



Product Summary for AIA Family First Protect

Version 3.2

To help you understand Investment-linked policies better, please refer to 'Your Guide To Investment-Linked Insurance Plans' (YGILIP), which can be found at www.aia.com.sg or www.lia.org.sg. YGILIP is also available from your AIA Financial Services Consultant or Insurance Representatives.

1. Provider of the Plan

AIA Singapore Private Limited (Reg. No. 201106386R) ("we, our, us, AIA Singapore")
1 Robinson Road
AIA Tower
Singapore 048542

2. Nature & Objective of the Plan

AIA Family First Protect is a regular premium investment-linked policy which offers flexible protection to you. In addition, you can potentially grow your cash value by having the opportunity to choose which ILP sub-funds offered under the policy to allocate your premiums into.

This plan is available using cash only.

3. Benefits Under the Plan

You will be entitled to the following benefits under the policy:

- (1) **Death Benefit:** In the event of death of the Insured, we will pay you the total of the Insured Amount and the policy value, after deducting any amounts owing to us.
- (2) **Maturity Benefit:** When your policy matures, we will pay you the policy value, after deducting any amounts owing to us. Your policy matures at Insured's age 100, and will automatically terminate on the maturity date.

To enhance your insurance coverage for AIA Family First Protect, you may select from our wide range of optional benefits such as protection for critical illnesses, total and permanent disability, accidental death and hospitalisation to meet your needs. Please refer to the section on Optional Benefits below for more details.

Please note that the policy value is not guaranteed. The prices of the units of the ILP sub-funds may go up as well as down. The performance of the ILP sub-funds are affected by the risks of investments referred to in the section on Risks below. The Policy will terminate whenever the policy value is zero or negative unless the No Lapse Privilege as described in section 18.5 is in effect.

Please refer to your policy contract for more information in relation to your policy details.

Insured Amount

You may increase the Insured Amount, subject to our underwriting and terms and conditions.

You may reduce the Insured Amount after the 2nd policy year provided that the regular premiums for your policy for the first 2 policy years have been fully paid to date, and subject to our terms and conditions.

The minimum reduction allowed in the Insured Amount is S\$5,000.

In the later part of your policy duration, should your financial liability be reduced, you have the option to reduce the Insured Amount* to 5 times the annual regular premium amount. This is subject to meeting a minimum of S\$25,000 and the minimum policy durations, as set out below:



If Insured's issue age is below 52 years	<p>a) After the policy has been in force for 20 years from the policy date; or</p> <p>b) On or after the policy anniversary following the Insured's 62nd birthday,</p> <p>whichever is earlier.</p>
If Insured's issue age is 52 years and above	After the policy has been in force for 10 years from the policy date.

*This will also result in the corresponding reduction in Insured Amount for Total and Permanent Disability Benefit, Critical Illness Benefit and Early Critical Protector, if any of such benefits are attached to the policy.

4. Available ILP Sub-Funds

You may choose to invest in any one or more of the ILP sub-funds set out in Schedule 1¹ of the AIA Investment Fund Product Summary. The structure, investment objectives, focus, approach and policies of each ILP sub-fund may also be found in Schedule 1 of the AIA Investment Fund Product Summary.

5. Management & Administration of ILP Sub-Funds

5.1 The Manager

Information on the Manager of each ILP sub-fund and its track record may be found in Schedule 2 of the AIA Investment Fund Product Summary. The investment approach of the relevant Manager in respect of each ILP sub-fund is set out in Schedule 3 of the AIA Investment Fund Product Summary.

5.2 Manager & Sub-Manager of the underlying funds

Information on the Manager and where applicable, the Sub-Manager, of the underlying funds and its track record may be found in Schedule 2 of the AIA Investment Fund Product Summary. The investment approach of the relevant Manager and Sub-Manager in respect of each underlying fund is set out in Schedule 3 of the AIA Investment Fund Product Summary.

5.3 Other Parties

The Auditor for the ILP sub-funds is PricewaterhouseCoopers of 8 Cross Street #17-00 PWC Building Singapore 048424.

6. Risks

6.1 Other Risks

Investment in the policy is meant to produce returns over the long term. You should not purchase this policy with the aim of achieving short-term gains. The performance of the ILP sub-fund(s) is not guaranteed and the value of the units in the ILP sub-fund(s) and the income accruing to the units, if any, may fall or rise. This will affect the policy value which is not guaranteed. Past performance is not an indicator of future performance. You should realise that a possible loss of your premiums cannot be ruled out.

¹We may (a) close any ILP sub-fund and disallow the allocation of premiums or any fund switching by you to an ILP sub-fund that is intended to be closed; (b) revise the investment objective, focus, approach or policy of any ILP sub-fund; and (c) transfer all investments in any ILP sub-fund to other investments not set out in Schedule 1 of the AIA Investment Fund Product Summary to achieve similar investment objectives of the ILP sub-fund, from time to time at our discretion, and shall notify you of the same. We also have the right to transfer the investments in any ILP sub-fund intended to be closed to other appropriate funds at our absolute discretion to achieve a similar investment objective.



6.2 Risks specific to the ILP sub-funds

The risks specific to the ILP sub-funds are set out in Schedule 4 of the AIA Investment Fund Product Summary.

7. Fees and Charges

7.1 The following fees and charges are payable by you in relation to the policy:

(1) Fees and charges payable through cancellation of Units

Premium Allocation Rate	<p><u>Regular Premiums</u></p> <p>The number of units to be credited to your policy shall be determined in accordance with the rates set out in the following scale at offer price:</p> <table border="1"> <thead> <tr> <th colspan="4">Regular Premiums paid and accepted by us</th> <th rowspan="2">Premium Allocation Rate[^]</th> </tr> <tr> <th>Annual</th> <th>Semi-annual</th> <th>Quarterly</th> <th>Monthly</th> </tr> </thead> <tbody> <tr> <td>1st</td> <td>1st – 2nd</td> <td>1st – 4th</td> <td>1st – 12th</td> <td>20%</td> </tr> <tr> <td>2nd</td> <td>3rd – 4th</td> <td>5th – 8th</td> <td>13th – 24th</td> <td>50%</td> </tr> <tr> <td>3rd</td> <td>5th – 6th</td> <td>9th – 12th</td> <td>25th – 36th</td> <td>55%</td> </tr> <tr> <td>4th – 6th</td> <td>7th – 12th</td> <td>13th – 24th</td> <td>37th – 72nd</td> <td>100%</td> </tr> <tr> <td>7th – 10th</td> <td>13th – 20th</td> <td>25th – 40th</td> <td>73rd – 120th</td> <td>102%</td> </tr> <tr> <td>11th & above</td> <td>21st & above</td> <td>41st & above</td> <td>121st & above</td> <td>105%</td> </tr> </tbody> </table> <p>[^] Refers to % of regular premium allocated towards the purchase of regular premium Units</p> <p><u>Top-Up Premium</u></p> <p>100% of any top-up premium paid and accepted by us will be applied to purchase top-up premium units at offer price.</p>	Regular Premiums paid and accepted by us				Premium Allocation Rate [^]	Annual	Semi-annual	Quarterly	Monthly	1 st	1 st – 2 nd	1 st – 4 th	1 st – 12 th	20%	2 nd	3 rd – 4 th	5 th – 8 th	13 th – 24 th	50%	3 rd	5 th – 6 th	9 th – 12 th	25 th – 36 th	55%	4 th – 6 th	7 th – 12 th	13 th – 24 th	37 th – 72 nd	100%	7 th – 10 th	13 th – 20 th	25 th – 40 th	73 rd – 120 th	102%	11 th & above	21 st & above	41 st & above	121 st & above	105%
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Policy Fee	S\$5 per month by cancelling sufficient units at bid price from the policy.																																							
Benefit Charge	<p>A monthly Benefit Charge is levied on the policy based on the Insured Amount payable upon death by cancelling sufficient units at bid price from the policy. A 50% discount of the Benefit Charge is given in the first policy year.</p> <p>You will enjoy an additional 5% discount on the Benefit Charge payable for the Death Benefit so long as the Insured Amount payable upon death is at least S\$120,000.</p> <p>Separate Benefit Charges are also levied on the policy based on the Insured Amounts payable upon Total and Permanent Disability, Critical Illness and Early Critical Protector (if selected). The 50% discount will also apply to these Benefit Charges in the first policy year.</p> <p>Please refer to Appendices A1, A2, A3 and A4 for the current Benefit Charge rates (shown on an annual basis) for Death, Total and Permanent Disability Benefit, Critical Illness Benefit and Early Critical Protector (if selected) respectively that are applied according to the Insured's sex, smoker status and attained age for a standard life. The Benefit Charge will be revised for a life which is subject to extra mortality rating.</p>																																							



(2) Charges payable via a deduction from the surrender amount / remaining policy value

Full Surrender Charge

(deducted from surrender amount)

The Full Surrender Charge is calculated by multiplying the regular premium policy value surrendered by the following factors:

Policy year	Factor
1	50%
2 & above	0%

A Full Surrender Charge is only applicable when the regular premium units are surrendered within the first policy year. There is no Full Surrender Charge imposed for surrender of top-up premium units.

- 7.2** The fees and charges payable through deduction from the net asset value of each ILP sub-fund are set out in Schedule 5 of the AIA Investment Fund Product Summary.
- 7.3** The projected values in the benefit illustration are net of all the fees and charges set out in this section. These fees and charges are not guaranteed. We reserve the right upon prior notification of not less than 1 month in writing to you, to increase the fees and charges set out in the policy, or to introduce new fees or charges and the manner in which such fees and charges may be imposed, up to, where applicable, the maximum limits stated.

8. Subscription and Issue of Units

8.1 How you may subscribe for Units

The regular premium will be used to purchase units in ILP sub-funds that you have chosen. You may, by written notice to us, pay additional top-up premiums on an ad-hoc basis.

We reserve the right to reject any subscription application (whether in respect of regular or top-up premiums) at our discretion. We also reserve the right to terminate or suspend the top-up premiums option at any time at our discretion. We shall not be responsible for any losses arising from or attributable to our decision to terminate or suspend the top-up premium option.

8.2 Minimum Premium Amounts

The following minimum premium amounts will apply.

Regular Premiums	S\$100 (Monthly); S\$300 (Quarterly); S\$600 (Semi-annual); S\$1,200 (Annual)
Top-Up Premiums	Subject to change when optional benefits are selected S\$1,000

We reserve the right to revise any of the minimum amounts as set out above. For sub-standard life, the minimum regular premiums is subject to changes.

