

Important:

This is a sample of the policy document. To determine the precise terms, conditions and exclusions of your cover, please refer to the actual policy and any endorsement issued to you.



Conditions for Family Protect

Your policy

This is an insurance protection plan that provides cover for a limited period of time. It also provides a cashback benefit at the end of the policy term.

We will pay benefits if the insured becomes **totally and permanently disabled** (before the age of 70), becomes **terminally ill**, is diagnosed with a specified dread disease or dies during the term of the policy.

We will also pay an extra payout for each surviving **dependant** of the insured if the insured becomes **totally and permanently disabled** (before the age of 70), becomes **terminally ill** or dies during the term of the policy. If **you** are **retrenched** under the conditions we give, we will pay **you** an additional payout for a certain period.

You cannot cash in the policy.

1 What your policy covers

a Total and permanent disability (TPD), terminal illness, dread disease and death benefit

If the insured becomes **totally and permanently disabled** (before the age of 70), becomes **terminally ill**, is diagnosed with a specified dread disease, or dies during the term of the policy, we will pay the sum assured. The policy will end when we make this payment.

b Dependant booster benefit

If the insured becomes **totally and permanently disabled** (before the age of 70), becomes **terminally ill**, or dies during the term of the policy, we will pay an additional 25% of the sum assured for each of their surviving **dependants**, up to 100% of the sum assured.

The policy will end when we make this payment.

c Cashback benefit

If the insured survives at the end of the policy term and the policy has not ended, we will pay 20% of all **net premiums** paid at the end of the policy term.

d Retrenchment benefit

If **you** are **retrenched** during the policy term, we will pay **you** 1% of the sum assured for every complete month **you** stay unemployed, for up to three months.

For this benefit to apply, **you** must meet all the following conditions.

- **You** must have paid at least six months' premiums.
- Your **retrenchment** must have taken place no earlier than six months after the **cover start date**.

You can claim for the **retrenchment** benefit only once during the term of the policy. **You** cannot claim this benefit again for the same **retrenchment**. We will not pay this benefit once **you** start **permanent paid employment**.

This benefit will not apply if your claim arises from **you**:

- retiring, leaving after a probation period, resigning or being dismissed;
- suffering a psychological condition, disability or illness;
- taking part in a labour dispute;
- coming to the end of an employment contract;
- being involved in a staff-reduction programme or unemployment **you** knew was going to happen before the **cover start date**;
- being employed for less than six months by an **employer**; or
- being employed by an **employer** not incorporated or registered in Singapore.

2 Our responsibilities to you

The **contract term** will give details of how long the policy applies for. If there is no claim for death, **TPD, terminal illness** or specified dread disease (except a claim for **angioplasty and other invasive treatment for coronary artery**) on the policy during its term, when it ends, **we** will renew it for the same **contract term** and sum assured. However, **we** will not renew the policy if the insured is 65 years old and above at the time the policy is due for renewal.

We will work out the renewal premium based on the policy's renewal term, sum assured and the age of the insured at the time the policy is renewed.

3 Your responsibilities

You will pay your first premium at the time **you** apply for the policy. **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 the policy to continue.

If **you** still have not paid the premium after the initial grace period of 30 days, **we** will give **you** another 30 days of grace to pay the premium. Your policy will end if **you** still have not paid the premium after this additional 30 days.

If **we** are due to pay any benefits during the initial grace period and additional grace period, **we** will take off any unpaid premiums from the benefits.

If the policy 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 the policy. However, if **we** do not ask for the insured's health declaration or medical checks when **you** apply, **you** do not need to give **us** satisfactory proof of the insured's good health.

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

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

4 What you need to be aware of

a Suicide

The policy is not valid if the insured commits suicide within one year from the **cover start date**.

We will refund the total premiums paid, without interest, from the **cover start date**.

b TPD benefit

Under the definition of **TPD**, if the insured is under 65 years old, he or she must be unable to carry out any occupation. **We** do not pay if the insured is merely unable to perform the same job as before, or is unable to perform a job to which his or her training, education or experience is suited for.

If the insured is 65 years old and above, but under 70 years old, he or she must be suffering from a **severe disability**. Otherwise, **we** will not pay the benefit.

However, if there is **total physical loss**, and the insured is under 70 years old, **we** will pay.

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

- deliberate acts such as self-inflicted injuries, illnesses or attempted suicide;
- unlawful acts, provoked assault, or deliberate exposure to danger; or
- the effects of alcohol, drugs or any dependence.

We will also not pay this benefit unless the insured is certified by a **registered medical practitioner** to have been **totally and permanently disabled** for at least six months in a row.

