

Conditions for DIRECT - Dread Disease Rider for Whole Life

Your rider

This is an accelerated rider attached to a DIRECT - Whole Life policy.

It is an insurance protection plan that provides dread disease cover.

We will pay the benefits if the insured is diagnosed with a specified dread disease.

Any payment made under this rider will form an **accelerated payment**, and reduce the sum assured and any bonuses of its DIRECT - Whole Life policy.

1 What your rider covers

If the insured is diagnosed with a specified dread disease (except **angioplasty and other invasive treatment for coronary artery**), **we** will pay the sum assured. **We** will also pay any bonuses of its DIRECT - Whole Life policy. This rider will end after **we** make this payment.

If the insured undergoes **angioplasty and other invasive treatment for coronary artery**, **we** will pay 10% of the sum assured, subject to a maximum of S\$25,000. **We** will also pay any corresponding bonuses of its DIRECT - Whole Life policy. After this payment, **we** will reduce the sum assured of this rider. **We** will work out any future premiums or claims based on the reduced sum assured.

2 Our responsibilities to you

If **you** decide to reduce (other than a result of conversion of your DIRECT - Whole Life policy to a paid-up policy) or increase your DIRECT - Whole Life policy's sum assured, **we** will reduce or increase the sum assured of this rider accordingly, so that the sum assureds of both policy and rider are the same.

And if **you** decide to reduce or increase this rider's sum assured, **we** will reduce or increase the sum assured of your DIRECT - Whole Life policy accordingly so that the sum assureds of both policy and rider are the same.

We will work out any future premiums or claims based on the reduced sum assured.

This rider will end immediately when its DIRECT - Whole Life policy ends, or is converted to a paid-up policy.

3 Your responsibilities

You will pay your first premium at the time **you** apply for this rider. **You** will then pay future premiums when they are due. **You** will have 30 days as a period of grace to make these payments for this rider to continue. If **we** are due to pay any benefits during this period, **we** will take any unpaid premiums from the benefits.

If **you** still have not paid the premium after the period of grace, this rider will end, unless **we** have activated the **automatic premium loan** facility under your basic policy.

If this rider ends because **you** have not paid the premium, **you** can reinstate it within 36 months by paying the premiums **you** owe along with interest. This applies as long as **you** give **us** satisfactory proof of the insured's good health and there is no change in the risks covered by this rider.

The premium that **you** pay for this rider is not guaranteed. **We** will give **you** six months' notice before **we** make any change.

4 What you need to be aware of

a Dread disease benefit

We only cover the dread diseases **we** define in this rider. The name of each dread disease is only a guide to what is covered. The full definition of each dread disease covered and the circumstances in which **you** can claim are given in this rider.

You must provide adequate medical evidence and **we** may ask the insured to have a medical examination by a doctor **we** have appointed. Every diagnosis must be supported by acceptable clinical, radiological, histological and laboratory evidence and confirmed by a **registered medical practitioner**.

We will not pay this benefit if your claim arises from:

- deliberate acts such as self-inflicted injuries, illnesses or attempted suicide;
- deliberate misuse of drugs or alcohol;
- acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency virus (HIV), except as stated under **HIV due to blood transfusion and occupationally acquired HIV**; or
- **major cancers, heart attack of specified severity, coronary artery by-pass surgery, or angioplasty and other invasive treatment for coronary artery**, where the insured was diagnosed with the disease within 90 days after the **cover start date**. For **coronary artery by-pass surgery and angioplasty and other invasive treatment for coronary artery**, the date of diagnosis shall refer to the date of diagnosis of the medical condition that leads to the surgical procedure, and not to the date of surgical procedure.

b Making a claim

We must be told within six months after the diagnosis or the event giving rise to the claim.

c Refusing to pay a claim

After **you** have been continuously covered for one year from the **cover start date**, **we** will pay your claim unless:

- it is a case of fraud;
- **you** fail to pay a premium;
- the insured has a **material pre-existing condition**; or
- the claim is excluded or not covered under the terms of the rider.

Automatic premium loan means that **we** pay the premiums on your behalf so the basic policy and its riders can continue. **We** will only do this if the basic policy has enough **cash value**. **We** treat this as a loan (called an **automatic premium loan**) and charge **you** interest. **We** will take these loans and interest from any amount **we** may be due to pay under the basic policy and its riders. If at any time the amount of the loans and interest is more than the **cash value**, the basic policy and its riders will end.

Cash value means the amount if **you** cancel the policy that has a savings feature before **we** pay a benefit under it (for example, death), or it becomes due for payment (maturity), for example, an endowment policy. **We** work out the amount of the **cash value**.