Increase in regular premium amount is allowed subject to our terms and conditions including our maximum premium amount requirements and our maximum age allowed for increase in the amount of regular premium. The increment amount of regular premium will be treated as new premium for the purpose of applying the premium allocation rate as described in section 7.1.

Reduction in regular premium amount is only allowed after the end of the 2nd policy year, provided that the premiums for the first 2 policy years have been fully paid.



Reduction of regular premium is subject to our terms and conditions including our minimum premium amount requirements.

Change in premium frequency is only allowed after the first policy year provided minimum premium requirements are met.

8.3 Pricing and Cut-off Times

Units are issued on a forward pricing basis and the pricing is done on an offer-bid basis.

Regular and top-up premium: Units shall be credited to your policy at the relevant offer price of the ILP sub-funds that you have chosen. The relevant offer price is dependent on when we approve your application and receive your premiums.

The offer price is 100/95 of the bid price. The difference between the offer price and bid price is the bid-offer spread.

The cut-off time for submission of applications and receipt of premium is 2.00pm (Singapore time) on each valuation day. We reserve the right to revise any cut-off time at any time.

Applications submitted or premiums received by us after the cut-off time will be transacted based on the offer price prevailing as at the next valuation day.

8.4 Calculation of Number of Units Allocated

The following table illustrates the number of units in an ILP sub-fund you will receive based on a **regular premium amount** of S\$1,000 and at **notional offer price** of S\$1.00:

Regular Premium Amount	x	% of annual Regular Premium allocated towards the purchase of Units	÷	Offer Price	=	Number of Units
S\$1,000	x	20%	÷	S\$1.00	=	200

Notes:

- The above illustrates the allocation in respect of the regular premium amount and is not illustrative of the allocation in respect of the top-up premium amount;
- This is an example only;
- The actual offer price will fluctuate according to the net asset value of the units;
- Illustrative of annual regular premium paid and accepted by us in the 1st policy year.

9. Redemption of Units

9.1 How you may redeem your Units

Units credited to the policy may be redeemed in accordance with a partial withdrawal on the policy or upon the full surrender of the policy by submitting a surrender/withdrawal form to us at one of our offices or through your AIA Financial Services Consultant or Insurance Representative.

A redemption request will not be treated as valid unless it is in respect of units which have been fully paid for. We may refuse any redemption requests if all relevant documentation is not provided to us for the purpose of verification, or in any other circumstances as we may notify you. Any instruction for redemption of units submitted may not be withdrawn by you without our prior consent.



9.2 Minimum Policy Value and Withdrawal Amounts

Partial Withdrawal: A partial withdrawal is allowed at any time after the end of the first policy year.

The minimum withdrawal amount is S\$1,000; and the policy value after withdrawal must be at least S\$1,000. We reserve the right to revise the minimum policy value and minimum partial withdrawal amounts.

Full Surrender: The surrender value of the policy is the policy value less full surrender charge. The full surrender charge is as set out in section 7 on Fees and Charges above.

9.3 Pricing and Cut-off Times

Units are redeemed on a forward pricing basis and the pricing is done on an offer-bid basis.

Partial withdrawal and full surrender: Units shall be deducted from your policy at the bid price prevailing as at the valuation day immediately following our approval of your application, to pay you the partial withdrawal or full surrender amount.

The cut-off time for submission of applications for partial withdrawal and full surrender is 2.00 pm (Singapore time) on a valuation day or any other cut-off time as stipulated by us.

Applications submitted to us after the cut-off time will be transacted based on the bid price prevailing as at the next valuation day.

9.4 Calculation and Payment of Redemption Proceeds

The following table illustrates the amount of redemption proceeds that you will receive based on a redemption of 1,000 **regular premium units**, at **notional bid price** of S\$2.00 and a surrender charge of 50%:

Number of Units to be Redeemed	X Bid Price	= Gross Redemption Proceeds	- Surrender Charge (50%)	= Net Redemption Proceeds
1,000 X	S\$2.00	= S\$2,000	less S\$1,000	= S\$1,000

Notes :

- This is an example only;
- The actual bid price will fluctuate according to the net asset value of the units;
- This is based on the assumption that the surrender takes place in the first policy year.

9.5 Settlement for Redemption

We will comply with all timings set out in all relevant laws, regulations and guidelines in relation to settlement for redemption.

10. Switching of Units

10.1 You may instruct us to switch all or any of the units of one ILP sub-fund (the "Original Fund") to units of another ILP sub-fund(s) offered under the policy (the "Other Fund") by submitting a switch form subject to the minimum total switch amount of S\$50. However, the minimum fund switch amount of S\$50 is waived when the units are switched out from AIA S\$ Money Market Fund only and all units of AIA S\$ Money Market Fund are switched out.

10.3 The switch shall be made on the business day immediately following the date on which your switching form is received and approved by us. Units of the Other Fund will be purchased with proceeds derived from the redemption of the units of the Original Fund. Units in the Other Fund will be issued based on a formula as determined by us.



- 10.2** The cut-off time for submission of applications for fund switch is 2.00 pm (Singapore time) on a valuation day or any other cut-off time as stipulated by us.

10.4 Optional Features

Automatic Fund Switching

You may give written instructions to us to automatically switch your investments in the AIA S\$ Money Market Fund to other specified ILP sub-fund(s) on a regular basis (i.e. monthly or quarterly basis), subject to our terms and conditions.

The minimum total amount to switch periodically is S\$50. The minimum initial balance in AIA S\$ Money Market Fund is S\$1,000.

Further details may be obtained in the section on “Automatic Fund Switch” in the policy contract.

Automatic Fund Re-balancing

You may also opt for the Automatic Fund Re-balancing feature to have your holdings in different ILP sub-funds automatically re-balanced every quarter to conform to pre-specified fund allocations (subject to our terms and conditions). We shall re-balance your funds in accordance with such changes in re-balancing subsequent to the date on which your request is received and accepted by us. We will not, however, effect any switches (whether in or out of an ILP sub-fund) of less than S\$50 or 1% of the policy value (whichever is lower).

Further details may be obtained in the section on “Automatic Fund Re-balancing” in the policy contract.

- 10.5** We reserve the right to place limits on the number of fund switches carried out under the policy, revise any minimum fund switch amount imposed at any time at our discretion, terminate or suspend the fund switch facility or impose other terms and conditions relating to the fund switch facility as described in this section. We shall not be responsible for any losses arising from or attributable to our decision to terminate or suspend this facility. Further details may be obtained in the section on “Fund Switch” in the policy contract.

11. Obtaining Prices of Units

- 11.1** You may obtain the offer prices and bid prices of the ILP sub-funds from The Straits Times, The Business Times, LianHe ZaoBao, or any other publication that we may define from time to time. This is however dependent on the publication policies of each newspaper and publisher concerned.
- 11.2** You may also obtain the indicative offer prices and bid prices of the Units of the ILP sub-funds, from our corporate website at AIA.COM.SG.
- 11.3** Please note that all published and quoted prices do not represent the actual prices of the units of the ILP sub-funds issued or redeemed (as the case may be) on the day of publication or quotation since the units are usually priced on a forward-pricing basis. As the prices of the units are independently computed by an ILP sub-fund or its Manager, we do not take responsibility for their timeliness, accuracy or otherwise.

12. Suspension of Dealings

We or the relevant Manager may at any time in relation to the relevant ILP sub-fund suspend the determination of the net asset value and the issue and redemption of the units during, and/or extend the period for the payment of the redemption monies by the number of days comprised in, the whole or any part of a period:

- (a) during which any stock exchange, commodities exchange, futures exchange or over-the-counter market on which a significant part of the relevant ILP sub-fund's or underlying fund's investments is quoted, listed, traded or dealt in is closed (other than customary weekend and holiday closing) or trading on any such stock exchange or market is restricted or suspended; or



- (b) when circumstances exist as a result of which in the opinion of the Manager it is not reasonably practicable for the relevant ILP sub-fund to dispose of investments or as a result of which any such disposal would be materially prejudicial to its policyholders; or
- (c) when a breakdown occurs in any of the means normally employed in ascertaining the value of investments or the net asset value or the issue and redemption price per unit of the relevant ILP sub-fund or when for any other reason the value of the relevant ILP sub-fund's investments or other assets of that ILP sub-fund cannot be reasonably or fairly ascertained; or
- (d) during which dealings in the units of an ILP sub-fund under the Policy are suspended as provided for in the prospectus and constitutive documents of the ILP sub-fund or for any other reason, or during which the relevant ILP sub-fund is unable to repatriate funds for the purpose of making payments on the redemption of units or during which any transfer of funds involved in the redemption or acquisition of investments or payments due on redemption of units cannot in the opinion of the Managers be effected at normal rates of exchange; or
- (e) for any period pursuant to an order or direction from the Monetary Authority of Singapore or any other relevant authorities;
- (f) during which the existence of any state of affairs is a result of act of God, changes in laws, regulations, government policies, taxation, currency or capital controls or political developments, restrictions in foreign investments imposed, breakdown in communication systems or by reason of any other act, matter or thing beyond our reasonable control which, in our opinion, may seriously prejudice the policy, require a suspension of dealings and/or valuation, or may substantially impair our conduct or ability to conduct our business activities.

You will be notified, as soon as reasonably practicable, of any such suspension, and the termination of such suspension, by means of a written notice. We may also defer the payment of benefits under the policy and postpone the transaction of any redemption request as provided for in the policy contract.

13. Performance, Turnover Ratios and Expense Ratio of the ILP Sub-Funds

13.1 Past Performance

The performance of the ILP sub-funds and their benchmarks are set out in Schedule 6 of the AIA Investment Fund Product Summary.

13.2 Expense Ratio

The expense ratios of the ILP sub-funds are set out in Schedule 7 of the AIA Investment Fund Product Summary.

13.3 Turnover Ratio

The turnover ratios of the ILP sub-funds and their underlying funds are set out in Schedule 8 of the AIA Investment Fund Product Summary.

14. Soft Dollar Commissions/ Arrangements

14.1 We and the relevant Manager do not retain, for our own account, cash or commission rebates arising out of transactions for the ILP sub-funds whether executed in or outside Singapore.

