requirements of Item 20 of Appendix 3 of the List of Critical Illnesses

Critical Illness (Deluxe Plan Only)

If the Insured is diagnosed with any Critical Illness for the first time by a registered medical practitioner while insured under the Deluxe Cover, NTUC Income will pay the Sum Assured.

The Sum Assured shall not be payable:

- a. if the Insured's Critical Illness is caused by any of the following:
 - i. self-inflicted injury or illness;
 - ii. wilful misuse of drugs and/or alcohol;
 - iii. an episode of coronary artery or ischaemic heart disease that occurred before the issuance of the LUV Plan policy;
 - iv. any pre-existing conditions relating directly or indirectly to the Critical Illness or where the Insured received medical treatment or sought medical advice (which causes or relates directly or indirectly to the Critical Illness) prior to the Insured's commencement of cover under the LUV Plan policy; or
 - v. Acquired Immunodeficiency Syndrome (AIDS), AIDS related complex or infection by Human Immunodeficiency Virus (HIV) unless the Insured is infected in accordance with and satisfies the requirements of Item 20 of Appendix 3 of the List of Critical Illnesses.
- b. in respect of Major Cancer, Coronary Artery Bypass Surgery, Heart Attack and Angioplasty & Other Invasive Treatment For Coronary Artery if the diagnosis for the first time by a registered medical practitioner is made within 90 days from the Policy Entry Date, the effective date of any increase in the Sum Assured, or, the date of reinstatement of the Insured's cover, whichever is later.
- c. if the Insured does not survive a period of 60 days from the date of diagnosis of the Critical Illness by a registered medical practitioner.
- d. if the claim is made within 90 days from the Policy Entry Date, the effective date of any increase in the Sum Assured, or, the date of reinstatement of the Insured's cover, whichever is later.

The List of Critical Illnesses is provided in Appendix 3.

Full-Time National Service

This LUV Plan does not cover any claim or loss, directly or indirectly, arising out of and in the course of the Insured rendering full-time national service.

MAKING A CLAIM

In any event occurs which gives rise to a claim, notice of claim should be made on a claim form available from our Claim Service Centre (Hotline Tel: 6788 1122).

The Policyholder or Insured must notify NTUC Income in writing, giving full particulars, as soon as possible and, in any case, not more than 6 months after any death, disability, hospitalization or Critical Illness occurs, where a claim may be made under the LUV Plan.

Satisfactory proof shall be provided to NTUC Income, including the following documents which must be submitted together with the claim form:

For Death Claim

Certificate of insurance
Copy of marriage/ birth certificate
Copy of death certificate

For Disability/Critical Illness Claim

Medical report from the attending doctor
Clinical Abstract Application Form

For Hospitalisation Claim

Original receipt/final medical bills

The Insured must provide adequate medical evidence to the satisfaction of NTUC Income and, where deemed necessary by NTUC Income, the Insured should be prepared to undergo medical examinations by a registered medical practitioner appointed by NTUC Income. Diagnosis of any of Critical Illness must be supported by acceptable clinical, radiological, histological and laboratory evidence and confirmed by a registered medical practitioner.

If any claim by the Policyholder or Insured shall be in any respect fraudulent; or if any false declaration be made or used in support of such a claim; or if any fraudulent means or devices are used by the Policyholder or Insured to obtain any compensation under the LUV Plan, all compensation paid or payable to the Insured shall be forfeited. In such an event, we also reserve the right to do any or all of the following:

- a. terminate the Insured's cover;
- b. impose additional terms and conditions as we deem fit; and
- c. to take any action as we think necessary.

OTHER IMPORTANT MATTER TO NOTE

The sum of all payments made to any Insured shall not exceed the Sum Assured in respect of such Insured.

WHO WE PAY TO

The Benefits are payable to the Policyholder, the Policyholder's executors, administrators, nominees or assignees, as the case may be, provided we receive satisfactory proof to us of the happening of the event upon which the Benefit is expressed to be payable, the title of the claimant and the correct date of birth of the Insured.

APPENDIX 1
TABLES OF PLAN, COVER & DISCOUNT

Basic Cover

Age Next Birthday (Years)	Monthly Premium for Sum Assured				
	Plan 1 \$10,000	Plan 2 \$50,000	Plan 3 \$100,000	Plan 4 \$150,000	Plan 5 \$200,000
1 - 18	\$0.70	\$3.50	\$7.00	\$10.50	\$14.00
19 - 45	\$0.90	\$4.50	\$9.00	\$13.50	\$18.00
46 - 50	\$1.35	\$6.75	\$13.50	\$20.25	\$27.00
51 - 55	\$2.15	\$10.75	\$21.50	\$32.25	\$43.00
56 - 60	\$3.00	\$15.00	\$30.00	\$45.00	\$60.00
61 - 65	\$3.80	\$19.00	\$38.00	\$57.00	\$76.00
66 - 70 *	\$12.10	\$60.50	\$121.00	\$181.50	\$242.00

* Maximum entry age is at 60 years old.

