Conditions for Early Secure Accelerator

Your rider

This is an accelerated whole-life rider that provides cover for early and intermediate stage dread diseases.

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

Any early or intermediate stage dread disease benefit payment made under this rider will form an **accelerated payment**, and reduce the sum assured and any bonuses of this rider, its basic policy and other accelerated riders by the same amount that **we** pay under this rider.

1 What your rider covers

a Early and intermediate stage dread disease benefit

We classify each dread disease into:

- two stages (early stage and intermediate stage); or
- just one stage (early stage or intermediate stage).

If the insured is diagnosed with any of the conditions, or undergoes any of the procedures in Table 2, **we** will pay the benefit shown in Table 1.

You can only claim this benefit once and it will reduce the sum assured of this rider to zero.

For policies **we** have issued that have early and intermediate stage dread disease benefits, **we** will pay no more than S$350,000 (not including bonuses) for each insured (no matter how many policies **we** have issued to cover each insured).

If **you** are successful in claiming the early and intermediate stage dread disease benefit, **we** will not pay future claims on the following benefits:

- special and mental benefit; and
- juvenile benefit.

You will stop making premium payments on this rider. The rider will continue to apply for the advanced restoration benefit during this period even though **you** are not paying the premiums.

Table 1

When claim event happens	Benefit
Before the **anniversary** immediately after the insured reaches the age of 70	• 100% of this rider's sum assured and corresponding pro-rated bonuses of its basic policy; or • 100% of this rider's **minimum protection value**; whichever is higher.
On or after the **anniversary** immediately after the insured reaches the age of 70	100% of this rider's sum assured and corresponding pro-rated bonuses of its basic policy

Table 2

Item	Early and intermediate stage dread disease benefit
1	Major cancer
2	Heart attack of specified severity
3	Stroke with permanent neurological deficit
4	Coronary artery by-pass surgery
5	End stage kidney failure
6	Irreversible aplastic anaemia

7	Blindness (irreversible loss of sight)
8	End stage lung disease
9	End stage liver failure
10	Coma
11	Deafness (irreversible loss of hearing)
12	Open chest heart valve surgery
13	Irreversible loss of speech
14	Major burns
15	Major organ / bone marrow transplantation
16	Multiple sclerosis
17	Muscular dystrophy
18	Paralysis (irreversible loss of use of limbs)
19	Idiopathic parkinson's disease
20	Open chest surgery to aorta
21	Alzheimer's disease / severe dementia
22	Motor neurone disease
23	Primary pulmonary hypertension
24	HIV due to blood transfusion and occupationally acquired HIV
25	Benign brain tumour
26	Severe encephalitis
27	Severe bacterial meningitis
28	Major head trauma
29	Other serious coronary artery disease
30	Progressive scleroderma
31	Myasthenia gravis
32	Necrotising fasciitis
33	Cardiomyopathy
34	Progressive supranuclear palsy
35	Infective endocarditis

b Special and mental benefit

If the insured is diagnosed with any of the conditions, or has undergone any of the procedures in Table 3, **we** will pay 30% of the rider's sum assured. This apply as long as the diagnosis or procedure takes place before the insured reaches the age as shown in Table 3.

Table 3

Item	Special Benefit	Insured Age
1	Diabetic complications	Before the insured reaches the age of 85
2	Severe osteoporosis	
3	Severe rheumatoid arthritis	
4	Dengue hemorrhagic fever	
5	Crohn's disease	
6	Ulcerative colitis	
7	Breast reconstructive surgery following a mastectomy	
8	Pheochromocytoma	
9	Zika	
10	Chikungunya fever	
Item	**Mental Benefit**	**Insured Age**
11	Major depressive disorder (MDD)	Before the insured reaches the age of 75
12	Schizophrenia	
13	Bipolar disorder	
14	Obsessive compulsive disorder (OCD)	
15	Tourette syndrome (TS)	Before the insured reaches the age of 21

Every claim **we** pay for a special and mental benefit will not reduce the sum assured of this rider, its basic policy and other accelerated riders.

For policies issued by **us** that include special benefit or special and mental benefit, **we** will pay no more than S$30,000 for the same condition or procedure for each insured, no matter how many of such policies **we** have issued to cover the same insured.

At most, **we** will pay this benefit five times, as long as each claim is not for the same special and mental benefit as any of the earlier claims. In

addition, for each claim under the mental benefit in Table 3, the diagnosis of the conditions must be at least 3 years apart.

c Juvenile benefit

If the insured is diagnosed with any of the conditions in Table 4, **we** will pay 20% of the sum assured of this rider, as long as the diagnosis takes place before the insured reaches age 18, and this rider has not ended.

Table 4

Item	Juvenile benefit
1	Osteogenesis imperfecta
2	Severe haemophilia
3	Insulin dependent diabetes mellitus
4	Kawasaki disease
5	Rheumatic fever with valvular impairment
6	Type I juvenile spinal amyotrophy
7	Wilson's disease
8	Systemic juvenile rheumatoid arthritis
9	Intellectual impairment due to sickness or injury
10	Glomerulonephritis with nephrotic syndrome
11	Sanfillipo syndrome
12	Bile acid synthesis disorder
13	Pyruvate dehydrogenase complex deficiency (PDCD)
14	Antley bixler syndrome
15	Beta thalassemia major

Every claim **we** pay for a juvenile benefit will not reduce the sum assured of this rider, its basic policy and other accelerated riders.

For policies **we** have issued that have juvenile benefit, **we** will pay no more than S$30,000 for each insured (no matter how many policies **we** have issued to cover each insured) for each juvenile benefit listed in Table 4.

At most, **we** will pay this benefit five times, as long as each claim is not for the same juvenile benefit as any of the earlier claims.

d Advanced restoration benefit

If the insured is diagnosed with any of the advanced stage dread diseases in Table 6, **we** will pay the benefit shown in Table 5.

You can only make a claim under the advanced restoration benefit if **you** have previously succeeded in claiming the early and intermediate stage dread disease benefit and if your basic policy has not ended.

Table 5

When claim event happens	Benefit
Before the **anniversary** immediately after the insured reaches the age of 70	50% of this rider's **minimum protection value**
On or after the **anniversary** immediately after the insured reaches the age of 70	50% of this rider's sum assured

Table 6

Item	Advanced restoration benefit
1	Major cancer
2	Heart attack of specified severity
3	Stroke with permanent neurological deficit

Once **we** make a payment under this benefit, this rider will end.