14.2 We, the relevant Manager and the fund managers of the underlying funds ("underlying fund manager") shall be entitled to receive soft-dollar commissions/arrangements in respect of the relevant ILP sub-fund or the respective underlying funds. Soft-dollar commissions/arrangements do not include travel, accommodation, entertainment, general administrative goods and services, general office equipment or premises, membership fees, employees' salaries or direct money payment.



- 14.3** We, the relevant Manager and the underlying fund manager will comply with applicable regulatory and industry standards on soft-dollars.
- 14.4** The soft-dollar commissions which we, the relevant Manager and underlying fund manager may receive include specific advice as to the advisability of dealing in, or the value of any investments, research and advisory services, economic and political analyses, portfolio analyses including valuation and performance measurements, market analyses, data and quotation services, computer hardware and software or any other information facilities to the extent that they are used to support the investment decision making process, the giving of advice, or the conduct of research or analysis, and custodial service in relation to the investments managed for clients.
- 14.5** We, the relevant Manager and underlying fund manager will not accept or enter into soft-dollar commissions/arrangements unless soft-dollar commissions/ arrangements would, in our opinion and the opinion of the relevant Manager and/or the underlying fund manager, reasonably assist us, the relevant Manager and/or the underlying fund manager in our management of the relevant ILP sub-fund and the respective underlying funds, provided that (a) we, the relevant Manager and the underlying fund manager shall ensure at all times that transactions are executed on the best available terms taking into account the relevant market at the time for transactions of the kind and size concerned, and (b) no unnecessary trades are entered into in order to qualify for such soft-dollar commissions/arrangements.
- 14.6** Please refer to Schedule 9 of the AIA Investment Fund Product Summary for details on soft-dollars commission currently received and/or soft-dollar arrangements entered into by the Managers in respect of the underlying funds.

15. Conflicts of Interest

- 15.1** Where we issue other investment-linked policies and where the relevant Manager manages funds other than the ILP sub-funds under the policy, we and the Managers may from time to time have to deal with competing or conflicting interests between the policy and such other investment-linked policies issued by us or between the relevant ILP sub-fund and such other funds managed by the Manager (as the case may be). For example, we or the Manager may make a decision on behalf of an investment-linked policy or one fund (as the case may be) without making the same decision on behalf of any other investment-linked policies or funds, as a decision whether or not to make the same decision in respect of the investment-linked policies and funds depends on many other factors, for example the investment or sale for any fund depends on factors such as the cash availability and portfolio balance of such funds. However, we and the Managers will use our reasonable endeavours at all times to act fairly in respect of all investment-linked policies issued by us and all funds managed by the relevant Manager and to balance the interests of the policy and the relevant ILP sub-funds thereunder.

We are currently the issuer of other investment-linked policies and the Managers manage other funds in addition to the relevant ILP sub-funds.

- 15.2** We will conduct all transactions with or for the policy and the Managers will conduct all transactions with or for the relevant ILP sub-fund on an arm's length basis.
- 15.3** We, or our affiliates or the relevant Manager and its affiliates (together the "parties") are or may be involved in other financial, investment and professional activities which may on occasion cause conflict of interest with the policy and the other investment-linked policies issued by us and the management of the relevant ILP sub-fund and the other funds managed by us. Each of the parties will ensure that the performance of their respective duties will not be impaired by any such involvement. In the event a conflict of interest does arise, the parties will endeavour to ensure that it is resolved as quickly as possible and as far as possible, in your interest or as otherwise as equitably as possible.
- 15.4** We and the Managers may own, hold, dispose or otherwise deal with units in the relevant ILP sub-fund in its own capacity. In the event of any conflict of interest arising as a result of such dealing, we and the Manager (as the case may be) will resolve such conflict in a just and equitable manner as we deem fit.

We and the Managers shall conduct all transactions with or for the ILP sub-funds at arm's length.



16. Reports

The financial year end is 31 December. We will send you statements within thirty (30) days after each policy anniversary. We will also send you semi-annual reports and annual audited reports of each of your ILP sub-funds within 2 months and 3 months respectively from the last date of the period to which the reports relate. The latest semi-annual reports and annual audited reports in relation to each ILP sub-fund may be obtained at AIA Tower, 1 Robinson Road Singapore 048542 or you may visit our website at AIA.COM.SG

17. Optional Benefits

As mentioned in section 3 above, you may select one or more optional benefits from our wide range of optional benefits to meet your needs and enhance your insurance coverage under AIA Family First Protect. Please consult your AIA Financial Services Consultant or Insurance Representative for more information on the optional benefits that are available.

Should you select the Total and Permanent Disability Benefit or the Critical Illness Benefit or the Early Critical Protector, please note that the additional benefit charge payable for such Benefit is through cancellation of units. The description of these three benefits is highlighted below. Both Critical Illness Benefit and Early Critical Protector provide coverage against Critical Illness. Depending on your needs, you may select Early Critical Protector which also provides for coverage of the Early and Intermediate Stage of the Critical Illness.

The other optional benefits ("Premium-Paying Optional Benefits") are payable by cash premium and please note that the premium received by us is used to fund the cost of the optional benefits directly and not used to purchase any units in any ILP sub-fund under the policy. For more details on Premium-Paying Optional Benefits, please refer to their respective product summaries.

Please refer to the respective supplementary agreements for all terms and conditions, including exclusions whereby the benefits may not be paid out.

17.1 Total and Permanent Disability (TPD) Benefit (if such coverage is selected)

In the event of TPD of the Insured, we will pay the TPD Benefit in one lump sum (less applicable fees and charges, if any).

The TPD Benefit is an acceleration of the Insured Amount of the basic policy and the Insured Amount of the basic policy will be reduced by such payment accordingly.

If the Insured Amount is accelerated in full, we will also pay you the policy value, and the policy will automatically terminate.

The maximum TPD benefit amount payable per life is S\$3.75m.

Before the policy anniversary occurring on or immediately following the Insured's 65th birthday, TPD means the Insured is not capable of doing or carrying out any work, occupation or profession, to earn or obtain any wages, compensation or profit. Such disability must continue uninterrupted for at least 6 consecutive months and there is no possibility of improvement for an indefinite time.

From the policy anniversary occurring on or immediately following the Insured's 65th birthday, TPD means the Insured is not capable of performing at least 2 of the following 6 Activities of Daily Living even with the aid of special equipment, and always to require the physical assistance of another person throughout the entire activity. Such disability must continue uninterrupted for at least 6 consecutive months and there is no possibility of improvement for an indefinite time.

Activities of Daily Living are:

- (a) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa
- (b) Mobility: the ability to move indoors from room to room on level surfaces



- (c) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene
- (d) Dressing: the ability to put on, take off, secure and unfasten all garments and as appropriate, any braces, artificial limbs or other surgical appliances
- (e) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by any other means
- (f) Feeding: the ability to feed oneself once food has been prepared and made available

However, any of the following conditions* will be immediately recognised as TPD:

- (i) total and irrecoverable loss of sight of both eyes, or
- (ii) loss by complete severance or the total and irrecoverable loss of use of two (2) limbs at or above the wrist or ankle; or
- (iii) total and irrecoverable loss of sight of one (1) eye; and
 - a. loss by complete severance of one (1) limb at or above the wrist or at or above the ankle; or
 - b. total and irrecoverable loss of use of one (1) limb at or above the wrist or at or above the ankle.

**If the Insured is a juvenile, we will only admit these conditions as TPD.*

Besides other underwriting limits applicable to this plan, this benefit is also subject to the TPD per life limit of S\$7,500,000 (aggregated with other policies or riders issued on the same life). For policies issued in other currencies, a conversion rate as determined by the company will apply.

Exclusions

No benefit shall be payable if disability is caused directly or indirectly, wholly or partly, by any one or more of the following occurrences:

- (a) self-destruction or any attempt at self-destruction while sane or insane; or
- (b) engaging in or taking part in air, military or naval service in time of declared or undeclared war or while under order for warlike operations or restoration of public order; or
- (c) entering, operating, or servicing, riding in or on, ascending or descending from or with any aerial device or conveyance (except where the Insured is in an aircraft operated by a commercial passenger airline on a regular scheduled passenger trip over its established passenger route or by the Republic of Singapore Air Force).

Termination

This Total and Permanent Disability Benefit supplementary agreement shall automatically terminate on the occurrence of the earliest of the following:

- (a) termination of the basic policy; or
- (b) upon our receipt of notification of TPD claim; or
- (c) on the policy anniversary occurring on or immediately following the Insured's 70th birthday; or
- (e) termination of this Total and Permanent Disability Benefit upon your request in writing to us.

Please refer to Appendix A2 for the current Benefit Charge rates for Total and Permanent Disability Benefit (shown on an annual basis) that are applied according to the Insured's sex, smoker status and attained age based on a standard life.



17.2 Critical Illness Benefit (if such coverage is selected)

In the event the Insured is diagnosed with any of the covered Critical Illness, we will pay in one lump sum, the Critical Illness Benefit* (less applicable fees and charges, if any).

The Critical Illness Benefit is an acceleration of the Insured Amount of the basic policy and the Insured Amount of the basic policy will be reduced by such payment accordingly.

If the Insured Amount is accelerated in full, we will also pay you the policy value, and the policy will automatically terminate.

The 43 Critical Illnesses covered under the Critical Illness Benefit are:

- | | |
|---|--|
| 1. Alzheimer's Disease / Severe Dementia [^] | 22. Major Burns [^] |
| 2. Angioplasty & Other Invasive Treatment for Coronary Artery [^] | 23. Major Cancers [^] |
| 3. Apallic Syndrome [^] | 24. Major Head Trauma [^] |
| 4. Aplastic Anaemia [^] | 25. Major Organ / Bone Marrow Transplantation [^] |
| 5. Bacterial Meningitis [^] | 26. Medullary Cystic Disease |
| 6. Benign Brain Tumour [^] | 27. Motor Neurone Disease [^] |
| 7. Blindness (Loss of Sight) [^] | 28. Multiple Sclerosis [^] |
| 8. Coma [^] | 29. Muscular Dystrophy [^] |
| 9. Coronary Artery By-pass Surgery [^] | 30. Necrotising Fasciitis |
| 10. Creutzfeld-Jacob Disease | 31. Other Serious Coronary Artery Disease [^] |
| 11. Deafness (Loss of Hearing) [^] | 32. Paralysis (Loss of Use of Limbs) [^] |
| 12. Elephantiasis | 33. Parkinson's Disease [^] |
| 13. End Stage Liver Failure [^] | 34. Poliomyelitis [^] |
| 14. End Stage Lung Disease [^] | 35. Primary Pulmonary Hypertension [^] |
| 15. Fulminant Hepatitis [^] | 36. Progressive Scleroderma [^] |
| 16. Heart Attack of Specified Severity [^] | 37. Progressive Supranuclear Palsy |
| 17. Heart Valve Surgery [^] | 38. Severe Myasthenia Gravis |
| 18. HIV Due to Blood Transfusion and Occupationally Acquired HIV [^] | 39. Stroke [^] |
| 19. Kidney Failure [^] | 40. Surgery to Aorta [^] |
| 20. Loss of Independent Existence [^] | 41. Systemic Lupus Erythematosus with Lupus Nephritis [^] |
| 21. Loss of Speech [^] | 42. Terminal Illness [^] |
| | 43. Viral Encephalitis [^] |

[^] The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2014). These Critical Illnesses fall under Version 2014. You may refer to www.lia.org.sg for the standard Definitions (Version 2014). For Critical Illnesses that do not fall under Version 2014, the definitions are determined by the insurance company.

