

SAFRA LIVING CARE POLICY

KEY FEATURES AND BENEFITS OF INSURANCE COVERAGE

1. INTRODUCTION

The SAFRA Living Care is a group term life policy issued by Income Insurance Limited (“Income”) for all SAFRA registered members or employees and their respective spouses and children.

This document only lists the key features and benefits of the Insured Member’s cover under the SAFRA plan. It is not an insurance contract, and does not have any legal effect. The full and precise terms, conditions and exclusions of the insurance contract and the applicable terms of the cover taken up by the Insured Member is in the Group Master Policy issued by Income to the Master Policyholder.

2. ELIGIBILITY

All SAFRA registered members or employees, their respective spouses and children of the Master Policyholder who meet the eligibility conditions stated below, and any other necessary conditions as Income may reasonably require, are eligible for cover under this Policy:

- (a) All persons of 16 to 70 years of Age who are registered members or employees of the Master Policyholder;
- (b) The legally married spouse of the Insured Member who is a registered member of the Master Policyholder. The spouse must be:
 - (i) of 16 to 70 years of Age and is not separated or divorced from the Insured Member; and
 - (ii) a registered member of the Master Policyholder;
- (c) The natural or legally adopted child of the Insured Member who is a registered member of the Master Policyholder. The child must be:
 - (i) of 5 to 21 years of Age; and
 - (ii) a registered member of the Master Policyholder;
- (d) The legally married spouse of the Insured Member who is an employee of the Master Policyholder. The spouse must be of 16 to 70 years of Age and is not separated or divorced from the Insured Member;
- (e) The natural or legally adopted child of the Insured Member who is an employee of the Master Policyholder. The child must be of 5 to 21 years of Age,

whose particulars must be lodged with Income before commencement of cover.

The maximum entry Age for an adult Member is 55 years of Age and the maximum entry Age for the child of an Insured Member is 15 years of Age.

3. TYPE OF COVERAGE AND SUM ASSURED

3.1 TYPE OF COVERAGE

Each Insured Member is to be covered for Death, Total and Permanent Disability, Critical Illness and Hospital Cash Benefit.

3.2 SUM ASSURED

(a) For adult Insured Member:

- (i) The Sum Assured is determined by the elected premiums in the Table of Premiums in Appendix 1. Where an Insured Member is between the Age of:
- 16 and 65 years, the Insured Member can be covered up to a maximum Sum Assured of \$200,000; and
 - 66 and 70 years, the Insured Member can be covered up to a maximum Sum Assured of \$100,000,

Provided That at any one time the aggregate Sum Assured in respect of the same Insured Member under this Policy and any SAFRA Living Policy issued by Income that may be in force shall not exceed the amount as set out in Appendix 2.

- (ii) The Sum Assured of a spouse of an Insured Member of the Master Policyholder must not be more than the Insured Member's Sum Assured unless the Insured Member's Sum Assured is reduced by Income due to underwriting reasons.

(b) For child Insured Member:

- (i) The Sum Assured is determined by the elected premium in the Table of Premiums in Appendix 1 up to a maximum Sum Assured of \$200,000 for each child Provided That at any one time the aggregate Sum Assured in respect of the same Insured Member under this Policy and any SAFRA Living Policy issued by Income that may be in force shall not exceed the amount as set out in Appendix 2; and
- (ii) The Sum Assured must not be more than the adult Insured Member's Sum Assured unless the adult Insured Member's Sum Assured is reduced by Income due to underwriting reasons.

4. COMMENCEMENT OF COVERAGE

An Insured Member's commencement date of cover is subject to the acceptance of the Proposal Form by Income and the receipt by Income of the premium paid by the Insured Member.

The Insured Member's cover starts from the Policy Inception Date stated in the Policy Schedule.

5. FREE LOOK PROVISION

This Policy may be cancelled by written request to us within 14 days from receipt of this Certificate of Insurance, in which case, premiums paid less any medical fees incurred in assessing the risk under this

insurance will be refunded. If this Certificate of Insurance is sent by post, it is deemed to have been delivered and received in the ordinary course of the post, seven days after the date of posting.

6. BENEFITS

6.1 TYPES OF BENEFITS

(A) Death before Commencement of Cover

In the event of Death of an Insured Member before commencement of cover but within 60 days from the date of Income's receipt of the Proposal Form for cover of the Insured Member together with premiums, from an Accident which is the direct and sole cause of the Death, Income will pay to the Insured Member's legal personal representatives or Proper Claimants or, in the case where the Insured Member is a child, the adult Insured Member, the Sum Assured subscribed by the Insured Member under this Policy less the premiums for one full policy year.

This Benefit shall cease on the date which Income notifies the Insured Member in writing of the rejection of the proposal for cover or on the commencement date of cover, whichever is earlier.