2 Our responsibilities to you

The sum assured of this rider cannot be more than the sum assured set by **us**.

You may reduce the sum assured for this rider as long as it is not less than the minimum sum assured set by **us**. When **we** agree to the change in sum assured, **we** will make this change in the sum assured at the next premium due date.

If **you** decide to reduce your basic policy or other accelerated riders of its basic policy's sum assured, **we** may also reduce the sum assured of this rider.

If the insured undergoes **angioplasty and other invasive treatment for coronary artery** under other accelerated riders of its basic policy, **we** will reduce the sum assured of this rider according to the reduction in sum assured of the basic policy and other accelerated riders of its basic policy.

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

This rider will end immediately when its basic policy ends, is converted to a **paid-up** policy or when a claim on other accelerated riders reduces the sum assured of this rider to zero.

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 off 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. However, if **we** do not ask for the insured's health declaration or medical checks at the time of application, **you** do not need to give **us** satisfactory proof of the insured's good health.

If **you** cancel your rider before the next premium is due, **we** will end your rider from the next premium due date and **we** will not refund any unused premium.

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

4 What you need to be aware of

a Early and intermediate stage dread disease benefit, special and mental benefit, juvenile benefit and advanced restoration benefit

We only cover the medical conditions or procedures **we** define in this rider. The name of each early and intermediate stage dread disease benefit, special and mental benefit, juvenile benefit or advanced restoration benefit is only a guide to what is covered. The full definition of

each benefit 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 these benefits 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;**
- a special and mental benefit, juvenile benefit, or advanced restoration benefit where the insured did not survive for seven days after its diagnosis, or after having the medical procedure;
- a special and mental benefit or juvenile benefit where the insured suffered symptoms of, had investigations for, or was diagnosed with the disease any time before or within 90 days from the **cover start date**;
- an early, or intermediate stage dread disease benefit under **major cancer**, **heart attack of specified severity**, **other serious coronary artery disease**, or **coronary artery by-pass surgery**, where the insured suffered symptoms of, was investigated for, or was diagnosed with the disease any time before or within 90 days from the **cover start date**. For **coronary artery by-pass surgery**, the date of diagnosis will be the date the medical condition that leads to the surgical procedure is diagnosed, and not the date of the surgical procedure; or
- an advanced restoration benefit under **major cancer**, **heart attack of specified severity** and **stroke with permanent neurological deficit**, where the insured was diagnosed with the disease within 24 months after the date of diagnosis or surgical procedure, whichever applies, of any of the early or intermediate stage dread diseases in Table 2.

b Effects of an accelerated payment

If **you** claim for an event that is payable under this rider, its basic policy or other accelerated riders of its basic policy and the benefits payable form the **accelerated payment**, **we** will only pay the benefit with the highest amount.

When **we** make an **accelerated payment**:

- on this rider, **we** will reduce the sum assured and any bonuses of this rider, its basic policy and other accelerated riders of its basic policy by the same amount that **we** pay under this rider; or
- on other accelerated riders attached to its basic policy, **we** will reduce the sum assured of this rider by the same amount that **we** pay under those accelerated riders.

We will work out any future premiums, claims or **cash value** of its basic policy and the accelerated riders based on the reduced sum assured. The basic policy and other accelerated riders will end when the sum assured reaches zero.

c Making a claim

To make a claim for death benefit, **we** must be told within six months after the insured's death.

If this rider provides for accidental death or accidental TPD benefit, **we** must be told within thirty days after the insured's death or TPD. If

you tell **us** after the thirty days, **we** will not pay the claim for accidental death or accidental TPD benefit.

To make a claim for other benefits, **we** must be told within six months after the diagnosis or the event giving rise to the claim. If **you** tell **us** after the six months, **we** will not pay the claim for the other benefits.

When **we** pay a claim, **we** will not refund any premiums that have been paid.

d 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** which **you** did not tell **us** about when **you** applied for this rider; or
- the claim is excluded or not covered under the terms of this rider.

5 Definitions

Accelerated payment means any payment made by **us** under any rider or basic policy, if that payment reduces the sum assured and any bonuses of the basic policy and its riders.

Anniversary means the last day of every 12 months from the entry date for the basic policy.

Angioplasty or other invasive treatment for coronary artery means that the insured undergoes balloon angioplasty or a 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.

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 available when **you** cancel a policy that has a savings feature before **we** pay a benefit under it (for example, for 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 this rider;
- **we** issue an endorsement to include or increase a benefit; or
- **we** reinstate this 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.

Minimum protection value means a percentage of the sum assured shown in the policy schedule. **You** cannot change the **minimum protection value** which **you** chose at the start of the policy.

Paid-up means not paying 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

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.

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.

6 Definition of early, intermediate and advanced stage dread diseases

6.1 Major cancer	**<u>Early stage</u>** • Carcinoma-in-situ (CIS) Carcinoma-in-situ (CIS) means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma-in-situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma-in-situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard. In the case of the cervix uteri, Pap smear alone is not acceptable and should be accompanied with cone biopsy or colposcopy with the cervical biopsy report clearly indicating presence of CIS. Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II and CIN III (where there is severe dysplasia without Carcinoma-in-situ) does not meet the required definition and are specifically excluded. Carcinoma-in-situ of the skin (both Melanoma & Non-melanoma) and Carcinoma-in-situ of the biliary system are specifically excluded. This coverage is available to the first occurrence of CIS only. • Early prostate cancer Prostate cancer that is histologically described using the TNM Classification as T1N0M0 or prostate cancers described using another equivalent classification. • Early thyroid cancer Thyroid cancer that is histologically described using the TNM Classification as T1N0M0 as well as papillary microcarcinoma of thyroid that is less than 2cm in diameter. • Early bladder cancer Bladder cancer that is histologically described using the TNM Classification as T1N0M0 as well as Papillary microcarcinoma of bladder. • Early chronic lymphocytic leukaemia Chronic lymphoctic leukaemia (CLL) RAI Stage 1 or 2. CLL RAI stage 0 or lower is excluded.