Deluxe Cover

Age Next Birthday (Years)	Monthly Premium for Sum Assured				
	Plan 1 \$10,000	Plan 2 \$50,000	Plan 3 \$100,000	Plan 4 \$150,000	Plan 5 \$200,000
1-18	\$1.20	\$6.00	\$12.00	\$18.00	\$24.00
19-45	\$2.00	\$10.00	\$20.00	\$30.00	\$40.00
46-50	\$3.00	\$15.00	\$30.00	\$45.00	\$60.00
51-55	\$4.25	\$21.25	\$42.50	\$63.75	\$85.00
56-60	\$5.60	\$28.00	\$56.00	\$84.00	\$112.00
61-65	\$15.00	\$75.00	\$150.00	\$225.00	\$300.00
66-70 *	\$37.00	\$185.00	\$370.00	\$555.00	\$740.00

* Maximum entry age is at 60 years old.

Loyalty Discount

Years Covered Under LUV Plan	Premium Discount
3-5 years	3%
6-10 years	5%
11-15 years	7%
>15 years	10%

APPENDIX 2
TABLE OF COMPENSATION

Item	Description of Loss	Percentage of Sum Assured
1	Loss of Arm	100%
2	Loss of Hand	100%
3	Loss of Leg	100%
4	Loss of Feet	100%
5	Loss of - Eye	100%
	- Sight of eye	100%
	- Sight of eye except perception of light	50%
6	Loss of four fingers and thumb of one hand	50%
7	Loss of four fingers of one hand	40%
8	Loss of thumb - Both phalanges	25%
	- One phalanx	10%
9	Loss of Index finger - three phalanges	10%
	- two phalanges	8%
	- one phalanx	4%
10	Loss of Middle finger - three phalanges	6%
	- two phalanges	4%
	- one phalanx	2%
11	Loss of Ring finger - three phalanges	5%
	- two phalanges	4%
	- one phalanx	2%
12	Loss of Little finger - three phalanges	4%
	- two phalanges	3%
	- one phalanx	2%
13	Loss of Metacarpals - first or second (additional)	3%
	- third, fourth or fifth (additional)	2%
14	Loss of Toes - All	15%
	- Great Toe, both phalanges	5%
	- Great Toe, one phalanx	5%
	- Each Toe, other than great toe	1%
15	Loss Hearing - both ears	75%
	- one ear	15%
16	Loss of Speech	50%

APPENDIX 3

LIST OF CRITICAL ILLNESSES

Any one of the following is a Critical Illness:

1 Heart Attack

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

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

2 Stroke

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

- Evidence of permanent neurological damage confirmed by a neurologist at least 6 weeks after the event; and
- Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.
- The following are excluded:
 - Transient Ischaemic Attacks;
 - Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
 - Vascular disease affecting the eye or optic nerve; and
 - Ischaemic disorders of the vestibular system.

3 Major Cancer

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

The following are excluded:

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

4 Coronary Artery By-pass Surgery

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

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

5 Kidney Failure

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

6 Fulminant Hepatitis

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

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

7 Major organ/ Bone Marrow transplantation

The receipt of a transplant of:

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

8 Blindness (Loss of Sight)

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

9 Paralysis (Loss of Use of Limbs)

Total and irreversible loss of use of at least 2 entire limbs due to injury or disease. This condition must be confirmed by a consultant neurologist.

10 Primary Pulmonary Hypertension

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

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

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

11 Multiple Sclerosis

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

- Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis;
- Multiple neurological deficits which occurred over a continuous period of at least 6 months; and
- Well documented history of exacerbations and remissions of said symptoms or neurological deficits.

Others causes of neurological damage such as SLE and HIV are excluded.

12 Alzheimer's Disease/ Severe Dementia

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

The following are excluded:

- Non-organic disease such as neurosis and psychiatric illnesses; and
- Alcohol related brain damage

13 Surgery to Aorta

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

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

14 Coma

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

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

Coma resulting directly from alcohol or drug abuse is excluded.

15 Deafness (Loss of Hearing)

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

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

16 Heart Valve Surgery

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

17 Loss of Speech

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

All psychiatric related causes are excluded.

18 Major Burns

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

19 Terminal Illness

The conclusive diagnosis of an illness that is expected to result in death within 12 months from the date of diagnosis. This diagnosis must be supported by a specialist and confirmed by NTUC Income's appointed doctor.

Terminal illness in the presence of HIV infection is excluded.

20 HIV Due to Blood Transfusion and Occupationally Acquired HIV

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

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

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

21 End Stage Lung Disease

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

- FEV1 test result which are consistently less than 1 litre;
- Permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO₂ 55mmHg); and
- Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

22 End Stage Liver Failure

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

- Permanent jaundice;
- Ascities; and
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

23 Motor Neurone Disease

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

24 Muscular Dystrophy

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

Activities of Daily Living:

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

25 Parkinson's Disease

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

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

Activities of Daily Living:

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

Drug-induced or toxic causes of Parkinsonism are excluded.

26 Aplastic Anaemia

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

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

The diagnosis must be confirmed by a haematologist.

27. Angioplasty & Other Invasive Treatment For Coronary Artery

A limited advance payment benefit equal to 10% of the Sum Assured subject to a maximum sum of S\$20,000 shall be paid if the insured actually undergoes balloon angioplasty or similar intra arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.

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

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

28. Bacterial Meningitis

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

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

Bacterial Meningitis in the presence of HIV infection is excluded.

29. Benign Brain Tumour

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

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

The following are excluded:

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

30. Encephalitis

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

Encephalitis caused by HIV infection is excluded.