(B) Death after Commencement of Cover

In the event of the Death of an Insured Member from any cause while the cover for the Insured Member is in force, unless due to suicide or attempted suicide while sane or insane within 12 months from:

- (a) the commencement date of the Insured Member's cover; or
- (b) the date of reinstatement of the Insured Member's cover,

whichever is later, Income will pay to the Insured Member's legal personal representatives, nominees or Proper Claimants or, in the case where the Insured Member is a child, the adult Insured Member, the Sum Assured subscribed by the Insured Member under this Policy.

If Death of an Insured Member is due to suicide or attempted suicide while sane or insane within 12 months from the effective date of any increase in the Sum Assured for the Insured Member's cover, Income shall pay the Sum Assured prior to such increase Provided That the amount of the prior Sum Assured has been effective for more than 12 months before the Death of the Insured Member.

(C) On Total and Permanent Disability of Insured Member

If an Insured Member becomes Totally and Permanently Disabled before the Age of 65 years from any cause except self-inflicted injuries within 12 months from:

- (a) the commencement date of the Insured Member's cover; or
- (b) the date of reinstatement of the Insured Member's cover,

whichever is later, Income will pay to the Insured Member or, in the case where the Insured Member is a child, the adult Insured Member, the Sum Assured subscribed by the Insured Member under this Policy Provided That:

- (i) the Total and Permanent Disability shall occur while the cover for the Insured Member is in force;

- (ii) if the Insured Member's Total and Permanent Disability is due to self inflicted injuries within 12 months from the effective date of any increase in the Sum Assured for Insured Member's cover, Income shall pay the Sum Assured prior to such increase Provided That the amount of the prior Sum Assured has been effective for more than 12 months before the Total and Permanent Disability of the Insured Member.

For the avoidance of doubt, Income shall not be liable to pay this Benefit C if the Insured Member becomes Totally and Permanently Disabled on or after the Age of 65 years.

(D) Diagnosis of Critical Illness

In the event that an Insured Member is diagnosed by a Registered Medical Practitioner as suffering from any of the Critical Illnesses specified in the List of Critical Illnesses in Appendix 3 which shall occur while cover for the Insured Member is in force, subject to terms and conditions in Appendix 3, Income will pay to the Insured Member or, in the case where the Insured Member is a child, the adult Insured Member, the Sum Assured subscribed by the Insured Member under this Policy Provided That:

- (a) the Insured Member shall survive a period of 30 days from the date of diagnosis of the Critical Illness;
- (b) in respect of Major Cancer, Coronary Artery Bypass Surgery, Heart Attack of Specified Severity, Angioplasty and Other Invasive Treatment for Coronary Artery and Other Serious Coronary Artery Disease, the initial diagnosis must be made after the expiry of 90 days from the commencement date of the Insured Member's cover or reinstatement date of the Insured Member's cover, whichever is later;
- (c) in respect of the other remaining Critical Illnesses, the initial diagnosis must be made after the expiry of 30 days from the commencement date of the Insured Member's cover or reinstatement date of the Insured Member's cover, whichever is later;
- (d) if initial diagnosis of Major Cancer, Coronary Artery Bypass Surgery, Heart Attack of Specified Severity, Angioplasty and Other Invasive Treatment for Coronary Artery and Other Serious Coronary Artery Disease is made before the expiry of 90 days from the effective date of any increase in the Sum Assured for the Insured Member's cover, Income shall pay the Sum Assured prior to such increase if the amount of the prior Sum Assured has been effective for more than 90 days before such initial diagnosis is made; and
- (e) if initial diagnosis of the other remaining Critical Illnesses is made before the expiry of 30 days from the effective date of any increase in the Sum Assured for the Insured Member's cover, Income shall pay the Sum Assured prior to such increase if the amount of the prior Sum Assured has been effective for more than 30 days before such initial diagnosis is made.

Income shall not be liable to pay this Benefit D if the Critical Illness is caused directly or indirectly, wholly or partly by any of the following:

- (i) self-inflicted injury or illness;
- (ii) influence or misuse of drugs and/or alcohol;
- (iii) an episode of Coronary Artery or Ischaemic Heart Disease that occurred prior to the commencement date of the Insured Member's cover; or

- (iv) any Pre-existing Condition relating directly or indirectly to any of the Critical Illnesses as specified in the List of Critical Illnesses in Appendix 3 unless declared to and accepted by Income.