* The only exception arises if the Insured undergoes Angioplasty & Other Invasive Treatments for Coronary Artery; we will pay 10% of the Insured Amount of this Critical Illness Benefit (subject to a maximum of S\$25,000). Such benefit for Angioplasty & Other Invasive Treatment for Coronary Artery is payable once during the term of the Critical Illness Benefit and shall automatically cease upon such payment. After such a payment, the Insured Amount of this Critical Illness Benefit will be reduced by such payment paid.

Definitions of the above Critical Illnesses are contained in Appendix B1 and B2.

Besides other underwriting limits applicable to this plan, this benefit is also subject to the Critical Illness per life limit of S\$3,000,000 (aggregated with other policies or riders issued on the same life). For policies issued in other currencies, a conversion rate as determined by the company will apply.



Exclusions

No benefit shall be payable under this supplementary agreement for any event caused directly or indirectly, wholly or partly, by any of the following:

- (a) illnesses or surgical procedures other than a diagnosis of a condition, or performance of a surgical procedure under a Critical Illness as defined in this supplementary agreement;
- (b) any pre-existing illnesses, diseases, impairments or conditions from which the Insured is suffering prior to the issue date or reinstatement date of this supplementary agreement, whichever is later, unless the Insured makes a declaration in the application for this supplementary agreement or on reinstatement and such application is specifically accepted by us;
- (c) if the Insured is diagnosed with a Critical Illness or has undergone a surgical procedure for a Critical Illness as defined in this supplementary agreement before age six (6) and such Critical Illness is directly or indirectly due to any congenital defect or condition;
- (d) where in our opinion the diagnosis of Fulminant Hepatitis or Major Cancers of the Insured was directly or indirectly due to an Acquired Immunodeficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV).

For the purpose of this Critical Illness Benefit:

- (i) The definition of AIDS shall be that used by the World Health Organisation in 1987, or any subsequent revision by the World Health Organisation of that definition; and
 - (ii) Infection shall be deemed to have occurred where blood or other relevant test(s) indicate in our opinion either the presence of any Human Immunodeficiency Virus or Antibodies to such a virus; or
- (e) Severe Acute Respiratory Syndrome (SARS). However, the complications of SARS may be admissible under the diagnosis of End Stage Lung Disease subject to fulfillment of contract definition, diagnostic criteria and specific evidence listed under End Stage Lung Disease.

Waiting Period

We will not pay any benefits for Heart Attack of Specified Severity, Major Cancers, Coronary Artery By-pass Surgery, Angioplasty & Other Invasive Treatment for Coronary Artery or Other Serious Coronary Artery Disease if the date of diagnosis of the Heart Attack of Specified Severity, Major Cancers, Other Serious Coronary Artery Disease or the date of diagnosis of any conditions leading to performance of Coronary Artery By-pass Surgery or Angioplasty & Other Invasive Treatment for Coronary Artery to the Insured was made within 90 days from the later of:

- (i) the issue date of the basic policy or this Critical Illness Benefit, whichever is later; or
- (ii) the reinstatement date of the basic policy or this Critical Illness Benefit, whichever is later.

Termination

This Critical Illness Benefit shall automatically terminate on the earliest occurrence of the following:

- (a) termination of the basic policy; or
- (b) upon our receipt of notification of Critical Illness claim; or
- (c) on the policy anniversary occurring on or immediately following the Insured's 100th birthday; or
- (d) termination of this Critical Illness Benefit supplementary agreement in writing to us.

Please refer to Appendix A3 for the current Benefit Charge rates for Critical Illness Benefit (shown on an annual basis) that are applied according to the Insured's sex, smoker status and attained age based on a standard life.



17.3 Early Critical Protector (if such coverage is selected)

Medical Condition Benefit: In the event the Insured is diagnosed with any of the Medical Conditions covered under the Early Critical Protector, we will pay in one lump sum, 100% of the Early Critical Protector's Insured Amount (less applicable fees and charges, if any), and such payment will not reduce the Insured Amount of the basic policy.

The severity of Medical Conditions ranges from Early Stage, to Intermediate Stage and Critical Stage.

The Medical Conditions covered under Early Critical Protector are:

No	Early Stage	Intermediate Stage	Critical Stage
1	N/A	N/A	Acute Necrohemorrhagic Pancreatitis
2	Diagnosis of Dementia including Alzheimer's Disease	Moderately Severe Alzheimer's Disease	Alzheimer's Disease / Severe Dementia [^]
3	N/A	N/A	Aplastic Syndrome [^]
4	Reversible Aplastic Anaemia	Myelodysplastic Syndrome or Myelofibrosis	Aplastic Anaemia [^]
5	Bacterial Meningitis with full recovery	N/A	Bacterial Meningitis [^]
6	Surgical removal of pituitary tumour	<ul style="list-style-type: none"> Surgical Removal of Pituitary Tumour (by Open Craniotomy) Surgical Removal of Pituitary Tumour (by Transphenoidal/Transnasal Hypophysectomy) 	Benign Brain Tumour [^]
7	Loss of sight in one eye	Optic Nerve Atrophy with low vision	Blindness (Loss of Sight) [^]
8	Coma for 48 hours	Severe Epilepsy	Coma [^]
9	Keyhole coronary bypass surgery or Coronary Artery Atherectomy or Myocardial Laser Revascularisation or Enhanced External Counterpulsation.	N/A	Coronary Artery By-pass Surgery [^]
10	N/A	N/A	Creutzfeld-Jacob Disease
11	<ul style="list-style-type: none"> Partial loss of hearing Cavernous sinus thrombosis surgery 	Cochlear implant surgery	Deafness (Loss of Hearing) [^]
12	N/A	N/A	Elephantiasis
13	Liver Surgery	Liver Cirrhosis	End Stage Liver Failure [^]
14	<ul style="list-style-type: none"> Severe Asthma Insertion of a Vena cava filter 	Surgical removal of one lung	End Stage Lung Disease [^]
15	<ul style="list-style-type: none"> Biliary Tract Reconstruction Surgery Hepatitis with Cirrhosis 	Chronic Primary Sclerosing Cholangitis	Fulminant Hepatitis [^]
16	<ul style="list-style-type: none"> Cardiac pacemaker insertion Pericardectomy 	<ul style="list-style-type: none"> Cardiac defibrillator insertion Early Cardiomyopathy 	Heart Attack of Specified Severity [^]
17	Percutaneous Valvuloplasty or Valvotomy	Percutaneous Valve Replacement or Device Repair	Heart Valve Surgery [^]
18	HIV due to Assault or Occupationally Acquired HIV	HIV due to Organ Transplant	HIV Due to Blood Transfusion and Occupationally Acquired HIV [^]
19	Surgical Removal of One Kidney	Chronic Kidney Disease	Kidney Failure [^]
20	N/A	N/A	Loss of Independent Existence [^]
21	Permanent (or Temporary) Tracheostomy	Loss of Speech (other than injury or illness to the vocal cords)	Loss of Speech [^]
22	Mild Severe Burns	Moderately Severe Burns	Major Burns [^]



23	<ul style="list-style-type: none"> • Carcinoma in situ of specified organs • Early Prostate Cancer • Early Thyroid Cancer • Early Bladder Cancer • Early Chronic Lymphocytic Leukaemia 	Carcinoma in situ of specified organs treated with Radical Surgery	Major Cancers [^]
24	<ul style="list-style-type: none"> • Surgery for subdural haematoma • Facial Reconstructive Surgery 	Intermediate Stage Major Head Trauma	Major Head Trauma [^]
25	<ul style="list-style-type: none"> • Small Bowel Transplant • Corneal Transplant 	Major Organ/Bone Marrow Transplant (on waitlist)	Major Organ / Bone Marrow Transplantation [^]
26	N/A	N/A	Medullary Cystic Disease
27	Peripheral Neuropathy	Early Motor Neurone Disease	Motor Neurone Disease [^]
28	Early Multiple Sclerosis	N/A	Multiple Sclerosis [^]
29	Spinal Cord Disease or Injury resulting in Bowel and Bladder Dysfunction	Moderate Muscular Dystrophy	Muscular Dystrophy [^]
30	N/A	N/A	Necrotising Fasciitis
31	Early Stage Other Serious Coronary Artery Disease	N/A	Other Serious Coronary Artery Disease [^]
32	Loss of Use of One Limb	N/A	Paralysis (Loss of Use of Limbs) [^]
33	Early Parkinson's Disease	N/A	Parkinson's Disease [^]
34	N/A	N/A	Poliomyelitis [^]
35	Early Pulmonary Hypertension	N/A	Primary Pulmonary Hypertension [^]
36	Early Progressive Scleroderma	Progressive Scleroderma with CREST syndrome	Progressive Scleroderma [^]
37	N/A	N/A	Progressive Supranuclear Palsy
38	N/A	N/A	Severe Myasthenia Gravis
39	<ul style="list-style-type: none"> • Brain aneurysm surgery (via endovascular procedures) • Brain aneurysm surgery (via craniotomy) • Cerebral shunt insertion 	Carotid artery surgery	Stroke [^]
40	Large Asymptomatic Aortic Aneurysm	Minimally Invasive Surgery to Aorta	Surgery to Aorta [^]
41	Mild Systemic Lupus Erythematosus	N/A	Systemic Lupus Erythematosus with Lupus Nephritis [^]
42	N/A	N/A	Terminal Illness [^]
43	Viral Encephalitis with full recovery	N/A	Viral Encephalitis [^]

[^] The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2014). These Critical Illnesses fall under Version 2014. You may refer to www.lia.org.sg for the standard Definitions (Version 2014). For Critical Illnesses that do not fall under Version 2014, the definitions are determined by the insurance company.