	Intermediate stage • Carcinoma-in-situ of specified organs treated with radical surgery The actual undergoing of a "Radical Surgery" to arrest the spread of malignancy in that specific organ, which must be considered as appropriate and necessary treatment. "Radical Surgery" is defined in this policy as the total and complete removal of one of the following organs: breast (mastectomy), prostate (prostatectomy), corpus uteri (hysterectomy), ovary (oopherectomy), fallopian tube (salpingectomy), colon (colectomy) or stomach (gastrectomy). The diagnosis of the carcinoma-in-situ must always be positively diagnosed upon the basis of a microscopic examination of fixed tissues additionally supported by a biopsy of the removed organ. Clinical diagnosis does not meet this standard. Early prostate cancer that is histologically described using the TNM Classification as T1a, T1b or T1c, or Prostate cancers described using another equivalent classification is also covered if it has been treated with a radical prostatectomy. All grades of cervical intraepithelial neoplasia (CIN) and prostatic intraepithelial neoplasia (PIN) are specifically excluded. The actual undergoing of the surgeries listed above and the surgery must be certified to be absolutely necessary by an oncologist. Partial surgical removal such as lumpectomy and partial mastectomy, partial prostatectomy and partial gastrectomy are specifically excluded. Carcinoma-in-situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/ or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.
	Advanced stage 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 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 behavior; 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.

6.2 Heart attack of specified severity	**<u>Early stage</u>** • Cardiac pacemaker implantation Implantation of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified as absolutely necessary, beneficial, and effective by a consultant cardiologist. The insertion of any type of temporary cardiac pacing is specially excluded. • Pericardectomy The undergoing of a pericardectomy as a result of pericardial disease or undergoing of any surgical procedure requiring keyhole cardiac surgery. Both

	these surgical procedures must be certified to be absolutely necessary by a specialist in the relevant field.
	<u>Intermediate stage</u> • Cardiac defibrillator implantation Implantation of a permanent cardiac defibrillator that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac defibrillator must be certified as absolutely necessary, beneficial, and effective by a consultant cardiologist.
	<u>Advanced stage</u> 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 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 with permanent neurological deficit**	**<u>Early stage</u>** • Brain aneurysm surgery The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arterio-venous malformation via craniotomy. The surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field. Endovascular repair or procedures are not covered. • Cerebral shunt insertion The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a consultant neurologist.

	<u>Intermediate stage</u> • Carotid artery surgery The actual undergoing of endarterectomy of the common carotid artery which has been necessitated as a result of at least 80% narrowing of the carotid artery as diagnosed by an arteriography or any other appropriate diagnostic test that is available. Endarterectomy of blood vessels other than the common carotid artery is specifically excluded.
	<u>Advanced stage</u> 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.

6.4 Coronary artery by-pass surgery	**<u>Early stage</u>** • Keyhole coronary bypass surgery (but not MIDCAB) or coronary artery atherectomy or transmyocardial laser revascularisation or enhanced external counterpulsation device insertion The actual undergoing for the first time for the correction of the narrowing or blockage of one or more coronary arteries via “keyhole” surgery (but not MIDCAB), atherectomy, transmyocardial laser revascularisation or enhanced external counterpulsation. All other surgical procedures will be excluded from this benefit. A claim admitted under early stage of **coronary artery by-pass surgery** will terminate all benefits under early stage of **other serious coronary artery disease**.

	MIDCAB refers to Minimally Invasive Direct Coronary Artery Bypass

6.5 End stage kidney failure	**<u>Early stage</u>** • Surgical removal of one kidney The complete surgical removal of one kidney necessitated by any illness or accident. The need for the surgical removal of the kidney must be certified to be absolutely necessary by a nephrologist. Kidney donation is excluded.
	<u>Intermediate stage</u> • Chronic kidney disease Chronic kidney disease with permanently impaired renal function diagnosed by a specialist in the relevant field, with laboratory evidence of severely decreased with an eGFR level of less than 15 ml/min/1.73m2 body surface area, persisting for a period of at least 6 months.

6.6 Irreversible aplastic anaemia	**<u>Early stage</u>** • Reversible aplastic anaemia Acute reversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with any one of the following: - Blood product transfusion; - Marrow stimulating agents; - Immunosuppressive agents; or - Bone marrow transplantation. The diagnosis must be confirmed by a haematologist.
	<u>Intermediate stage</u> • Myelodysplastic Syndrome or Myelofibrosis Myelodysplastic syndrome or myelofibrosis requiring regular and permanent transfusion of blood products for severe recurrent anaemia. Diagnosis of Myelodysplastic Syndrome (MDS) or Myelofibrosis must be confirmed by haematologist as a result of marrow biopsy. The condition must be deemed incurable and blood transfusion support must be an indefinite requirement.

6.7 Blindness (irreversible loss of sight)	**<u>Early stage</u>** • Loss of sight in one eye Permanent and irreversible loss of sight in one eye 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 one eye using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in one eye. The blindness must be confirmed by an ophthalmologist. Blindness resulting from alcohol or drug misuse will be excluded.
	<u>Intermediate stage</u> • Optic nerve atrophy with low vision The unequivocal diagnosis of optic nerve atrophy affecting both eyes. There must also be permanent and irreversible loss of sight to both eyes to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in the better eye using a Snellen eye chart. The optic nerve atrophy and degree of visual loss of sight must be certified by an ophthalmologist. Optic nerve atrophy resulting from alcohol or drug misuse will be excluded.

6.8 End stage lung disease	**<u>Early stage</u>** • Severe asthma Evidence of an acute attack of severe asthma with persistent status asthmaticus that requires hospitalisation and assisted ventilation with a mechanical ventilator for a continuous period of at least 4 hours on the advice of a respiratory physician. • Insertion of a vena cava filter The surgical insertion of a vena cava filter after there has been documented proof of recurrent pulmonary emboli. The need for the insertion of a vena cava filter must be certified to be absolutely necessary by a specialist in the relevant field.
	<u>Intermediate stage</u> • Surgical removal of one lung Complete surgical removal of a lung as a result of an illness or an accident of the insured. Partial removal of a lung is not included in this benefit.

6.9 End stage liver failure	**<u>Early stage</u>** • Liver surgery Partial hepatectomy of at least one entire lobe of the liver that has been found necessary as a result of illness or accident as suffered by the insured. Liver disease secondary to alcohol and drug abuse and liver donation is excluded.

	<u>Intermediate stage</u> • Liver cirrhosis Cirrhosis of Liver with a HAI-Knodell Score of 6 and above as evident by liver biopsy. The diagnosis of liver cirrhosis must be unequivocally confirmed by a hepatologist and based on the histological findings of the liver biopsy. Liver disease secondary to alcohol and drug abuse is excluded.