(E) Hospital Cash Benefit

If an Insured Member is admitted and confined by illness or injury to a Hospital in Singapore, Income will pay to the Insured Member or, in the case where the Insured Member is a child, the adult Insured Member, for each day of Hospital confinement, a daily Hospital Cash Benefit of S\$10.00 for every S\$10,000 of the Sum Assured subscribed by the Insured Member under this Policy subject to:

- (a) a maximum of 365 days for each period of confinement;
- (b) a minimum hospitalisation period of 6 consecutive hours but the minimum hospitalisation period is not required if the hospitalisation is for the purpose of a surgical operation on the Insured Member or the Hospital makes a room and board charge; and
- (c) date of admission to the Hospital occurring on or after the commencement of the Insured Member's cover. For the avoidance of doubt, this Benefit is not payable even if any period of hospitalisation is after the commencement of the Insured Member's cover if the date of admission for such hospitalisation is prior to the commencement of the Insured Member's cover.

Income shall not be liable to pay this Hospital Cash Benefit if the hospitalisation is caused directly or indirectly, wholly or partly by any of the following:

- (i) war, invasion, act of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, military or popular uprising, riot, strike, insurrection, rebellion, revolution, military or usurped power, terrorism, martial law or use of nuclear/radiological, biological or chemical weapon which creates massive destruction in any terrorist related activities;
- (ii) being under the influence of intoxicating liquor or any narcotic or drug;
- (iii) suicide, attempted suicide, provoked assault, intentional self injury or illness or any attempt thereof, or engaging in any brawl;
- (iv) psychological or mental condition;
- (v) venereal disease, childbirth, pregnancy, abortion, or miscarriage or termination of pregnancy and their sequelae;
- (vi) infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment;
- (vii) birth defects, including hereditary conditions and disorders, and congenital sickness, anomalies or abnormalities;
- (viii) an illness or injury which occurs before the expiry of 30 days from the commencement date of the Insured Member's cover or reinstatement date of the Insured Member's cover, whichever is later;

- (ix) taking part in flying or other aerial activities except as a fare-paying passenger on a regular scheduled passenger flight of a commercial aircraft;
- (x) Acquired Immunodeficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV) except HIV Due to Blood Transfusion and Occupationally Acquired HIV;
- (xi) hijack, murder, assault or felony;
- (xii) any form of racing, whether on wheels or boats, except on foot;
- (xiii) any Pre-existing Condition unless declared to and accepted by Income;
- (xiv) cosmetic surgery or medical treatment for the prevention of illness, promotion of health or enhancement of bodily function or appearance; or
- (xv) dental condition which requires consultation, diagnosis or treatment by a dentist or dental surgeon unless necessitated by accidental injuries to sound natural teeth during the cover.

7. POLICY ALTERATION

After commencement of cover, an Insured Member may before the next premium due date elect to vary the Sum Assured in multiples of \$10,000 subject to:

- (a) underwriting acceptance by Income Provided That Income may impose additional terms for cover including without limitation premium loading and more exclusion(s);
- (b) submission of such form(s) as prescribed by Income;
- (c) full disclosure of all material circumstances relating to the cover; and
- (d) payment of all premiums due by the Insured Member.

8. NON-PAYMENT OF PREMIUM

A grace period of 30 days from the premium due date agreed upon by Income shall be allowed for the payment of premium. If the premium is not paid within the grace period, unless an extension of the grace period is agreed to by Income, the Insured Member's cover in respect of which the premium has not been paid shall automatically terminate on the day the grace period expires.

Notwithstanding the termination of cover, the Insured Member shall be liable to pay to Income all premiums due and unpaid during the grace period.

9. PREMIUM MODIFICATION

Income may modify the premium rates contained in the Table of Premiums in Appendix 1 by giving at least 3 months' written notice to the Master Policyholder and the modified premium rates shall apply to all Insured Members.

10. REINSTATEMENT OF INSURED MEMBER'S COVER

An Insured Member whose cover has ceased due to non-payment of premium due may apply for reinstatement not later than 12 months after cover has ceased. The reinstatement shall be subject to the consent of Income and the following terms and conditions:

- (a) payment of premium due;
- (b) satisfactory proof of good health and insurability of the Insured Member, provided at the Insured Member's expense;
- (c) continued eligibility of the Insured Member to be insured;
- (d) no adverse material change has occurred in the risks covered; and
- (e) any other terms or conditions as Income may deem necessary to impose including without limitation premium loading and more exclusion(s).

11. TERMINATION OF INSURED MEMBER'S COVER

The cover of an Insured Member shall terminate upon the happening of any one of the following:

- (a) subject to Clause 18, the termination of this Policy by the Master Policyholder or Income;
- (b) when the Insured Member ceases to be eligible for cover;
- (c) the non-payment of premium due;
- (d) the termination of cover by the Master Policyholder or the Insured Member;
- (e) Death of the Insured Member or date the Insured Member becomes Totally and Permanently Disabled as diagnosed by a Registered Medical Practitioner, whichever is applicable; or
- (f) unless only part of the Benefit for Critical Illness is payable, the date the Insured Member suffers from any of the Critical Illnesses specified in the List of Critical Illnesses in Appendix 3 as diagnosed by a Registered Medical Practitioner,

whichever is earliest.