Definitions of the above Medical Conditions are contained in Appendix B1.



Special Condition Benefit: In addition, before the policy anniversary occurring on or immediately following the Insured's 85th birthday, if the Insured is diagnosed with any of the Special Conditions covered under the Early Critical Protector, we will pay the following:

No.	Special Condition	Payout per Special Condition
1	Osteoporosis	20 % of Early Critical Protector's Insured Amount (less applicable fees and charges, if any), cap at S\$25,000.
2	Diabetic Complications	
3	Severe Rheumatoid Arthritis	
4	Dengue Haemorrhagic Fever	
5	Mastectomy due to carcinoma in situ or malignant breast condition	
6	Angioplasty & Other Invasive Treatment for Coronary Artery [^]	10 % of Early Critical Protector's Insured Amount (less applicable fees and charges, if any), cap at S\$25,000.

[^] The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2014). These Critical Illnesses fall under Version 2014. You may refer to www.lia.org.sg for the standard Definitions (Version 2014). For Critical Illnesses that do not fall under Version 2014, the definitions are determined by the insurance company.

Such payment will not reduce the Early Critical Protector's Insured Amount, or reduce the payout for the remaining Special Conditions. Under this benefit, multiple claims can be admitted, subject to only one (1) claim per Special Condition.

Definitions of the above Special Conditions are contained in Appendix B2.

Besides other underwriting limits applicable to this plan, Early Critical Protector is also subject to the Critical Illness per life limit of S\$3,000,000 (aggregated with other policies or riders issued on the same life). For policies issued in other currencies, a conversion rate as determined by the company will apply.

Survival Period

Medical Condition Benefit and Special Condition Benefit is only payable provided the Insured survives at least seven (7) days from the date of diagnosis or date of performance of surgical procedure of such Covered Condition².

Exclusions

This supplementary agreement shall not cover any loss that is caused directly or indirectly, wholly or partly, by any one of the following occurrences:

- (a) illness or surgery other than a diagnosis of, or surgery for a Covered Condition;
- (b) any pre-existing illnesses, diseases, impairments or conditions from which the Insured is suffering prior to the issue date or reinstatement date of this supplementary agreement, whichever is later, unless the Insured makes a declaration in the application for this supplementary agreement or on reinstatement and such application is specifically accepted by us;
- (c) if the Insured is diagnosed with a Covered Condition or has undergone a surgical procedure for a Covered Condition before age six (6), and such Covered Condition is directly or indirectly due to any congenital defect or condition;
- (d) where, in our opinion, the diagnosis of all stages of Fulminant Hepatitis or Major Cancers suffered by the Insured was directly or indirectly due to an Acquired Immunodeficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV).

For the purpose of this supplementary agreement:

- (i) The definition of AIDS shall be that used by the World Health Organisation in 1987, or any subsequent revision by the World Health Organisation of that definition; and

² Covered Condition refers to a Medical Condition and/or Special Condition, as the case may be.



- (ii) Infection shall be deemed to have occurred where blood or other relevant test(s) indicate in our opinion either the presence of any Human Immunodeficiency Virus or antibodies to such a virus; or
- (e) Severe Acute Respiratory Syndrome (SARS). However, the complications of SARS may be admissible under the diagnosis of End Stage Lung Disease subject to fulfillment of contract definition, diagnostic criteria and specific evidence listed under End Stage Lung Disease.

Waiting Period

We will not pay any benefits for any and all stages of Heart Attack of Specified Severity, Major Cancers, Other Serious Coronary Artery Disease, Coronary Artery By-pass Surgery, Diabetic Complications or Angioplasty & Other Invasive Treatment for Coronary Artery if the date of Diagnosis of the Heart Attack of Specified Severity, Major Cancers, Other Serious Coronary Artery Disease, Diabetic Complications or the date of Diagnosis of any conditions leading to performance of Coronary Artery By-pass Surgery or Angioplasty & Other Invasive Treatment for Coronary Artery to the Insured was made within ninety (90) days from the later of:-

- (a) the issue date of your basic policy or this supplementary agreement, whichever is later; or
- (b) the reinstatement date of your basic policy or this supplementary agreement, whichever is later.

Termination

This Early Critical Protector shall automatically terminate on the earliest occurrence of the following:

- (a) termination of the basic policy; or
- (b) upon our receipt of notification of claim for a Medical Condition; or
- (c) on the policy anniversary occurring on or immediately following the Insured's 100th birthday; or
- (d) termination of this Early Critical Protector supplementary agreement in writing to us.

Please refer to Appendix A4 for the current Benefit Charge rates for Early Critical Protector (shown on an annual basis) that are applied according to the Insured's sex, smoker status and attained age based on a standard life.

18. Other Material Information

18.1 Tax Considerations

You should consult your own professional advisers as to the implications of buying, holding or disposing of units and to the provisions of the laws of the jurisdiction in which you are subject to tax.

18.2 ILP Sub-Fund Valuation

You may contact us or your AIA Financial Services Consultant or Insurance Representative or refer to the policy contract for details on the valuation of each ILP sub-fund.

18.3 Free-look Period

You will have 14 days from the time you receive the Policy to decide whether you want to continue with it. If you do not wish to continue, you may cancel the Policy in writing and get a refund of your premium paid without interest in accordance with our prevailing premium refund formula and after making the necessary adjustments on the following:

- (a) any change in the market value of the underlying assets of the fund chosen by you as at the valuation day immediately following the date of our receipt of your request; and
- (b) deducting any costs incurred by us in assessing the risks under your policy, including but not limited to, medical fees incurred by us in processing your application.

This free-look period also applies to all optional benefits (if any).



If we have posted the policy to you, the 14-day free-look period will start seven (7) days after we have posted the policy to you.

18.4 Non-Payment of Regular Premium

If any regular premium is not paid by the premium due date, your policy will be deemed to have lapsed unless it has acquired a policy value that is sufficient to pay for all applicable fees and charges for your policy and premiums for the Premium-Paying Optional Benefits, in which case your policy shall be on Premium Holiday. When your policy is on Premium Holiday, the premiums payable for any Premium-Paying Optional Benefits will be deducted by cancellation of units.

Your policy will remain on Premium Holiday until you resume payment of regular premiums or until your policy lapses, whichever occurs first. As long as your policy is not lapsed, you may resume your regular premium payment, subject to you meeting our terms and conditions as may be imposed by us. Back payment of regular premiums is not allowed. When you resume payment of regular premiums, the premiums for any Premium-Paying Optional Benefits will resume to be payable by cash premium.

Non-payment of regular premium during the No Lapse Privilege period (as described in section 18.5) will result in termination of the No Lapse Privilege. Once terminated, the No Lapse Privilege cannot be reinstated.

18.5 No Lapse Privilege

Within the first 10 years from the start of your policy, your policy will not lapse in a given policy month, even if the policy value is insufficient to pay for all applicable fees and charges provided that:

- (a) all regular premiums are paid when they fall due; and
- (b) you have not withdrawn any regular premium units.

We will continue to deduct the applicable fees and charges from the policy value until such time the policy value is zero. If the policy value becomes zero, all outstanding fees and charges shall continue to accrue and shall be payable by cancelling the appropriate number of Units at bid price from your policy on the relevant valuation day when there are units credited to your policy.

If any of the above criteria for the No Lapse Privilege is not satisfied, the No Lapse Privilege will terminate automatically and cannot be reinstated.

18.6 Reinstatement

If the policy has lapsed due to unit depletion and has not been surrendered for its cash surrender value, the policy may be reinstated at our option, within 5 years from the date that the policy is deemed lapsed, subject to satisfaction of our terms and conditions.

On reinstatement, a fixed charge of S\$50 will be levied. Payment of regular premiums will resume from the reinstatement date.

For reinstatement you will not be required to back-pay, and we will not accept any payment for past regular premiums that were due during the lapsed period of the policy.

18.7 Termination

Your policy shall automatically terminate on the occurrence of the earliest of the following in accordance with the basic policy contract:

- (a) upon our receipt of notification of the death of the Insured; or
- (b) upon full surrender of your policy; or
- (c) on the maturity date; or



- (d) upon your policy acquiring a zero or negative policy value on any given valuation day (save when the No Lapse Privilege as described in section 18.5 is in effect); or
- (e) upon payment of any supplementary benefit that fully accelerates or advances the payment of the Death Benefit.

18.8 Limitation of Benefit

Our liability under the policy shall be limited to 100% of the policy value in case of the following:

- (a) if the Insured, whether sane or insane, commits suicide within one year from the issue date or reinstatement date of the policy, whichever is later; or
- (b) any material misrepresentation or concealment during the 2-year period beginning from the issue date or reinstatement date of the policy, whichever is later; or
- (c) fraud at any time.

**Important Notes:**

- AIA Family First Protect is an investment-linked policy (ILP) offered by AIA Singapore, which invests in ILP sub-fund(s). Investments in this plan are subject to investment risks including the possible loss of the principal amount invested. The performance of the ILP sub-fund(s) is not guaranteed and the value of the units in the ILP sub-fund(s) and the income accruing to the units, if any, may fall or rise. Past performance are not necessarily indicative of the future performance of the ILP sub-fund(s). You should seek advice from an AIA Financial Services Consultant or Insurance Representative and read the product summary and product highlights sheet(s) before deciding whether the product is suitable for you.
- This insurance plan is underwritten by AIA Singapore. All insurance applications are subject to our underwriting and acceptance. Submission of an application and payment of premium does not constitute and should not be construed as acceptance by us. We reserve the right to withdraw the plan or reject applications at anytime or for any reason without notice.
- This product summary does not form a part of any contract of insurance. It is intended only to be a simplified description of the product features applicable to this plan and is not exhaustive. The contents of this product summary may vary from the terms of cover eventually issued. Please refer to the actual policy contract for all terms and conditions, including exclusions whereby the benefits under your policy may not be paid out. You are advised to read the policy contract. For the avoidance of doubt, only the terms and conditions as set out in the policy contract will bind the parties.
- Buying a life insurance policy can be a long-term commitment. An early termination of the Policy usually involves high costs and the surrender value payable may be less than the total premiums paid. You should consider carefully before terminating the policy or switching to a new one as there may be disadvantages in doing so. The new policy may cost more or have fewer benefits at the same cost.
- The fees and charges set out herein are not guaranteed. We reserve the right upon prior notification of not less than 1 month in writing to you, to vary the fees and charges set out in the policy, or to introduce new fees or charges and the manner in which such fees and charges may be imposed from time to time, up to, where applicable, the maximum limits stated.
- We reserve the right to terminate or suspend the partial withdrawal, automatic fund switch, and automatic fund rebalancing facilities at our discretion. We shall not be responsible for any losses whatsoever arising from or attributable to our decision to suspend or terminate these facilities.
- We will not be liable for any changes in the price of the units of the relevant ILP sub-funds from the time of receipt of your instructions to redeem or switch until the time of redemption or switch of the units, or for the failure or refusal of a ILP sub-fund or its manager to process the subscription and/or redemption of units (as the case may be).