Cover start date means the date:

- **we** issue the rider;
- **we** issue an endorsement to include or increase a benefit; or
- **we** reinstate the rider;

whichever is latest.

Material pre-existing condition means any condition that existed before the **cover start date** which would have reasonably affected **our** decision to accept your application and for which:

- the insured had symptoms that would have caused any sensible person to get medical treatment, advice or care;
- treatment was recommended by or received from a medical practitioner; or
- the insured had medical tests or investigations.

Paid-up means not making any future premium payments and reducing the sum assured after the policy has built up a **cash value**.

Registered medical practitioner means a doctor who is qualified in western medicine and is legally licensed in Singapore or has the qualifications recognised by the Singapore Medical Council.

We, us, our means NTUC Income Insurance Co-operative Limited.

You means the policyholder shown in the policy schedule.

5 Definitions

Accelerated payment means any payment made by **us** under any rider, where such payment reduces the sum assured and any bonuses of the policy which the rider is attached to.

6 Definition of dread diseases

6.1 Major cancers

A malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

The term malignant tumour includes leukemia, lymphoma and sarcoma.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
- Pre-malignant;
- Non-invasive;
- Carcinoma-in-situ;
- Having borderline malignancy;
- Having any degree of malignant potential;
- Having suspicious malignancy;
- Neoplasm of uncertain or unknown behavior; or
- Cervical Dysplasia CIN-1, CIN-2 and CIN-3;
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3; and
- All tumours in the presence of HIV infection.

6.2 Heart attack of specified severity

Death of heart muscle due to obstruction of blood flow, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:

- History of typical chest pain;
- 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;
- Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company.

For the above definition, the following are excluded:

- Angina;
- Heart attack of indeterminate age; and
- A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

6.3 Stroke

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit with persisting clinical symptoms. This diagnosis must be supported by all of the following conditions:

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least six 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.

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, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

6.4 Coronary artery by-pass surgery

The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery 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.

6.5 Kidney failure

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

6.6 Aplastic anaemia

Chronic persistent bone marrow failure, confirmed by biopsy, 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.

6.7 Blindness (Loss of sight)

Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.

6.8 End stage lung disease

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

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

The diagnosis must be confirmed by a respiratory physician.

6.9 End stage liver failure

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

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

Liver disease secondary to alcohol or drug abuse is excluded.

6.10 Coma

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

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

Coma resulting directly from alcohol or drug abuse is excluded.

6.11 Deafness (Loss of hearing)

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

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

6.12 Heart valve surgery

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

6.13 Loss of speech

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

All psychiatric related causes are excluded.

6.14 Major burns

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

6.15 Major organ/bone marrow transplantation

The receipt of a transplant of:

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

Other stem cell transplants are excluded.

6.16 Multiple sclerosis

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

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

Other causes of neurological damage such as systemic lupus erythematosus (SLE) and HIV are excluded.

6.17 Muscular dystrophy

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

"Activities of Daily Living" means:

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

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

6.18 Paralysis (Loss of use of limbs)

Total and irreversible loss of use of at least two entire limbs due to injury or disease persisting for a period of at least six weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

6.19 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 three of the six "Activities of Daily Living" for a continuous period of at least six months.

“Activities of Daily Living” means:

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

Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson’s Disease are excluded.

For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

6.20 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.

6.21 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 Insured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by **our** appointed doctor.

The following are excluded:

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

6.22 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 as confirmed by abdominal ultrasound;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy.

6.23 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.

6.24 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:

- 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.

6.25 Major head trauma

Accidental head injury resulting in permanent neurological deficit with persisting clinical symptoms to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head injury.

The following are excluded:

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

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, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

6.26 HIV due to blood transfusion and occupationally acquired HIV

(A) Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:

- The blood transfusion was medically necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore after the **cover start date**;
- 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 **cover start date** 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 **our** satisfaction:

- Proof of the accident giving rise to the infection must be reported to us within 30 days 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 five 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.

6.27 Benign brain tumor

Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met:

- 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.

6.28 Viral 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 six weeks.

Encephalitis caused by HIV infection is excluded.

6.29 Angioplasty and other invasive treatment for coronary artery

The actual undergoing of balloon angioplasty or similar intra arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.

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

Payment under this condition is limited to 10% of the sum assured under this rider subject to a S\$25,000 maximum sum payable. This benefit is payable once only and shall be deducted from the amount of this contract, thereby reducing the amount of the sum assured which may be payable herein.

Diagnostic angiography is excluded.

This benefit is not applicable to Enhanced Waiver of Premium Benefit, Special Waiver of Premium Benefit, Enhanced Income Benefit and Special Income Benefit.

6.30 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 six 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.