6.10 **Coma**	**<u>Early stage</u>** • Coma for 48 hours Coma that persists for at least 48 hours. This diagnosis must be supported by evidence of all of the following: - No response to external stimuli for at least 48 hours; - The use of life support measures 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. Medically induced coma also does not fulfil this definition.
	<u>Intermediate stage</u> • Severe epilepsy Severe epilepsy confirmed by all of the following: - Diagnosis made by a consultant neurologist by the use of electroencephalography (EEG), magnetic resonance imaging (MRI), position emission tomography (PET) or any other appropriate diagnostic test that is available; - There must be documentation of recurrent unprovoked tonic-clonic or grand mal seizures of more than 5 attacks per week, and be known to be resistant to optimal therapy as confirmed by drug serum-level testing; and - The insured must have been taking at least 2 prescribed antiepileptic (anti-convulsant) medications for at least 6 months on the recommendation of a consultant neurologist. Febrile or absence (petit mal) seizures alone will not satisfy the requirement of this definition. • Coma for 72 hours Coma that persists for at least 72 hours. This diagnosis must be supported by evidence of all of the following: - No response to external stimuli for at least 72 hours; - The use of life support measures 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. Medically induced coma also does not fulfill this definition.

6.11 Deafness (irreversible loss of hearing)	**<u>Early stage</u>** • Partial loss of hearing Permanent binaural hearing loss with the loss of at least 60 decibel in all frequencies of hearing as a result of illness or accident. The hearing loss must be established by an ear, nose, throat (ENT) specialist and supported by an objective diagnostic test to indicate the quantum loss of hearing. • Cavernous sinus thrombosis surgery The actual undergoing of a surgical drainage for cavernous sinus thrombosis. The presence of cavernous sinus thrombosis as well as the requirement for surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field.
	<u>Intermediate stage</u> • Cochlear implant surgery The actual undergoing of a surgical cochlear implant as a result of permanent damage to the cochlea or auditory nerve. The surgical procedure as well as the insertion of the implant must be certified to be absolutely necessary by an ear, nose, throat (ENT) specialist.

6.12 Open chest heart valve surgery	**<u>Early stage</u>** • Percutaneous valvuloplasty or valvotomy The actual undergoing of simple percutaneous balloon valvuoplasty or valvotomy without any deployment of device or prosthesis necessitated by damage of the heart valve as confirmed by a specialist in the relevant field and established by a cardiac echocardiogram. All other surgical corrective methods will be excluded from this benefit.
	<u>Intermediate stage</u> • Percutaneous valve replacement or device repair This benefit is payable where a heart valve is replaced or repaired by the deployment of a permanent device or prosthesis by percutaneous intravascular techniques not involving a thoracotomy. Percutaneous balloon valvuloplasty and other percutaneous repair procedures where no new valve or any percutaneous device or prosthesis is deployed are excluded.

6.13 **Irreversible loss of speech**	**<u>Early stage</u>** • Permanent (or temporary) tracheostomy The performance of tracheostomy for the treatment of lung disease or airway disease or as a ventilatory support measure following major trauma or burns. The insured must have been a patient in a designated intensive care unit under the care of a medical specialist. The benefit only payable if the tracheostomy is required to remain in place and functional for a period of three months. This benefit would not be payable in addition to any ICU, **major head trauma**, **major burns**, **end stage lung disease** or **major cancer** benefit.
	<u>Intermediate stage</u> • Loss of speech due to any cause Total and irrecoverable loss of the ability to speak due to injury or disease. 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.

6.14 **Major burns**	**<u>Early stage</u>** • Mild severe burns - Second degree (partial thickness of the skin) burns covering at least 20% of the surface of the insured's body; or - Third degree (full thickness of the skin) burns covering at least 50% of the face of the insured.
	<u>Intermediate stage</u> • Moderately severe burns Third degree (full thickness of the skin) burns covering at least 10% of the surface of the insured's body which requires skin grafting.

6.15 **Major organ / bone marrow transplantation**	**<u>Early stage</u>** • Small bowel transplant The receipt of a transplant of at least one metre of small bowel with its own blood supply via a laparotomy resulting from intestinal failure. • Corneal transplant The receipt of a transplant of a whole cornea due to irreversible scarring with resulting reduced visual acuity, which cannot be corrected with other methods.
	<u>Intermediate stage</u> • Major organ/bone marrow transplant (on waitlist) This benefit covers those who are on an official organ transplant waiting list for the receipt of a transplant of:

	- human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or - one of the following human organs: heart, lung, liver, kidney or pancreas that resulted from irreversible end stage failure of the relevant organ. Other stem cell transplants are excluded. This benefit is limited to those on the official waitlist for organ transplant on Ministry of Health Singapore list of hospitals only.

6.16 Multiple sclerosis	**<u>Early stage</u>** • Early multiple sclerosis There must be a definite diagnosis of multiple sclerosis confirmed by a neurologist. The diagnosis must be supported by all of the following: - Investigations that unequivocally confirm the diagnosis to be multiple sclerosis; and - Well documented history of exacerbations and remissions of neurological signs. Other causes of neurological damage such as systemic lupus erythematosus (SLE) and HIV are excluded.
	<u>Intermediate stage</u> • Mild multiple sclerosis There must be a definite diagnosis of multiple sclerosis confirmed by a neurologist. The diagnosis must be supported by all of the following: - Investigations that unequivocally confirm the diagnosis to be multiple sclerosis; - Multiple neurological deficits which occurred over a continuous period of at least three months; and - Well documented history of exacerbations and remissions of neurological signs. Other causes of neurological damage such as systemic lupus erythematosus (SLE) and HIV are excluded.

6.17 Muscular dystrophy	**<u>Early stage</u>** • Spinal cord disease or injury resulting in bowel and bladder dysfunction Spinal cord disease or chorda equina injury resulting in permanent bowel dysfunction and bladder dysfunction requiring permanent regular self catheterisation or a permanent urinary conduit. The diagnosis must be

	supported by a consultant neurologist and the permanency assessed at six months.
	<u>Intermediate stage</u> • Moderately severe muscular dystrophy A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist. The condition must result in the inability of the insured to perform (whether aided or unaided) at least two of the following six "**Activities of Daily Living**" for a continuous period of at least six 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.

6.18 Paralysis (irreversible loss of use of limbs)	**<u>Early stage</u>** • Total and irreversible loss of use of at least one entire limb 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.
	<u>Intermediate stage</u> • The medically necessary amputation of one limb above the knee or elbow. Self-inflicted injuries are excluded.