APPENDIX A1

Current annual Benefit Charge per S\$1,000 Insured Amount for Death for AIA Family First Protect

Age	Male Smoker	Male Non-Smoker	Female Smoker	Female Non-Smoker
0	0.43	0.43	0.43	0.43
1	0.43	0.43	0.43	0.43
2	0.43	0.43	0.43	0.43
3	0.43	0.43	0.43	0.43
4	0.43	0.43	0.43	0.43
5	0.43	0.43	0.43	0.43
6	0.43	0.43	0.43	0.43
7	0.43	0.43	0.43	0.43
8	0.43	0.43	0.43	0.43
9	0.43	0.43	0.43	0.43
10	0.46	0.46	0.46	0.46
11	0.55	0.55	0.55	0.55
12	0.63	0.63	0.63	0.63
13	0.63	0.63	0.63	0.63
14	0.63	0.63	0.63	0.63
15	0.63	0.63	0.63	0.63
16	0.63	0.63	0.63	0.63
17	0.63	0.63	0.63	0.63
18	0.88	0.63	0.68	0.63
19	0.89	0.63	0.68	0.63
20	0.90	0.63	0.68	0.63
21	0.91	0.63	0.68	0.63
22	0.92	0.63	0.68	0.63
23	0.93	0.63	0.68	0.63
24	0.94	0.63	0.68	0.63
25	0.96	0.63	0.68	0.63
26	0.97	0.63	0.68	0.63
27	0.99	0.63	0.68	0.63
28	1.00	0.63	0.68	0.63
29	1.02	0.63	0.68	0.63
30	1.06	0.63	0.68	0.63
31	1.08	0.63	0.68	0.63
32	1.09	0.63	0.68	0.63
33	1.11	0.63	0.68	0.63
34	1.13	0.63	0.68	0.63
35	1.13	0.63	0.68	0.63
36	1.27	0.70	0.74	0.64
37	1.41	0.77	0.83	0.65
38	1.59	0.86	0.93	0.72
39	1.76	0.95	1.05	0.80
40	1.97	1.05	1.18	0.89
41	2.17	1.15	1.31	0.97
42	2.37	1.25	1.45	1.06
43	2.59	1.36	1.59	1.15
44	2.78	1.45	1.71	1.24
45	3.00	1.64	1.84	1.32
46	3.20	1.85	1.99	1.42
47	3.60	2.09	2.13	1.52
48	4.01	2.33	2.35	1.68



Current annual Benefit Charge per S\$1,000 Insured Amount for Death for AIA Family First Protect

Age	Male Smoker	Male Non-Smoker	Female Smoker	Female Non-Smoker
49	4.51	2.63	2.65	1.89
50	5.06	2.96	2.99	2.13
51	5.66	3.33	3.39	2.42
52	6.47	3.84	4.07	2.91
53	7.60	4.54	4.84	3.48
54	8.87	5.34	5.75	4.14
55	9.81	5.97	6.47	4.68
56	10.77	6.63	7.21	5.24
57	11.69	7.28	7.94	5.80
58	12.62	7.95	8.71	6.40
59	13.49	8.63	9.46	7.00
60	14.43	9.37	10.26	7.66
61	15.52	10.21	11.18	8.40
62	16.75	11.17	12.14	9.19
63	18.35	12.40	13.18	10.04
64	21.12	13.71	14.35	11.01
65	23.97	15.46	15.70	12.13
66	26.65	17.09	17.19	13.39
67	29.28	18.87	18.88	14.84
68	31.80	20.82	20.77	16.49
69	34.49	22.94	22.86	18.34
70	37.37	25.27	25.15	20.38
71	40.43	27.81	27.62	22.55
72	43.68	30.58	30.24	24.89
73	47.11	33.58	33.00	27.38
74	50.75	36.86	35.89	30.03
75	54.85	40.42	38.99	32.92
76	59.23	44.30	42.35	36.08
77	63.85	48.49	45.95	39.54
78	68.75	53.04	49.83	43.32
79	73.92	57.95	53.99	47.44
80	79.37	63.26	58.47	51.93
81	85.11	69.00	63.86	57.36
82	91.11	75.17	70.74	64.28
83	97.40	81.81	77.89	71.38
84	103.93	88.94	85.98	79.50
85	110.71	96.57	93.33	87.10
86	119.29	106.13	101.51	95.61
87	128.39	116.57	110.48	105.06
88	140.41	129.28	121.48	116.64
89	155.00	144.76	134.85	130.78
90	166.14	157.44	145.99	142.54
91	180.24	173.37	160.02	157.29
92	196.98	192.38	176.72	174.89
93	209.93	206.64	188.92	188.23
94	224.77	222.99	203.52	203.52
95	237.78	237.78	217.44	217.44
96	257.33	257.33	235.76	235.76
97	278.58	278.58	255.69	255.69
98	299.59	299.59	275.48	275.48
99	318.29	318.29	293.20	293.20



APPENDIX A2

**Current annual Benefit Charge per S\$1,000 Insured Amount for Total and Permanent Disability Benefit
(if coverage is selected)**

Age	Male Smoker	Male Non-Smoker	Female Smoker	Female Non-Smoker
0	0.07	0.07	0.06	0.06
1	0.07	0.07	0.06	0.06
2	0.07	0.07	0.06	0.06
3	0.07	0.07	0.06	0.06
4	0.07	0.07	0.06	0.06
5	0.07	0.07	0.06	0.06
6	0.07	0.07	0.06	0.06
7	0.07	0.07	0.06	0.06
8	0.07	0.07	0.06	0.06
9	0.07	0.07	0.06	0.06
10	0.07	0.07	0.06	0.06
11	0.07	0.07	0.06	0.06
12	0.07	0.07	0.06	0.06
13	0.07	0.07	0.06	0.06
14	0.07	0.07	0.06	0.06
15	0.07	0.07	0.06	0.06
16	0.07	0.07	0.06	0.06
17	0.07	0.07	0.06	0.06
18	0.08	0.07	0.08	0.06
19	0.09	0.07	0.08	0.06
20	0.09	0.08	0.08	0.07
21	0.10	0.08	0.09	0.07
22	0.10	0.08	0.09	0.07
23	0.10	0.08	0.09	0.08
24	0.11	0.09	0.10	0.08
25	0.11	0.09	0.10	0.08
26	0.11	0.09	0.10	0.08
27	0.12	0.10	0.11	0.09
28	0.12	0.10	0.11	0.09
29	0.12	0.10	0.11	0.09
30	0.13	0.10	0.12	0.09
31	0.13	0.11	0.12	0.10
32	0.13	0.11	0.12	0.10
33	0.14	0.11	0.13	0.10
34	0.14	0.12	0.13	0.11
35	0.15	0.12	0.14	0.11
36	0.16	0.13	0.14	0.11
37	0.16	0.13	0.15	0.12
38	0.17	0.14	0.16	0.13
39	0.18	0.15	0.17	0.13
40	0.19	0.16	0.18	0.14
41	0.21	0.17	0.19	0.15
42	0.23	0.19	0.21	0.17
43	0.25	0.20	0.23	0.18
44	0.27	0.22	0.25	0.20
45	0.30	0.25	0.27	0.22
46	0.33	0.27	0.30	0.24
47	0.37	0.30	0.33	0.27
48	0.41	0.34	0.37	0.30
49	0.46	0.37	0.42	0.33



Current annual Benefit Charge per S\$1,000 Insured Amount for Total and Permanent Disability Benefit (if coverage is selected)

Age	Male Smoker	Male Non-Smoker	Female Smoker	Female Non-Smoker
50	0.51	0.42	0.46	0.37
51	0.57	0.47	0.52	0.42
52	0.64	0.52	0.58	0.46
53	0.71	0.58	0.65	0.52
54	0.79	0.65	0.72	0.58
55	0.88	0.72	0.80	0.64
56	0.98	0.81	0.89	0.72
57	1.10	0.90	1.00	0.80
58	1.22	1.00	1.11	0.89
59	1.35	1.11	1.23	0.98
60	1.49	1.22	1.36	1.09
61	1.66	1.36	1.51	1.21
62	1.83	1.50	1.67	1.34
63	2.03	1.66	1.85	1.48
64	2.25	1.84	2.05	1.64
65	2.49	2.04	2.27	1.82
66	2.77	2.26	2.51	2.01
67	3.06	2.51	2.78	2.23
68	3.39	2.78	3.09	2.47
69	3.76	3.08	3.42	2.74