12. EFFECTIVE DATE OF TERMINATION AND REFUND OF PREMIUMS

Except in the event of termination due to:

- (a) Insured Member's Death or diagnosis of Total and Permanent Disability or Critical Illness; or
- (b) non-payment of premiums,

termination of an Insured Member's cover will take effect from the next premium due date.

Where premiums are paid:

- (i) monthly, the Insured Member will continue to be covered for the entire month for which the premiums had been paid;
- (ii) annually, the Insured Member will continue to be covered for the entire policy year for which the premiums had been paid,

and any additional premium paid in advance shall be refunded.

For the avoidance of doubt, there is no cash or surrender value available upon termination of an Insured Member's cover.

13. CLAIMS NOTIFICATION

It shall be a condition precedent to the liability of Income to make payment for any Benefit that duly completed claim notification forms together with the required proof of loss shall be submitted to Income within 90 days of the:

- (a) occurrence of Death;
- (b) diagnosis of Total and Permanent Disability or Critical Illness; or
- (c) discharge from Hospital,

whichever is applicable. Failure to comply with the stipulated time and procedure shall invalidate the claim and no Benefit shall be payable by Income.

Any disability claim must be supported, at the Insured Member's own cost and expense, with clinical, radiological, histological and laboratory evidence acceptable to Income and confirmed by a Registered Medical Practitioner.

Documents to be submitted for Death Claims:

- Claim Form
- Certified True Copy of Death Certificate
- Letter from Immigration and Checkpoint Authority (ICA), where death had occurred overseas
- Repatriation Report (if body was repatriated to Singapore for cremation/burial)
- Newspapers Clipping and Police Report (if death was due to accidental or violent causes)
- Last Will of Deceased (if Deceased had left a Last Will)
- NRIC(s)/ BC(s)/ Passport(s) of Claimant(s)
- Proof of Claimant's relationship with Deceased

Claimant	Documents Required
Spouse	Marriage Certificate
Parent	Birth Certificate of Deceased
Children	Birth Certificate of Claimant
Sibling	Birth Certificate of Deceased and Claimant

Documents to be submitted for Disability Claims:

- Claim Form
- Attending Physician's Statement (APS) (to be completed by attending physician)

- Medical reports/Laboratory reports/Hospital Discharge Summary
- Medically boarded out letter (where applicable)
- Newspapers Clipping and Police/Accident Report (if disability was due to accidental or violent causes)

Documents to be submitted for Critical Illness Claims:

- Claim Form
- Attending Physician's Statement (APS) (to be completed by attending physician)
Note: Specific APS for various critical illnesses can be obtained from Income website: <http://www.income.com.sg/claims/life/index.asp>.
- Medical reports/Laboratory reports/Hospital Discharge Summary

Documents to be submitted for Hospital Cash Benefit Claims:

- Claim Form
- Hospital Discharge Summary
- Medical Certificates, if available
- A copy of final Hospital bills and receipts
- Medical reports, if available

For more details, please visit <http://www.income.com.sg/claims/life/index.asp>.

14. PAYMENT OF CLAIMS

- (a) Before the payment of any Benefit, Income shall be entitled to deduct from the Benefit due all outstanding premiums.
- (b) In the event of a claim, the payment of any Benefit by Income shall be a full and final discharge of Income's liabilities.
- (c) No action at law or in equity shall be brought to recover any Benefit:
 - (i) within sixty days after the claim notification is submitted to Income;
 - (ii) unless notice of such action is given to Income within three years after the expiration of time within which proof of loss is required under Clause 13.
- (d) If Income shall disclaim liability for a claim and no action has been commenced within 12 calendar months from the date of such disclaimer, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable.
- (e) The due observance and fulfilment of the terms and conditions, limitation, exclusions, definitions and Endorsement in so far as they relate to anything to be done or complied by an Insured Member under this Policy and the truth of the statements and answers in the Proposal Form or in respect of any claim shall be conditions precedent to any liability of Income.

15. NOMINATION OF BENEFICIARIES

If cover is provided to an Insured Member on his/her own life, the Insured Member may nominate any person to receive the share of the Benefits payable in accordance with the Insurance Act and the Insurance (Nomination of Beneficiaries) Regulations.

Any Benefit paid by Income to any person nominated by the Insured Member, or, in the absence of such nomination, to the Insured Member's legal personal representatives or Proper Claimants, shall be a discharge of Income's liability in respect of such payment.

16. MEDICAL EXAMINATION

Income may direct an Insured Member to be examined by a particular Registered Medical Practitioner in respect of any alleged disability in the manner and at the time the Registered Medical Practitioner may require.

17. AGGREGATE COMPENSATION

The compensation payable in respect of any Accident or cause shall not exceed the limit payable under Benefit A (Death before commencement of cover), Benefit B (Death after commencement of cover), Benefit C (Total and Permanent Disability) or Benefit D (Critical Illness), whichever is applicable.