6.19 Idiopathic parkinson's disease	**<u>Early Stage</u>** • Early Parkinson's disease The unequivocal diagnosis of idiopathic Parkinson's disease by a specialist in the relevant field. This diagnosis must be supported by all of the following conditions: - The disease cannot be controlled with medication; and - There are signs of progressive neurological impairment. Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson's Disease are excluded. The coverage of this condition will cease at age 85 of the insured.

	<u>Intermediate Stage</u> • Moderately severe Parkinson's disease The unequivocal diagnosis of idiopathic Parkinson's disease by a consultant neurologist. The 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 two of the six "**Activities of Daily Living**" for a continuous period of at least six months. 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 Open chest surgery to aorta	**<u>Early stage</u>** • Large asymptomatic aortic aneurysm Large asymptomatic abdominal or thoracic aortic aneurysm or aortic dissection as evidenced by appropriate imaging technique. The aorta must be enlarged greater than 55mm in diameter and the diagnosis must be confirmed by a consultant cardiologist.
	<u>Intermediate stage</u> • Minimally invasive surgery to aorta The actual undergoing of surgery via minimally invasive or intra-arterial techniques to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as evidenced by a cardiac echocardiogram or any other appropriate diagnostic test that is available and confirmed by a consultant cardiologist. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

6.21 Alzheimer's disease / severe dementia	**<u>Early stage</u>** • Diagnosis of Alzheimer's disease or dementia A definite diagnosis of Alzheimer's disease or dementia due to irreversible organic brain disorders by a consultant neurologist. The Mini Mental State Examination score must be 24 or less out of 30; or the insured must have undergone two neuropsychometric tests performed six months apart with a battery of tests which clearly define the severity of the impairment. The insured must have been placed on disease modifying treatment prescribed by a specialist and must be under the continuous care of a specialist. This diagnosis

	must be supported by the clinical confirmation of an appropriate consultant and supported by the insurer's appointed doctor. The following are excluded: - Non-organic diseases such as neurosis and psychiatric illnesses; and - Alcohol related brain damage. The coverage of this condition will cease at age 85 of the insured.
	<u>Intermediate stage</u> • Moderately severe Alzheimer's disease or dementia A definite diagnosis of Alzheimer's disease or dementia due to irreversible organic brain disorders by a consultant neurologist. The Mini Mental State Examination score must be less than 20 out of 30; or the insured must have undergone two neuropsychometric tests performed six months apart with a battery of tests which clearly define the severity of the impairment. There must also be permanent clinical loss of the ability to do all the following: - Remember; - Reason; and - Perceive, understand, express and give effect to ideas. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the insurer's appointed doctor. The following are excluded: - Non-organic diseases such as neurosis and psychiatric illnesses; and - Alcohol related brain damage.

6.22 Motor neurone disease	**<u>Early stage</u>** • Peripheral neuropathy This refers to severe peripheral motor neuropathy arising from anterior horn cells resulting in significant motor weakness, fasciculation and muscle wasting. The diagnosis must be confirmed by a consultant neurologist as a result of nerve conduction studies and result in a permanent need for the use walking aids or a wheelchair. Diabetic neuropathy and neuropathy due to alcohol is excluded.
	<u>Intermediate stage</u> • Early motor neurone disease Refers to a progressive degeneration of the corticospinal tracts and anterior horn cells or bulbar efferent neurons. These include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. A neurologist must make the definite diagnosis of a motor neurone disease and this diagnosis must be supported by appropriate investigations.

6.23 Primary pulmonary hypertension	**<u>Early stage</u>** • Early pulmonary hypertension Primary or secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of permanent physical impairment of at least Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The NYHA Classification of Cardiac Impairment: - Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or angina 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. The diagnosis must be established by cardiac catheterization by a consultant cardiologist.
	<u>Intermediate stage</u> • Secondary pulmonary hypertension Secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The diagnosis must be established by cardiac catheterisation by a consultant cardiologist. The NYHA Classification of Cardiac Impairment: - Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or angina 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.

6.24 **HIV due to blood transfusion and occupationally acquired HIV**	**<u>Early stage</u>** • HIV due to assault or occupationally acquired HIV A) Infection with the human immunodeficiency virus (HIV) which resulted from a physical or sexual assault occurring after the **cover start date**, provided that all the following conditions are met: - The incident must be reported to the appropriate authority and that a criminal case must be opened; - Proof of the assault giving rise to the infection must be reported to the insurer within 30 days of the assault taking place; - Proof that the assault 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 assault; and - This proof must include a negative HIV antibody test conducted within five days of the assault. B) Infection with the human immunodeficiency virus (HIV) which resulted from an accidental incident occurring after the **cover start date**, whilst the insured was carrying out the normal professional duties of his or her occupation in Singapore with the requirement that appropriate care is being exercised, provided that all the following conditions are met: - Proof that the incident has been reported to the appropriate authority; - Proof of the accident giving rise to the infection must be reported to the insurer within 30 days of the accident taking place; - Proof that the accident involved a definite source of the HIV infected fluids; and - 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. HIV infection resulting from any other means including consensual sexual activity or the use of intravenous drug is excluded. 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 noninfectious.
	<u>Intermediate stage</u> • HIV due to organ transplant Infection with the human immunodeficiency virus (HIV) through an organ transplant, provided that all of the following conditions are met:

	- The organ transplant was medically necessary or given as part of a medical treatment; - The organ transplant was received in Singapore after the **cover start date**; and - The source of the infection is established to be from the institution that provided the transplant and the Institution is able to trace the origin of the HIV to the infected transplanted organ. This benefit will not apply where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

6.25 **Benign brain tumour**	**<u>Early stage</u>** • Surgical removal of pituitary tumour (by transsphenoidal/transnasal hypophysectomy) The actual undergoing of surgical removal of a pituitary tumour by transsphenoidal / transnasal hypophysectomy necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour or where surgical removal is considered necessary upon the advice of a consultant endocrinologist. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. • Surgery for subdural haematoma The actual undergoing of burr hole surgery to the head to drain subdural haematoma as a result of an accident. The need for the burr hole surgery must be certified to be absolutely necessary by a specialist in the relevant field.
	<u>Intermediate stage</u> • Surgical removal of pituitary tumour (by open craniotomy) The actual undergoing of total surgical removal of a pituitary tumour by open craniotomy necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour or where surgical removal is considered necessary upon the advice of a consultant endocrinologist. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. Surgical removal of the pituitary by transsphenoidal hypophysectomy is excluded.