APPENDIX A3

**Current annual Benefit Charge per S\$1,000 Insured Amount for Critical Illness Benefit
(if coverage is selected)**

Age	Male Smoker	Male Non-Smoker	Female Smoker	Female Non-Smoker
0	0.29	0.29	0.48	0.48
1	0.29	0.29	0.48	0.48
2	0.29	0.29	0.48	0.48
3	0.29	0.29	0.48	0.48
4	0.29	0.29	0.48	0.48
5	0.29	0.29	0.48	0.48
6	0.29	0.29	0.48	0.48
7	0.29	0.29	0.48	0.48
8	0.29	0.29	0.48	0.48
9	0.29	0.29	0.48	0.48
10	0.29	0.29	0.48	0.48
11	0.29	0.29	0.48	0.48
12	0.29	0.29	0.48	0.48
13	0.29	0.29	0.48	0.48
14	0.29	0.29	0.48	0.48
15	0.29	0.29	0.48	0.48
16	0.29	0.29	0.48	0.48
17	0.29	0.29	0.48	0.48
18	0.49	0.29	0.51	0.48
19	0.49	0.29	0.51	0.48
20	0.49	0.29	0.51	0.48
21	0.53	0.30	0.51	0.48
22	0.56	0.33	0.51	0.48
23	0.59	0.35	0.51	0.48
24	0.62	0.37	0.51	0.48
25	0.66	0.39	0.54	0.48
26	0.71	0.40	0.57	0.50
27	0.76	0.42	0.60	0.53
28	0.80	0.46	0.64	0.56
29	0.85	0.49	0.69	0.60
30	0.93	0.52	0.73	0.63
31	1.02	0.56	0.78	0.66
32	1.10	0.60	0.82	0.71
33	1.19	0.62	0.88	0.75
34	1.32	0.67	0.96	0.81
35	1.50	0.75	1.05	0.85
36	1.69	0.85	1.16	0.90
37	1.91	0.96	1.27	0.99
38	2.14	1.10	1.41	1.11
39	2.39	1.27	1.58	1.22
40	2.69	1.44	1.76	1.32
41	3.05	1.60	1.99	1.49
42	3.48	1.77	2.23	1.67
43	3.94	1.94	2.49	1.86
44	4.40	2.09	2.80	2.02
45	4.91	2.25	3.18	2.29
46	5.52	2.43	3.62	2.61
47	6.20	2.59	4.10	2.95
48	6.96	2.89	4.58	3.29



**Current annual Benefit Charge per S\$1,000 Insured Amount for Critical Illness Benefit
(if coverage is selected)**

Age	Male Smoker	Male Non-Smoker	Female Smoker	Female Non-Smoker
49	7.80	3.30	5.11	3.69
50	8.71	3.82	5.75	4.15
51	9.58	4.38	6.46	4.66
52	10.54	5.04	7.25	5.22
53	11.65	5.77	8.12	5.84
54	12.86	6.50	9.07	6.53
55	14.18	7.30	10.08	7.26
56	15.39	8.17	11.19	8.05
57	16.86	9.07	12.38	8.92
58	18.22	9.92	13.67	9.60
59	19.68	10.72	15.06	10.37
60	21.21	11.55	16.35	10.75
61	22.61	12.30	17.73	11.14
62	24.02	13.07	19.17	12.36
63	25.46	13.86	20.70	13.71
64	26.92	14.66	22.31	14.40
65	28.36	15.44	23.77	15.36
66	30.88	16.81	25.26	16.19
67	34.23	18.64	26.78	17.00
68	38.07	20.72	28.31	18.01
69	42.42	23.09	29.83	18.97
70	47.24	25.71	32.48	20.66
71	52.74	28.70	36.00	22.91
72	60.87	32.50	40.04	25.46
73	70.83	37.11	44.62	28.38
74	83.15	42.38	49.69	31.60
75	95.78	46.20	55.47	35.28
76	110.30	53.20	62.81	39.95
77	129.35	61.27	71.71	45.61
78	148.97	69.95	81.89	52.09
79	173.08	79.17	94.33	60.00
80	200.84	88.80	108.63	69.09
81	223.27	98.71	125.11	79.57
82	245.97	108.76	142.82	90.84
83	268.54	118.74	161.64	102.81
84	287.79	127.85	181.31	115.32
85	307.04	135.41	201.56	125.16
86	326.28	145.41	222.06	135.51
87	345.53	156.13	240.10	145.87
88	364.78	167.57	256.03	156.23
89	384.00	179.85	265.87	166.59
90	394.09	190.64	284.00	176.95
91	404.18	202.08	295.00	187.31
92	414.27	214.20	306.00	197.66
93	424.36	227.06	317.00	208.02
94	434.45	240.68	328.86	218.38
95	444.54	255.13	340.72	228.74
96	454.63	270.43	352.58	239.04
97	464.72	286.66	364.44	247.03
98	474.81	303.86	376.30	253.70
99	484.90	322.09	388.16	260.37



APPENDIX A4

**Current annual Benefit Charge per S\$1,000 Insured Amount for Early Critical Protector
(if coverage is selected)**

Age	Male Smoker	Male Non-Smoker	Female Smoker	Female Non-Smoker
0	2.69	2.69	2.08	2.08
1	2.25	2.25	1.74	1.74
2	1.85	1.85	1.42	1.42
3	1.59	1.59	1.24	1.24
4	1.46	1.46	1.13	1.13
5	1.29	1.29	0.98	0.98
6	1.11	1.11	0.86	0.86
7	1.06	1.06	0.82	0.82
8	1.03	1.03	0.81	0.81
9	1.04	1.04	0.80	0.80
10	1.10	1.10	0.81	0.81
11	1.26	1.26	0.86	0.86
12	1.51	1.51	0.90	0.90
13	1.87	1.87	0.98	0.98
14	2.31	2.31	1.07	1.07
15	2.97	2.78	1.29	1.17
16	3.42	3.22	1.40	1.26
17	3.85	3.59	1.52	1.37
18	4.15	3.86	1.62	1.45
19	4.40	4.03	1.74	1.52
20	4.58	4.12	1.86	1.59
21	4.61	4.10	1.90	1.61
22	4.60	4.06	1.96	1.63
23	4.54	3.98	2.00	1.64
24	4.46	3.90	2.02	1.64
25	4.35	3.78	2.08	1.67
26	4.22	3.62	2.20	1.74
27	4.10	3.48	2.31	1.82
28	4.01	3.37	2.46	1.90
29	3.97	3.27	2.72	2.07
30	3.94	3.20	3.05	2.26
31	3.94	3.15	3.34	2.46
32	3.98	3.14	3.64	2.66
33	4.03	3.14	3.94	2.86
34	4.20	3.23	4.22	3.06
35	4.42	3.35	4.54	3.26
36	4.66	3.47	4.93	3.47
37	4.92	3.62	5.37	3.69
38	5.20	3.74	5.90	3.92
39	5.52	3.88	6.53	4.23
40	5.87	4.02	7.24	4.62
41	6.28	4.20	8.02	5.13
42	6.76	4.40	8.91	5.76
43	7.34	4.66	9.88	6.41
44	7.98	4.96	10.89	7.06
45	8.74	5.31	11.85	7.71
46	9.53	5.69	12.71	8.36
47	10.38	6.12	13.39	9.01
48	11.30	6.58	13.78	9.66



**Current annual Benefit Charge per S\$1,000 Insured Amount for Early Critical Protector
(if coverage is selected)**

Age	Male Smoker	Male Non-Smoker	Female Smoker	Female Non-Smoker
49	12.29	7.06	14.11	10.31
50	13.37	7.59	15.08	10.96
51	14.58	8.18	16.32	11.61
52	15.94	8.82	17.70	12.26
53	17.50	9.56	19.30	12.91
54	19.26	10.37	21.06	13.56
55	21.19	11.25	22.97	14.21
56	23.22	12.32	24.60	14.91
57	25.38	13.46	26.29	15.61
58	27.72	14.69	28.14	16.31
59	30.34	16.09	30.14	17.01
60	33.26	17.66	32.06	17.71
61	36.42	19.61	33.88	18.51
62	40.07	22.37	35.77	19.41
63	44.59	25.61	38.06	20.91
64	49.86	29.73	40.58	22.91
65	58.44	34.90	45.40	25.41
66	65.02	41.08	48.71	28.30
67	71.63	47.26	51.92	30.74
68	78.26	53.26	54.94	33.03
69	86.86	58.26	59.76	37.14
70	94.02	63.26	63.75	39.95
71	102.40	68.26	67.14	42.56
72	111.32	73.26	70.78	45.37
73	120.80	78.26	74.78	48.44
74	135.18	84.13	82.87	55.55
75	146.06	91.22	88.10	59.43
76	155.66	97.43	95.40	64.34
77	165.75	103.85	103.07	69.42
78	176.26	110.44	110.88	74.53
79	186.58	116.80	118.51	79.47
80	200.84	122.58	125.99	84.14
81	223.27	125.11	127.93	85.03
82	245.97	126.58	142.82	90.84
83	268.54	126.50	161.64	102.81
84	287.79	127.85	181.31	115.32
85	307.04	135.41	201.56	125.16
86	326.28	145.41	222.06	135.51
87	345.53	156.13	240.10	145.87
88	364.78	167.57	256.03	156.23
89	384.00	179.85	265.87	166.59
90	394.09	190.64	284.00	176.95
91	404.18	202.08	295.00	187.31
92	414.27	214.20	306.00	197.66
93	424.36	227.06	317.00	208.02
94	434.45	240.68	328.86	218.38
95	444.54	255.13	340.72	228.74
96	454.63	270.43	352.58	239.04
97	464.72	286.66	364.44	247.03
98	474.81	303.86	376.30	253.70
99	484.90	322.09	388.16	260.37



APPENDIX B1

Definition of the types of Medical Conditions (according to Severity Levels), applicable to Early Critical Protector.

For Critical Illness Benefit, all of the Critical Illnesses share the same definition as the Medical Conditions (Critical Stage). Please refer to (*) in the table below for the list of Critical Illnesses and definitions covered under Critical Illness Benefit.