18. DURATION OF INSURED MEMBER'S COVER

The cover granted to an Insured Member pursuant to this Policy shall commence from the Policy Inception Date as specified in the Policy Schedule, and up to such time of expiry of this Policy or where such cover is terminated, whichever is earlier.

The Master Policyholder or Income may terminate this Policy by giving at least 6 months' written notice to the other party. Upon the expiry of the period of notice, all cover granted under this Policy shall cease.

19. NOTICE

Any notice or communication pursuant to this Policy shall be deemed to be duly given and received if:

- (a) personally delivered, on the day of delivery;
- (b) if sent by pre-paid mail, within seven (7) days after the mail is sent;
- (c) by facsimile, on production of a transmission report by the machine from which the facsimile was sent which indicates that the facsimile was sent in its entirety to the facsimile number of the recipient; or
- (d) by email or other electronic means, immediately upon transmission.

20. ARBITRATION

Any differences or disputes as to any matter arising under, out of or in connection with this Policy and cover granted to Insured Members under this Policy shall be referred to Financial Industry Disputes Resolution Centre Ltd ("FIDREC") for resolution provided it is a dispute that can be brought before FIDREC.

If such differences or disputes cannot be referred or resolved by FIDREC, such differences or disputes shall be referred and finally resolved by arbitration in accordance with the Arbitration Rules of the Singapore International Arbitration Centre for the time being in force in the Republic of Singapore, which rules are deemed to be incorporated by reference in this Clause 20. The obtaining of an arbitral award shall be a condition precedent to any liability of Income under this Policy.

21. POLICY OWNERS' PROTECTION SCHEME

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Income or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or).

22. REFUSING TO PAY A CLAIM

After the Insured Member has been continuously covered for one year from the cover commencement date or reinstatement date, Income will pay the claim unless:

- it is a case of fraud;
- the Insured Member fails to pay a premium;
- the Insured Member has a material pre-existing condition which the Insured Member did not tell Income about when the Insured Member applied for this Policy if health declaration is required;
- the Insured Member fails to tell Income any significant information or information which is true, correct and complete which would have reasonably affected Income's decision to accept the Insured Member's application; or
- the claim is excluded or not covered under the terms of this Policy.

DEFINITIONS

Income

Income shall mean Income Insurance Limited.

Master Policyholder

Master Policyholder shall mean SAFRA National Service Association.

Accident

Accident shall mean an event caused by violent, external and visible means which shall, independently of any other cause, be the sole and direct cause of Death or Loss.

Age

Age shall mean attained age except that when used in the context of premiums payable, it shall mean age at next birthday.

Benefit

Benefit shall mean the respective sum payable by Income under the terms and conditions of this Policy.

Community Hospital

Community Hospital means any hospital in Singapore that provides an intermediate level of care for individuals who have simple ailments which do not require specialist medical treatment and nursing care, and which is an approved community hospital under the relevant laws and regulations.

Endorsement

Endorsement shall mean any written statement or notice issued by Income to confirm and record changes to the terms and conditions of this Policy and which shall form part of this Policy.

Hospital

Hospital means any of the following:

- (a) a Restructured Hospital
- (b) a licensed private hospital in Singapore
- (c) a Community Hospital
- (d) any other hospital acceptable to Income.

HIV Due to Blood Transfusion

HIV Due to Blood Transfusion means infection with the Human Immunodeficiency Virus (HIV) as a result of a blood transfusion, Provided That all of the following conditions are met:

- (a) the blood transfusion was medically necessary or given as part of medical treatment;
- (b) the blood transfusion was received in Singapore after the commencement date of Insured Member's cover or reinstatement of Insured Member's cover, whichever is later;
- (c) the source of the infection is established to be from the Hospital that provided the blood transfusion and the Hospital is able to trace the origin of the HIV tainted blood; and
- (d) the Insured Member does not suffer from Thalassaemia Major or Haemophilia.

Loss

Loss shall mean permanent, total and irrecoverable loss of use or loss by physical separation.

Occupationally Acquired HIV

Occupationally Acquired HIV means infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the commencement date of an Insured Member's cover or reinstatement of an Insured Member's cover, whichever is later, and whilst the Insured Member was carrying out the normal professional duties of his or her occupation in Singapore, Provided That all of the following are proven to the satisfaction of Income:

- (a) Proof of the accident giving rise to the HIV infection must be reported to Income within 30 days of the accident taking place;
- (b) Proof that the accident involved a definite source of the HIV infected fluids;
- (c) 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
- (d) HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

Pre-existing Condition

Pre-existing Condition shall mean any illness, disease or impairment:

- (a) for which treatment, medication, advice or diagnosis has been sought or received or which ought to have been sought or received;
- (b) which was known to exist, whether or not treatment, medication, advice or diagnosis was sought or received; or
- (c) the conditions or symptoms of which existed and would have led a reasonable and prudent person to seek medical advice and/or treatment, prior to the commencement or reinstatement of an Insured Member's cover.