If the insured is also covered for **TPD** under any policies which have been issued in the past (whether issued by **us** or by any other insurer), the total **TPD** benefit due under all these policies cannot be more than S\$6.5 million (not including bonuses). In this case, **we** will first take into account the amounts due under the earlier policies, and then pay out only an amount to bring the total payments to S\$6.5 million (not including bonuses). The cover for death will be reduced by the **TPD** payment, and this remaining cover will continue as long as **you** pay premiums on it. **We** will work out the remaining cover and the reduced premium **you** will need to pay for this remaining cover.

c Terminal illness benefit

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

- deliberate acts such as self-inflicted injuries, illnesses or attempted suicide;
- unlawful acts, provoked assault, or deliberate exposure to danger; or
- the effects of alcohol, drugs or any dependence.

d Dread disease benefit

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

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

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

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

e Making a claim

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

f 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 the policy; or
- the claim is excluded or not covered under the terms of the policy.

g Transferring the legal right of the policy

You cannot assign (transfer) the policy unless **you** tell **us** in writing and **we** agree to the assignment.

h Excluding third-party rights

Anyone not directly involved in the policy cannot enforce it under the Contracts (Rights of Third Parties) Act (Chapter 53B).

5 Definitions

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

Contract term means the **contract term** (or term) shown in the policy schedule (or endorsement) to the policy.

Cover start date means the date:

- **we** issue the policy;
 - **we** issue an endorsement to include or increase a benefit; or
 - **we** reinstate the policy;
- whichever is latest.

Dependant means:

- the legal child of the insured who is below the age of 21 (this can be the insured's biological child or stepchild, or a legally adopted child);
- the husband or wife of the insured; or
- the parents and parents-in-law of the insured.

Employer means any person, company, association, club, society or organisation that is formed, incorporated or registered in Singapore and which employs people. This includes the

Government and any statutory organisation or authority in Singapore.

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.

Net premiums means the regular premium amount as shown in the schedule, or the increased or reduced regular premium if the sum assured was changed earlier. If **you** change the frequency of your regular premium amount, **we** will use the then current regular premium amount to work out all **net premiums** paid. **Net premiums** exclude the premiums paid on riders.

Permanent paid employment means entering into any contract of service with any person, company, association, club, society, government or authority, whether in Singapore or overseas, where **you** agree to serve as an employee, including an apprenticeship contract or agreement, or are **self-employed**.

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.

Retrenched and **retrenchment** mean losing your job as a result of redundancy or because your **employer's** profession, business, trade or work is being reorganised.

Self-employed means being a sole proprietor, a partner of a business or employed by a business or company where **you** or your husband or wife,

parents, parents-in-law, brothers and sisters, brothers- and sisters-in-law or children own at least 20% of the share capital or are entitled to at least 20% of the profits, either individually or jointly.

Severe disability means the inability to perform at least three of the following activities of daily living, even with the aid of special equipment and always needing the help of another person throughout the entire activity.

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

Terminal illness, and **terminally ill** mean an illness which, in the opinion of the **registered medical practitioner** involved and a **registered medical practitioner** **we** have appointed, is highly likely to lead to death within 12 months. However, **we** will exclude **terminal illness** in the presence of human immunodeficiency virus (HIV).

Total and permanent disability (TPD), and **totally and permanently disabled**, mean any of the below.

- If the insured is under 65 years old, **TPD**, and **totally and permanently disabled** mean **total physical loss**, or the inability to take part in any paid work for the rest of a person's life.

- If the insured is 65 years old and above but under 70 years old, **TPD**, and **totally and permanently disabled** mean **total physical loss**, or **severe disability**.

Total physical loss means:

- the total and permanent loss of sight in both eyes;
- the loss of, or total and permanent loss of use of, two limbs at or above the wrist or ankle; or

- the total and permanent loss of sight in one eye and the loss of, or total and permanent loss of use of, one limb at or above the wrist or ankle.

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

You means the policyholder shown in the policy schedule.

Plain English Campaign's Crystal Mark does not apply to the following section.

6 Definition of dread diseases

6.1 Major cancers

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

The term malignant tumour includes leukemia, lymphoma and sarcoma.

For the above definition, the following are excluded:

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

Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

- Chronic Lymphocytic Leukaemia less than RAI Stage 3; and
- All tumours in the presence of HIV infection.

6.2 Heart attack of specified severity

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

- History of typical chest pain;
- New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;
- Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company.

For the above definition, the following are excluded:

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

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

6.3 Stroke

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid

haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit with persisting clinical symptoms. This diagnosis must be supported by all of the following conditions:

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least six weeks after the event; and
- Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks;
- Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
- Vascular disease affecting the eye or optic nerve; and
- Ischaemic disorders of the vestibular system.