6.26 **Severe encephalitis**	**<u>Early stage</u>** • Encephalitis Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection requiring hospitalisation. The diagnosis must be confirmed by a consultant neurologist and supported with appropriate investigations proving acute viral infection of the brain.

	Encephalitis caused by HIV infection is excluded.
	Intermediate stage • Mild encephalitis Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection resulting in neurological deficit and there must be evidence of hospitalization for at least two weeks. The neurological deficit must persist for at least six weeks. The diagnosis must be confirmed by a consultant neurologist and supported with appropriate investigations proving acute viral infection of the brain. Encephalitis caused by HIV infection is excluded.

6.27 Severe bacterial meningitis	**Early stage** • Bacterial meningitis Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord which requires hospitalisation. 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.
	Intermediate stage • Mild bacterial meningitis Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in neurological deficit and there must be evidence of hospitalization for at least two weeks. The neurological deficit must persist for at least six weeks. This diagnosis must be confirmed by: - proof of meningeal infection must be provided to **us** by the results of a lumbar puncture and the offending organism must be identified; and - a consultant neurologist. Meningitis in the presence of HIV infection is excluded.

6.28 **Major head trauma**	**<u>Early stage</u>** • Facial reconstructive surgery The actual undergoing of re-constructive surgery above the neck (restoration or re-constructive of the shape of and appearance of facial structures which are defective, missing or damaged or misshapen) performed by a specialist in the relevant field to correct disfigurement as a direct result of an accident. The need for surgery must be certified to be absolutely necessary by a specialist in the relevant field and the treatment must require hospitalization and surgery under general anaesthetic. Treatment relating to teeth and/or any other dental restoration alone is excluded, surgery for isolated nasal fractures is excluded and surgery to facial skin wounds is excluded unless this involves major full thickness skin grafting or the construction of flaps. "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.
	<u>Intermediate stage</u> • Open craniotomy Undergoing of open craniotomy as a consequence of major head trauma for the treatment of depressed skull fractures or major intracranial injury. Burr hole surgery is excluded from this benefit.

6.29 **Other serious coronary artery disease**	**<u>Early stage</u>** • Coronary artery disease The narrowing of the lumen of two or three coronary arteries by a minimum of 60%, as proven by coronary angiography or any other appropriate diagnostic test that is available, regardless of whether any form of coronary artery surgery has been recommended or performed. Coronary arteries herein refer to right coronary artery, left main stem, left anterior descending and left circumflex, but not their branches. Note that any non-invasive method of determining coronary artery stenosis is not acceptable. A claim admitted under early stage of **other serious coronary artery disease** will terminate all benefits under early stage of **coronary artery by-pass surgery**.

6.30 Progressive scleroderma	**Early stage** • Early progressive scleroderma A rheumatologist must make the definite diagnosis of progressive systemic scleroderma, based on clinically accepted criteria. This diagnosis must be unequivocally supported by biopsy and serological evidence. The following are excluded: - localised scleroderma (linear scleroderma or morphea); - eosinophilic fasciitis; and - CREST syndrome.
	Intermediate stage • Progressive scleroderma with CREST syndrome A rheumatologist must make the definite diagnosis of systemic sclerosis with CREST syndrome, based on clinically accepted criteria. This diagnosis must be unequivocally supported by biopsy and serological evidence. The disease must involve the skin with deposits of calcium (calcinosis), skin thickening of the fingers or toes (sclerodactyly) and also involve the esophagus. There must also be telangectasia (dilated capillaries) and Raynaud's Phenomenon causing artery spasms in the extremities. The following are excluded: - localised scleroderma (linear scleroderma or morphea); and - eosinophilic fasciitis.

6.31 Myasthenia gravis	**Early stage** • An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met: a) Presence of permanent muscle weakness categorized as Class III, IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and b) The diagnosis of myasthenia gravis and categorization are confirmed by a registered medical practitioner who is a neurologist. Myasthenia Gravis Foundation of America Clinical Classification: Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere. Class II: Eye muscle weakness of any severity, mild weakness of other muscles. Class III: Eye muscle weakness of any severity, moderate weakness of other muscles. Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.

	Class V: Intubation needed to maintain airway.

6.32 Necrotising fasciitis	**<u>Early stage</u>** • The occurrence of necrotising fasciitis where the following conditions are met: - the usual clinical criteria of necrotising fasciitis are met; - the bacteria identified is a known cause of necrotising fasciitis; and - there is widespread destruction of muscle and other soft tissues that results in a total and permanent loss of function of the affected body part.

6.33 Cardiomyopathy	**<u>Intermediate stage</u>** • Early Cardiomyopathy An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a cardiologist, and resulting in permanent and irreversible physical impairment of Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The diagnosis has to be supported by abnormal ECG and echocardiographic findings of compromised ventricular performance. 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. Cardiomyopathy that is directly related to alcoholic and drug abuse is excluded.

6.34 Progressive supranuclear palsy	**<u>Early stage</u>** • Less severe progressive supranuclear palsy A degenerative neurological disease characterised by supranuclear gaze paresis, pseudobulbar palsy, axial rigidity and dementia. The unequivocal Diagnosis of Less Severe Progressive Supranuclear Palsy must be confirmed by a consultant neurologist. The condition must result in the permanent inability to perform, without assistance, at least two (2) out of six (6) "**Activities of Daily Living**".

	These conditions have to be medically documented for at least 30 consecutive calendar days.

6.35 Infective Endocarditis	**<u>Early stage</u>** • Less severe infective endocarditis Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met: - Positive result of the blood culture proving presence of the infectious organism(s); - Presence of at least mild heart valve incompetence (heart valve regurgitant) or mild heart valve stenosis attributable to Infective Endocarditis; and - The unequivocal diagnosis and the severity of valvular impairment are confirmed by a consultant cardiologist and supported by echocardiogram or other reliable imaging technique.

7 Definition of special and mental benefits

7.1 Diabetic complications	Diabetic retinopathy with the need to undergo laser treatment certified to be absolutely necessary by an ophthalmologist with support of a "Fluorescent Fundus Angiography" report and vision is measured at 6/18 or worse in the better eye using a Snellen eye chart. A definite diagnosis of diabetic nephropathy by a nephrologist and is evident by eGFR less than 30 ml/min/1.73m2 with ongoing proteinuria greater than 300mg/24 hours. The actual undergoing of amputation of a leg/foot/toe/arm/hand/finger to treat gangrene that has occurred because of a complication of diabetes.