Proper Claimant

Proper Claimant shall mean proper claimant as defined in the Insurance Act (Chapter 142).

Registered Medical Practitioner

Registered Medical Practitioner shall mean a doctor qualified by degree in western medicine who is legally licensed and authorised in the geographical area of his/her practice to render medical or surgical service and who is other than the Insured Member or a member of the Insured Member's immediate family.

Restructured Hospital

Restructured Hospital means a hospital in Singapore that is run as a private company wholly-owned by the Singapore government and subject to broad policy guidance by the Singapore government through Ministry of Health of Singapore, and that receives an annual government subsidy for the provision of subsidized medical services to its patients.

Total and Permanent Disability / Totally and Permanently Disabled

Total and Permanent Disability / Totally and Permanently Disabled shall mean:

- (a) The complete and continuous inability of an Insured Member at that time and at all times thereafter to engage in any business or occupation or perform any work of any kind for remuneration or profit; or
- (b) Total Physical Loss.

Total Physical Loss

Total Physical Loss shall mean any one of the following:

- (a) the total and irrecoverable loss of sight of both eyes;
- (b) the loss by complete severance or total and irrecoverable loss of use of both limbs at or above the wrist or ankle; or
- (c) the total and irrecoverable loss of sight of one eye and the loss by complete severance or total and irrecoverable loss of use of one limb at or above the wrist or ankle.

APPENDIX 1

TABLE OF PREMIUMS
SAFRA Living Care

Sum Assured and Premiums

- l) The Sum Assured for Insured Member and spouse, in multiples of \$10,000 up to a maximum of \$200,000 (up to Age 65) and up to a maximum of \$100,000 (up to Age 70).

The Sum Assured for Insured Member’s child, in multiples of \$10,000 up to a maximum of \$200,000 (up to Age 21).

- a) Monthly Premium

Sum Assured	SAFRA Living Care Age Banded Premium Table							
	Monthly Premium (Age Next Birthday)							
	6-17	18-30	31-45	46-50	51-55	56-60	61-65	66-70
	Years	Years	Years	Years	Years	Years	Years	Years
\$10,000	\$1.80	\$2.00	\$2.10	\$4.20	\$5.10	\$8.00	\$18.40	\$38.00
\$20,000	\$3.60	\$4.00	\$4.20	\$8.40	\$10.20	\$16.00	\$36.80	\$76.00
\$30,000	\$5.40	\$6.00	\$6.30	\$12.60	\$15.30	\$24.00	\$55.20	\$114.00
\$40,000	\$7.20	\$8.00	\$8.40	\$16.80	\$20.40	\$32.00	\$73.60	\$152.00
\$50,000	\$9.00	\$10.00	\$10.50	\$21.00	\$25.50	\$40.00	\$92.00	\$190.00
\$60,000	\$10.80	\$12.00	\$12.60	\$25.20	\$30.60	\$48.00	\$110.40	\$228.00
\$70,000	\$12.60	\$14.00	\$14.70	\$29.40	\$35.70	\$56.00	\$128.80	\$266.00
\$80,000	\$14.40	\$16.00	\$16.80	\$33.60	\$40.80	\$64.00	\$147.20	\$304.00
\$90,000	\$16.20	\$18.00	\$18.90	\$37.80	\$45.90	\$72.00	\$165.60	\$342.00
\$100,000	\$18.00	\$20.00	\$21.00	\$42.00	\$51.00	\$80.00	\$184.00	\$380.00
\$110,000	\$19.80	\$22.00	\$23.10	\$46.20	\$56.10	\$88.00	\$202.40	-
\$120,000	\$21.60	\$24.00	\$25.20	\$50.40	\$61.20	\$96.00	\$220.80	-
\$130,000	\$23.40	\$26.00	\$27.30	\$54.60	\$66.30	\$104.00	\$239.20	-
\$140,000	\$25.20	\$28.00	\$29.40	\$58.80	\$71.40	\$112.00	\$257.60	-
\$150,000	\$27.00	\$30.00	\$31.50	\$63.00	\$76.50	\$120.00	\$276.00	-
\$160,000	\$28.80	\$32.00	\$33.60	\$67.20	\$81.60	\$128.00	\$294.40	-
\$170,000	\$30.60	\$34.00	\$35.70	\$71.40	\$86.70	\$136.00	\$312.80	-
\$180,000	\$32.40	\$36.00	\$37.80	\$75.60	\$91.80	\$144.00	\$331.20	-
\$190,000	\$34.20	\$38.00	\$39.90	\$79.80	\$96.90	\$152.00	\$349.60	-
\$200,000	\$36.00	\$40.00	\$42.00	\$84.00	\$102.00	\$160.00	\$368.00	-