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

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

6.4 Coronary artery by-pass surgery

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

artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

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

6.5 Kidney failure

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

6.6 Aplastic anaemia

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

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

The diagnosis must be confirmed by a haematologist.

6.7 End stage lung disease

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

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

The diagnosis must be confirmed by a respiratory physician.

6.8 End stage liver failure

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

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

Liver disease secondary to alcohol or drug abuse is excluded.

6.9 Coma

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

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

Coma resulting directly from alcohol or drug abuse is excluded.

6.10 Deafness (Loss of hearing)

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

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

6.11 Heart valve surgery

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

6.12 Loss of speech

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

All psychiatric related causes are excluded.

6.13 Major burns

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

6.14 Major organ/bone marrow transplantation

The receipt of a transplant of:

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

Other stem cell transplants are excluded.

6.15 Multiple sclerosis

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

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

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

6.16 Muscular dystrophy

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

"Activities of Daily Living" means:

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

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

6.17 Parkinson's disease

The unequivocal diagnosis of idiopathic Parkinson's disease by a consultant neurologist.

This diagnosis must be supported by all of the following conditions:

- The disease cannot be controlled with medication;
- Signs of progressive impairment; and
- Inability of the Insured to perform (whether aided or unaided) at least three of the six "Activities of Daily Living" for a continuous period of at least six months.

"Activities of Daily Living" means:

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

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

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

6.18 Surgery to aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition aorta shall mean

the thoracic and abdominal aorta but not its branches.

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

6.19 Alzheimer's disease/severe dementia

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

The following are excluded:

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

6.20 Fulminant hepatitis

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

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

6.21 Motor neurone disease

Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This

diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.

6.22 Primary pulmonary hypertension

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

The NYHA Classification of Cardiac Impairment:

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

6.23 HIV due to blood transfusion and occupationally acquired HIV

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

- The blood transfusion was medically necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore after the cover start date;
- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and

- The Insured does not suffer from Thalassaemia Major or Haemophilia.

(B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the cover start date whilst the Insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to our satisfaction:

- Proof of the accident giving rise to the infection must be reported to us within 30 days of the accident taking place;
- Proof that the accident involved a definite source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within five days of the accident; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

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

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

6.24 Benign brain tumor

Benign brain tumour means a non-malignant tumour located in the cranial vault and limited

to the brain, meninges or cranial nerves where all of the following conditions are met:

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

The following are excluded:

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

6.25 Viral Encephalitis

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

Encephalitis caused by HIV infection is excluded.

6.26 Bacterial meningitis

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

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

Bacterial meningitis in the presence of HIV infection is excluded.

6.27 Angioplasty and other invasive treatment for coronary artery

The actual undergoing of balloon angioplasty or similar intra arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularization 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 contract, thereby reducing the amount of the sum assured which may be payable herein.

Diagnostic angiography is excluded.

6.28 Blindness (Loss of sight)

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

6.29 Major head trauma

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

of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head injury.

The following are excluded:

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

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

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

6.30 Paralysis (Loss of use of limbs)

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

Self-inflicted injuries are excluded.

6.31 Progressive scleroderma

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

The following are excluded:

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

6.32 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.

6.33 Systemic lupus erythematosus with lupus nephritis

A multi-system, multifactorial, autoimmune disorder characterised by the development of auto-antibodies directed against various selfantigens. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

- Class I: Minimal Change Lupus Glomerulonephritis
- Class II: Messangial Lupus Glomerulonephritis
- Class III: Focal Segmental Proliferative Lupus Glomerulonephritis
- Class IV: Diffuse Proliferative Lupus Glomerulonephritis
- Class V: Membranous Lupus Glomerulonephritis

6.34 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 coronary arteriography, regardless of whether

or not any form of coronary artery surgery has been performed.

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

6.35 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 three months.

6.36 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 three of the following six “Activities of Daily Living”, for a continuous period of six months.

“Activities of Daily Living” means:

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

This condition must be confirmed by the company’s approved doctor.

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.

6.37 Chronic adrenal insufficiency (Addison’s disease)

An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a registered doctor who is a specialist in endocrinology through one of the following:

- ACTH simulation tests;
- insulin-induced hypoglycemia test;
- plasma ACTH level measurement;
- Plasma Renin Activity (PRA) level measurement.

Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

6.38 Chronic relapsing pancreatitis

More than three attacks of pancreatitis resulting in pancreatic dysfunction causing malabsorption needing enzyme replacement therapy. The diagnosis must be made by a consultant gastroenterologist and confirmed by Endoscopic Retrograde Cholangio Pancreatography (ERCP). Chronic relapsing pancreatitis caused by alcohol use is excluded.

6.39 Cardiomyopathy (Class IV)

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a cardiologist, and resulting in permanent and irreversible physical impairment of Class IV 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.