7.2 Severe osteoporosis	Osteoporosis is a degenerative bone disease that results in loss of bone. The diagnosis must be supported by a bone density reading which satisfies the World Health Organisation (WHO) definition of osteoporosis with a bone density reading T-score of less than –2.5. There must also be a history of three or more osteoporotic fractures involving femur, wrist or vertebrae. These fractures must directly result in the permanent inability of the insured to perform (whether aided or unaided) at least one of following six "**Activities of Daily Living**".

7.3 Severe rheumatoid arthritis	Widespread joint destruction with major clinical deformity of three or more of the following joint areas: hands, wrists, elbows, spine, knees, ankles, feet. The diagnosis must be supported by all of the following: - Morning stiffness; - Symmetric arthritis; - Presence of rheumatoid nodules; - Elevated titres of rheumatoid factors; and - Radiographic evidence of severe involvement. The diagnosis must be confirmed by a consultant rheumatologist.

7.4 Dengue haemorrhagic fever	It covers Dengue Haemorrhagic Fever Stage 3 or Stage 4, based on the World Health Organization case definition, with unequivocal evidence of the Dengue Shock Syndrome and confirmation of dengue infection, with confirmatory serological testing of dengue; and as may be exemplified by all of the following findings:

	- History of continuous high fever (for two (2) or more days); - Minor or major haemorrhagic manifestations; - Thrombocytopenia (less than or equal to 100000 per mm3); - Haemoconcentration (haemotocrit increased by 20% or more) ; - Evidence of plasma leakage (i.e. pleural effusion, ascites or hypoproteinaemia, etc.) ; and - Evidence of the Dengue Shock Syndrome (DSS), confirmed by a consultant physician, with the following criteria being met: 1. Hypotension (less than 80 mm Hg) or narrow pulse pressure (20mm Hg or less); and 2. Evidence of tissue hypoperfusion such as cold, clammy skin, oliguria, or a metabolic acidosis.

7.5 **Crohn's disease**	Crohn's disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred: (a) Stricture formation causing intestinal obstruction requiring admission to hospital; (b) Fistula formation between loops of bowel, and (c) At least one bowel segment resection. The diagnosis must be made by a specialist gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

7.6 **Ulcerative colitis**	Ulcerative colitis shall mean acute fulminant ulcerative colitis with life threatening electrolyte disturbances usually associated with intestinal distension and a risk of intestinal rupture, involving the entire colon with severe bloody diarrhoea and systemic signs and symptoms and for which the treatment is frequently total colectomy and ileostomy. Diagnosis must be based on histopathological features and surgery in the form of colectomy and ileostomy should form part of the treatment.

7.7 **Breast reconstructive surgery following a mastectomy**	Mastectomy means surgical removal of at least three quadrants of the tissue of a breast due to carcinoma-in-situ or a malignant condition. The reconstructive surgery must be recommended by a specialist in the relevant field in order to restore major disfigurement.

7.8 **Pheochromocytoma**	Presence of a neuroendocrine tumour of the adrenal or extra-adrenal chromaffin tissue that secretes excess catecholamines.

	The diagnosis of pheochromocytoma must be confirmed by a registered specialist in the relevant field and supported by a histopathological examination.

7.9 **Zika**	The clinical diagnosis of Zika Virus Infection must be established and confirmed with the positive isolation of Zika virus, requiring hospitalisation and certified by an Infectious Disease Specialist.

7.10 **Chikungunya Fever**	The definite diagnosis of Chikungunya fever must be confirmed with the positive isolation of Chikungunya Virus, requiring hospitalisation and certified by the Specialist in the relevant field.

7.11 **Major depressive disorder (MDD)**	A severe mental disorder characterized by a persistent feeling of sadness and loss of interest, with clinically significant distress or impairment in social, occupational, or other important areas of functioning. The diagnosis of MDD must fulfil all of the following criteria: • Diagnosis of MDD must be confirmed by a Psychiatrist based on the Diagnostic and Statistical Manual of Mental Disorders (DSM) - 5 criteria or any subsequent DSM update or alternative criteria that supersedes DSM. • Must have received electroconvulsive therapy (ECT), which is conducted by a Psychiatrist.

7.12 **Schizophrenia**	A psychotic disorder that is characterized by major disturbances in cognitive functioning, emotion and behaviour. The diagnosis must fulfil all of the following criteria: • Diagnosis of schizophrenia must be confirmed by a Psychiatrist according to Diagnostic and Statistical Manual of Mental Disorders (DSM) - 5 criteria or any subsequent DSM update or alternative criteria that supersedes DSM. • Must have received antipsychotic medication therapy without interruption for a period of at least 180 days after diagnosis.

7.13 **Bipolar disorder**	Also known as manic-depressive illness, is a mental disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks. The diagnosis must fulfil all of the following criteria: • Diagnosis of bipolar disorder must be confirmed by a Psychiatrist according to Diagnostic and Statistical Manual of Mental Disorders (DSM) - 5 criteria or any subsequent DSM update or alternative criteria that supersedes DSM.

	• Must have received specific medication therapy, which is mood stabilizers or atypical antipsychotics or antidepressants, without interruption for a period of at least 180 days after diagnosis.

7.14 Obsessive compulsive disorder (OCD)	A chronic and long-lasting disorder characterized by both obsessions and compulsions, and has resulted in marked impairment in social or occupational functioning. The diagnosis of OCD must fulfil all of the following criteria: • Diagnosis of OCD must be confirmed by a Psychiatrist based on the Diagnostic and Statistical Manual of Mental Disorders (DSM) - 5 criteria or any subsequent DSM update or alternative criteria that supersedes DSM. • The OCD must be classified as "severe" or "extreme" under the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) / Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCS) (for child or adolescent) scale which is assessed by the Psychiatrist. • Must have received psychiatric medication without interruption for a period of at least 180 days after diagnosis.

7.15 Tourette syndrome (TS)	A neurological condition (affecting the brain and nervous system), characterised by a combination of involuntary noises and movements called tics. The diagnosis must fulfil all of the following criteria: • The diagnosis of TS must be confirmed by a Psychiatrist based on the Diagnostic and Statistical Manual of Mental Disorders (DSM) - 5 criteria or any subsequent DSM update or alternative criteria that supersedes DSM. • The condition must have continued without interruption for a period of at least 180 days after diagnosis. • Must have received specific medications, which is alpha2-adrenergic agonists or muscle relaxants or dopamine antagonists, without interruption for a period of at least 180 days after diagnosis, or received surgical treatment.