b) Yearly Premium

Sum Assured	SAFRA Living Care Age Banded Premium Table							
	Yearly Premium (Age Next Birthday)							
	6-17 Years	18-30 Years	31-45 Years	46-50 Years	51-55 Years	56-60 Years	61-65 Years	66-70 Years
\$10,000	\$20.80	\$23.10	\$24.20	\$48.50	\$58.80	\$92.30	\$212.30	\$438.40
\$20,000	\$41.60	\$46.20	\$48.40	\$97.00	\$117.60	\$184.60	\$424.60	\$876.80
\$30,000	\$62.40	\$69.30	\$72.60	\$145.50	\$176.40	\$276.90	\$636.90	\$1,315.20
\$40,000	\$83.20	\$92.40	\$96.80	\$194.00	\$235.20	\$369.20	\$849.20	\$1,753.60
\$50,000	\$104.00	\$115.50	\$121.00	\$242.50	\$294.00	\$461.50	\$1,061.50	\$2,192.00
\$60,000	\$124.80	\$138.60	\$145.20	\$291.00	\$352.80	\$553.80	\$1,273.80	\$2,630.40
\$70,000	\$145.60	\$161.70	\$169.40	\$339.50	\$411.60	\$646.10	\$1,486.10	\$3,068.80
\$80,000	\$166.40	\$184.80	\$193.60	\$388.00	\$470.40	\$738.40	\$1,698.40	\$3,507.20
\$90,000	\$187.20	\$207.90	\$217.80	\$436.50	\$529.20	\$830.70	\$1,910.70	\$3,945.60
\$100,000	\$208.00	\$231.00	\$242.00	\$485.00	\$588.00	\$923.00	\$2,123.00	\$4,384.00
\$110,000	\$228.80	\$254.10	\$266.20	\$533.50	\$646.80	\$1,015.30	\$2,335.30	-
\$120,000	\$249.60	\$277.20	\$290.40	\$582.00	\$705.60	\$1,107.60	\$2,547.60	-
\$130,000	\$270.40	\$300.30	\$314.60	\$630.50	\$764.40	\$1,199.90	\$2,759.90	-
\$140,000	\$291.20	\$323.40	\$338.80	\$679.00	\$823.20	\$1,292.20	\$2,972.20	-
\$150,000	\$312.00	\$346.50	\$363.00	\$727.50	\$882.00	\$1,384.50	\$3,184.50	-
\$160,000	\$332.80	\$369.60	\$387.20	\$776.00	\$940.80	\$1,476.80	\$3,396.80	-
\$170,000	\$353.60	\$392.70	\$411.40	\$824.50	\$999.60	\$1,569.10	\$3,609.10	-
\$180,000	\$374.40	\$415.80	\$435.60	\$873.00	\$1,058.40	\$1,661.40	\$3,821.40	-
\$190,000	\$395.20	\$438.90	\$459.80	\$921.50	\$1,117.20	\$1,753.70	\$4,033.70	-
\$200,000	\$416.00	\$462.00	\$484.00	\$970.00	\$1,176.00	\$1,846.00	\$4,246.00	-

- II) The Sum Assured for spouse and children shall not exceed the Sum Assured for the Insured Member, unless the applied Sum Assured for the Insured Member has been reduced by Income due to underwriting reasons.
- III) Monthly and yearly premiums will be increased upon the Insured Member entering a higher Age category upon renewal.

APPENDIX 2

Maximum Aggregate Sum Assured under this Policy and SAFRA Living Policy

Plan Type	Level Term Premium Scheme	Maximum Sum Assured	Age-Banded Premium Scheme	Maximum Sum Assured	Maximum Aggregate Sum Assured for adult Insured Member (up to 65 years of Age) and child Insured Member (up to 21 years of Age)	Maximum Aggregate Sum Assured for adult Insured Member (66 to 70 years of Age) – applicable to Age-Banded Premium Scheme
Living	Living Policy	\$150K	Living Care	\$200K	\$200K (with Living Policy up to \$150K and up to 60 years of Age)	\$100K

APPENDIX 3

LIST OF CRITICAL ILLNESSES

The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2019). These Critical Illnesses fall under Version 2019. You may refer to www.lia.org.sg for the standard Definitions (Version 2019).

It is hereby declared that the following 37 Critical Illnesses shall be defined as Critical Illnesses for the purpose of this Policy.

1 Major Cancer

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

The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma.

Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
 - Pre-malignant;
 - Non-invasive;
 - Carcinoma-in-situ (Tis) or Ta;
 - Having borderline malignancy;
 - Having any degree of malignant potential;
 - Having suspicious malignancy;
 - Neoplasm of uncertain or unknown behaviour; or
 - All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;
- Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;
- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;
- Chronic Lymphocytic Leukaemia less than Rai Stage 3;
- All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- All tumours in the presence of HIV infection.

2 Heart Attack of Specified Severity

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

- 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 Income.

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

3 Stroke with Permanent Neurological Deficit

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

- Evidence of permanent clinical neurological deficit 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;
- Ischaemic disorders of the vestibular system; and
- Secondary haemorrhage within a pre-existing cerebral lesion.

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.

5 End Stage Kidney Failure

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

6 Irreversible Aplastic Anaemia

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

- Blood product transfusion;
- Bone marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow or haematopoietic stem cell transplantation.

The diagnosis must be confirmed by a haematologist.

7 Blindness (Irreversible 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 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.

The blindness must not be correctable by surgical procedures, implants or any other means.

8 End Stage Lung Disease

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

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

The diagnosis must be confirmed by a respiratory physician.

9 End Stage Liver Failure

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

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

Liver disease secondary to alcohol or drug abuse is excluded.

10 Coma

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

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

For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.

11 Deafness (Irreversible 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”.

Irreversible means “cannot be reasonably restored to at least 40 decibels by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention.”

12 Open Chest Heart Valve Surgery

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

13 Irreversible Loss of Speech

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

All psychiatric related causes are excluded.

14 Major Burns

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

15 Major Organ / Bone Marrow Transplantation

The receipt of a transplant of:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation;
or

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

16 Multiple Sclerosis

The definite diagnosis of Multiple Sclerosis, and must be supported by all of the following:

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

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

17 Muscular Dystrophy

The unequivocal diagnosis of muscular dystrophy must be 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 6 “Activities of Daily Living” for a continuous period of at least 6 months.

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

18 Paralysis (Irreversible Loss of Use of Limbs)

Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

19 Idiopathic 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; and
- Inability of the insured to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months.

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

20 Open Chest 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.

21 Alzheimer's Disease / Severe Dementia

Deterioration or loss of cognitive function 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 Income's appointed Registered Medical Practitioner.

The following are excluded:

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

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.

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 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.

25 Terminal Illness

The conclusive diagnosis of an illness that is expected to result in the death of the insured within 12 months. This diagnosis must be supported by a specialist and confirmed by Income's appointed Registered Medical Practitioner.

Terminal illness in the presence of HIV infection is excluded.

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 Issue Date, Date of Endorsement or Date of Reinstatement of this policy, whichever is the later; and
 - The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood.
- B. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, Date of Endorsement or Date of Reinstatement of this policy, whichever is the later whilst the insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to Income's satisfaction:
- 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.

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 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;
- Abscess;

- Angioma;
- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland, spinal cord and skull base.

28 Severe Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in permanent neurological deficit which must be documented for at least 6 weeks. This diagnosis must be certified by a consultant neurologist, and supported by any confirmatory diagnostic tests.

Encephalitis caused by HIV infection is excluded.

29 Angioplasty & 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 policy subject to a S\$25,000 maximum sum payable. This benefit is payable once only and shall be deducted from the amount of this policy, thereby reducing the amount of the Sum Assured which may be payable herein.

Diagnostic angiography is excluded.

30 Severe 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.

31 Major Head Trauma

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

The following are excluded:

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

32 Progressive Scleroderma

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

The following are excluded:

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

33 Persistent Vegetative State (Apallic Syndrome)

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.

34 Systemic Lupus Erythematosus with Lupus Nephritis

The unequivocal diagnosis of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. In respect of this policy, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class VI Lupus Nephritis, established by renal biopsy, and in accordance with the RPS/ISN classification system). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

The RPS/ISN classification of lupus nephritis:

- Class I Minimal mesangial lupus nephritis
- Class II Mesangial proliferative lupus nephritis
- Class III Focal lupus nephritis (active and chronic; proliferative and sclerosing)
- Class IV Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global)
- Class V Membranous lupus nephritis
- Class VI Advanced sclerosis lupus nephritis

35 Other Serious Coronary Artery Disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by invasive coronary angiography, regardless of whether or not any form of coronary artery surgery has been performed.

Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.

36 Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause,
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

The diagnosis must be confirmed by a consultant neurologist or specialist in the relevant medical field.

37 Loss of Independent Existence

A condition as a result of a disease, illness or injury whereby the insured is unable to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living", for a continuous period of 6 months. This condition must be confirmed by Income's appointed Registered Medical Practitioner.

Non-organic diseases such as neurosis and psychiatric illnesses are excluded.

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

Others

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

1. Permanent Neurological Deficit

Permanent means expected to last throughout the lifetime of the insured.

Permanent neurological deficit means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the insured. 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.

2. Activities of Daily Living (ADLs)

- (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.