8 Definition of juvenile benefits

8.1 Osteogenesis imperfecta	This is characterised by brittle, osteoporotic, easily fractured bone. The insured must be diagnosed as a type III osteogenesis imperfecta confirmed by the occurrence of all of the following conditions: - The result of physical examination of the insured by a registered specialist in the relevant field that the insured suffers from growth retardation and hearing impairment; - The result of X-ray studies reveals multiple fracture of bones and progressive kyphoscoliosis; and - Positive result of skin biopsy. Diagnosis of osteogenesis imperfecta must be confirmed by a registered specialist acceptable to **us**.

8.2 Severe haemophilia	The insured must be suffering from severe haemophilia associated with spontaneous haemorrhage and with a clotting factor VIII or factor IX of less than one percent. Diagnosis must be confirmed by a registered specialist in the relevant field.

8.3 Insulin dependent diabetes mellitus	This is characterised by polydipsia, polyuria, increased appetite, weight loss, low plasma insulin levels, episodic ketoacidosis, and immune mediated destruction of pancreatic beta cells. Insulin therapy and dietary regulation are necessary. Dependence on insulin therapy must persist for not less than six months. Type II diabetes mellitus is specifically excluded. Diagnosis must be confirmed by a registered specialist paediatrician or a registered specialist endocrinologist.

8.4 Kawasaki disease	This is acute, febrile and multisystem disease of children, characterised by nonsuppurative cervical adenitis, skin and mucous membrane lesions. Diagnosis must be confirmed by a registered specialist paediatrician or cardiologist and there must be echocardiograph evidence of cardiac involvement manifested by dilatation or aneurysm formation of at least 5 mm internal diameter in the coronary arteries which persists for 12 months after the initial acute episode.

8.5 **Rheumatic fever with valvular impairment**	A confirmed diagnosis by a registered specialist paediatrician of acute rheumatic fever according to the revised Jones criteria. There must be involvement of one or more heart valves with at least mild valve incompetence attributable to rheumatic fever as confirmed by quantitative investigations of the valve function by a registered specialist cardiologist. The valve incompetence must persist for at least six months.

8.6 **Type I juvenile spinal amyotrophy**	The insured must be diagnosed as a Type I juvenile spinal amyotrophy which is an infantile form of spinal muscular atrophy characterised by progressive dysfunction of the anterior horn cells in the spinal cord and brainstem cranial nerves with profound weakness and bulbar dysfunction. Electromyography and muscle biopsy are needed to confirm this diagnosis.

8.7 **Wilson's disease**	A potentially fatal disorder of copper toxicity characterized by progressive liver disease and/ or neurologic deterioration due to copper deposit. The diagnosis must be confirmed by a specialist medical practitioner and the treatment with a chelating agent must be documented for at least six months.

8.8 **Systemic juvenile rheumatoid arthritis**	A severe form of juvenile chronic arthritis characterised by high fever and signs of systemic illness that can exist for months before the onset of arthritis. The condition must be characterised by cardinal manifestations which include high spiking, daily (quotidian) fevers, evanescent rash, arthritis, splenomegaly, lymphadenopathy, serositis, weight loss, neutrophilic leukocytosis, increased acute Phase Proteins and seronegative tests for Antinuclear Antibodies (ANA) and Rheumatoid Factor (RF). The diagnosis must be backed by laboratory and other tests or investigations. The diagnosis must be confirmed unequivocally by the treating registered specialist paediatrician or a registered paediatric rheumatologist, and the condition has to be documented for at least six months.

8.9 **Intellectual impairment due to sickness or injury**	An unequivocal diagnosis by a **registered medical practitioner** who is a pediatric psychiatrist of intellectual impairment directly resulting from a sickness or injury and independently of any other cause(s), where all of the following conditions are met: (a) The insured suffers from sub-average general intellectual functioning, mental handicap, or learning disorder, as determined by a pediatric neuro-psychological assessment; and the insured's treating pediatric psychiatrist certifies that such condition is caused by the said sickness or injury; (b) An IQ below 70, as established with either of the standardized IQ tests - "Raven's Progressive Matrices" or "Wechsler Intelligence Scale for Children"; (c) The insured is age four or above at the time of diagnosis and the condition has continued without interruption for a period of at least six consecutive months after the diagnosis; and (d) There is documented proof of hospitalization of the insured because of intellectual impairment due to sickness or injury.

8.10 **Glomerulonephritis with nephrotic syndrome**	A confirmed diagnosis of glomerulonephritis with nephrotic syndrome by a qualified pediatrician acceptable to **us** and who should confirm that a treatment regimen which has involved the use steroids or other immunosuppressive drugs has been followed throughout the period to which syndrome relates. The syndrome must have continued for a period of at least six months with or without intervening periods of remission.

8.11 **Sanfillipo syndrome**	A rare autosomal recessive lysosomal storage disease. It is caused by a deficiency in one of the enzymes needed to break down the glycosaminoglycan (GAG) heparan sulfate. This leads to the progressive degeneration of the central nervous system. The diagnosis must be confirmed by specialist pediatrician.

8.12 **Bile acid synthesis disorder**	Congenital deficiency of enzymes responsible for synthesis of bile acids. This will result in interruption of bile flow from liver (cholestasis), malabsorption of vitamins, neurological and liver disorders. The diagnosis must be confirmed by specialist pediatrician with appropriate tests. Secondary causes for bile acid synthesis disorder are specifically excluded.

8.13 **Pyruvate dehydrogenase complex deficiency (PDCD)**	A genetic mutation causing deficient in pyruvate dehydrogenase enzyme in the body which affects cell metabolism and failure of energy generated from nutrients consumed. The diagnosis must be confirmed by specialist pediatrician.

8.14 **Antley bixler syndrome**	A rare, very severe autosomal recessive congenital disorder characterized by malformations and deformities affecting the majority of the skeleton and other areas of the body. The diagnosis must be confirmed by specialist pediatrician.

8.15 **Beta thalassemia major**	A severe form of inherited disorder of manufacturing haemoglobin in the body. It results in severe anaemia requiring continuous periodic blood transfusion for survival. The diagnosis must be confirmed by specialist pediatrician with appropriate tests.