Conditions	Early Stage	Intermediate Stage	Critical Stage
1. Acute Necrohemorrhagic Pancreatitis	N/A	N/A	<p>Acute Necrohemorrhagic Pancreatitis Acute inflammation and necrosis of pancreas parenchyma, focal enzymic necrosis of pancreatic fat and hemorrhage due to blood vessel necrosis, where all of the following criteria are met:</p> <p>(a) The necessary treatment is surgical clearance of necrotic tissue or pancreatectomy; and</p> <p>(b) The Diagnosis is based on histopathological features and confirmed by a Physician who is a gastroenterologist.</p> <p>Pancreatitis due to alcohol or drug abuse is excluded.</p>
2. Alzheimer's Disease/ Severe Dementia	<p>Diagnosis of Dementia including Alzheimer's Disease Diagnosis of dementia by neurological assessment by an appropriate specialist confirming cognitive impairment characterized by a Mini Mental State Examination score of 24 or less out of 30 or assessed by two (2) neuropsychometric tests performed six (6) 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.</p> <p>Coverage on Early Stage Alzheimer expires on the Policy Anniversary occurring on or immediately following the Insured's 85th birthday. The following are excluded:</p> <ul style="list-style-type: none"> • Drug or alcohol related brain damage 	<p>Moderately Severe Alzheimer's Disease A definite diagnosis of Alzheimer's disease or dementia due to irreversible organic brain disorders by a consultant neurologist. The Mini-mental exam score must be less than 20 out of 30 or an equivalent of this score using other Alzheimer's tests. There must also be permanent clinical loss of the ability to do all the following:</p> <ul style="list-style-type: none"> • Remember; • Reason; and • Perceive, understand, express and give effect to ideas. <p>This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor. The following are excluded:</p> <ul style="list-style-type: none"> • Non-organic diseases such as neurosis and psychiatric illnesses; and • Drug or alcohol related brain damage. 	<p>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 Physician.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • Non-organic diseases such as neurosis and psychiatric illnesses; and • Alcohol related brain damage.
3. Apallic Syndrome	N/A	N/A	<p>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 (1) month.</p>
4. Aplastic Anaemia	<p>Reversible Aplastic Anaemia Acute reversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment</p>	<p>Myelodysplastic Syndrome or Myelofibrosis Myelodysplastic syndrome or myelofibrosis requiring regular and permanent transfusion of blood</p>	<p>Aplastic Anaemia* Chronic persistent bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment</p>



	<p>with any one (1) of the following:</p> <ul style="list-style-type: none"> • Blood product transfusion; or • Marrow stimulating agents; or • Immunosuppressive agents; or • Bone marrow transplantation. <p>The diagnosis must be confirmed by a haematologist.</p> <p>Aplastic anaemia in the presence of HIV infection is excluded.</p>	<p>products for severe recurrent anaemia. Diagnosis of Myelodysplastic Syndrome (MDS) or Myelofibrosis must be confirmed by haematologist as a result of marrow biopsy.</p> <p>The condition must be deemed incurable and blood transfusion support must be an indefinite requirement.</p> <p>Myelodysplastic Syndrome or Myelofibrosis in the presence of HIV infection is excluded.</p>	<p>with at least one (1) of the following:</p> <ul style="list-style-type: none"> • Blood product transfusion; or • Marrow stimulating agents; or • Immunosuppressive agents; or • Bone marrow transplantation. <p>The diagnosis must be confirmed by a haematologist.</p>
5. Bacterial Meningitis	<p>Bacterial Meningitis with full recovery</p> <p>Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord which requires hospitalisation. This diagnosis must be confirmed by:</p> <ul style="list-style-type: none"> • The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and • A consultant neurologist. <p>Bacterial Meningitis in the presence of HIV infection is excluded.</p>	N/A	<p>Bacterial Meningitis*</p> <p>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 (6) weeks. This diagnosis must be confirmed by:</p> <ul style="list-style-type: none"> • The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and • A consultant neurologist. <p>Bacterial Meningitis in the presence of HIV infection is excluded.</p>
6. Benign Brain Tumour	<p>Surgical removal of pituitary tumour</p> <p>The actual undergoing of surgical removal of pituitary tumour necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. Partial removal of pituitary microadenoma is specifically excluded.</p>	<p>Surgical Removal of Pituitary Tumour (by Open Craniotomy)</p> <p>The actual undergoing of 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 transphenoidal hypophysectomy is excluded.</p> <p>Surgical Removal of Pituitary Tumour (by Transphenoidal/Transnasal Hypophysectomy)</p> <p>The actual undergoing of surgical removal of a pituitary tumour by transphenoidal / 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.</p>	<p>Benign Brain Tumour*</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>The following are excluded:</p> <ul style="list-style-type: none"> • Cysts; • Granulomas; • Vascular Malformations; • Haematomas; and • Tumours of the pituitary gland or spinal cord.
7. Blindness (Loss of Sight)	<p>Loss of sight in one eye</p> <p>Permanent and irreversible loss of sight in one (1) eye as a result of illness or accident to the extent that even when tested with the use of</p>	<p>Optic Nerve Atrophy with low vision</p> <p>The unequivocal diagnosis of optic nerve atrophy affecting one (1) or both eyes. There must also be</p>	<p>Blindness (Loss of Sight) *</p> <p>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</p>



	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..	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 3/60 or worse in the worse 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.	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.
8. Coma	<p>Coma for 48 hours Coma that persists for at least forty-eight (48) hours. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> • No response to external stimuli for at least forty-eight (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 thirty (30) days after the onset of the coma. <p>Coma resulting directly from alcohol or drug abuse is excluded. Medically induced coma also does not fulfill this definition.</p>	<p>Severe Epilepsy Severe epilepsy confirmed by all of the following:</p> <ul style="list-style-type: none"> • Diagnosis made by a specialist in the relevant field by the use of electroencephalography (EEG), magnetic resonance imaging (MRI), positron 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 five (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 two (2) prescribed antiepileptic (anticonvulsant) medications for at least six (6) months on the recommendation of a specialist in the relevant field. <p>Febrile or absence (petit mal) seizures alone will not satisfy the requirement of this definition.</p>	<p>Coma* A coma that persists for at least ninety-six (96) hours. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> • No response to external stimuli for at least ninety-six (96) hours; • Life support measures are necessary to sustain life; and • Brain damage resulting in permanent neurological deficit which must be assessed at least thirty (30) days after the onset of the coma. <p>Coma resulting directly from alcohol or drug abuse is excluded.</p>
9. Coronary Artery By-Pass Surgery	<p>Keyhole coronary bypass surgery or Coronary Artery Atherectomy or Myocardial Laser Revascularisation or Enhanced External Counterpulsation The actual undergoing for the first time for the correction of the narrowing or blockage of one (1) or more coronary arteries via "Keyhole" surgery, Atherectomy, Myocardial laser revascularisation or Enhanced external counterpulsation.</p> <p>All other surgical procedures will be excluded from this benefit.</p>	N/A	<p>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 (1) 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.</p> <p>Angioplasty and all other intra arterial, catheter based techniques, 'keyhole' or laser procedures are excluded.</p>
10. Creutzfeld-Jacob Disease	N/A	N/A	<p>Creutzfeld-Jacob Disease* The occurrence of Creutzfeld-Jacob Disease or Variant Creutzfeld-Jacob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform at least three (3) of the following six (6) "Activities of Daily Living".</p> <p>Activities of Daily Living: (i) Washing- the ability to wash in the</p>



			<p>bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;</p> <p>(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;</p> <p>(iii) Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa;</p> <p>(iv) Mobility- the ability to move indoors from room to room on level surfaces;</p> <p>(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;</p> <p>(vi) Feeding- the ability to feed oneself once food has been prepared and made available</p> <p>Disease caused by human growth hormone treatment is excluded.</p>
<p>11. Deafness (Loss of Hearing)</p>	<p>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 a specialist in the relevant field and supported by an objective diagnostic test to indicate the quantum loss of hearing.</p> <p>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.</p>	<p>Cochlear implant surgery The actual undergoing of a surgical cochlea 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 a specialist in the relevant field.</p>	<p>Deafness (Loss of Hearing) * Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.</p> <p>Total means “the loss of at least eighty (80) decibels in all frequencies of hearing”.</p>
<p>12. Elephantiasis</p>	<p>N/A</p>	<p>N/A</p>	<p>Elephantiasis* The end-stage lesion of filariasis, characterised by massive swelling in the tissues of the body as a result of obstructed circulation in the blood or lymphatic vessels.</p> <p>Unequivocal Diagnosis of elephantiasis must be:</p> <ul style="list-style-type: none"> clinically confirmed by a Physician in the appropriate medical specialty; and supported by laboratory confirmation of microfilariae <p>Lymphedema caused by infection with any other disease(s), trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.</p>
<p>13. End Stage Liver Disease</p>	<p>Liver Surgery Partial hepatectomy of at least one (1) entire lobe of the liver that has been found necessary as a result of illness or accident of the Insured.</p>	<p>Liver Cirrhosis Cirrhosis of the liver with a HAI-Knodell Scores of six (6) and above as evident by liver biopsy. The diagnosis must be unequivocally confirmed by a specialist in the</p>	<p>End Stage Liver Failure* End stage liver failure as evidenced by all of the following:</p> <ul style="list-style-type: none"> Permanent jaundice; Ascites; and Hepatic encephalopathy.



	Liver disease secondary to alcohol or drug abuse is excluded. Liver surgery in the presence of HIV infection is also excluded.	relevant field and based on the histological findings of the liver biopsy. Liver disease secondary to alcohol or drug abuse is excluded. Liver cirrhosis in the presence of HIV infection is also excluded.	Liver disease secondary to alcohol or drug abuse is excluded.
14. End Stage Lung Disease	Severe Asthma Evidence of an acute attack of Severe Asthma with persistent status asthmaticus that requires hospitalization and endotracheal intubation and mechanical ventilation for a continuous period of at least four (4) hours on the advice of a specialist in the relevant field. 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.	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.	End Stage Lung Disease* End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following: <ul style="list-style-type: none"> • FEV₁ test results which are consistently less than one (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.
15. Fulminant Hepatitis	Biliary Tract Reconstruction Surgery Biliary tract reconstruction surgery involving choledochoenterostomy (choledochojejunostomy or choledochooduodenostomy) for the treatment of biliary tract disease, including biliary atresia, that is not amenable to other surgical or endoscopic measures. The procedure must be considered the most appropriate treatment by a specialist in hepatobiliary disease. This benefit is not payable for the consequences of gall stone disease or cholangitis. Hepatitis with Cirrhosis A submassive necrosis of the liver by the Hepatitis virus leading to cirrhosis. There must be a definite diagnosis of liver cirrhosis by a specialist in the relevant field that must be supported by liver biopsy showing histological stage F4 by Metavir grading or a Knodell fibrosis score of 4. Liver diseases secondary to alcohol and drug abuse are excluded.	Chronic Primary Sclerosing Cholangitis This benefit is payable for chronic primary sclerosing cholangitis confirmed on cholangiogram imaging confirming progressive obliteration of the bile ducts. The diagnosis must be made by a gastroenterologist and the condition must have progressed to the point where there is permanent jaundice. The benefit is payable only where there is a need immunosuppressive treatment, drug therapy for intractable pruritis or if biliary tract obliteration has required balloon dilation or stenting of the bile ducts. Biliary tract sclerosis or obstruction as a consequence of biliary surgery, gall stone disease, infection, inflammatory bowel disease or other secondary precipitants is excluded.	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: <ul style="list-style-type: none"> • 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.
16. Heart Attack of Specified Severity	Cardiac pacemaker insertion Insertion 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 to be absolutely necessary by a specialist in the relevant field. Cardiac pacemaker insertion in the presence of HIV infection is excluded.	Cardiac defibrillator insertion Insertion of a permanent cardiac defibrillator as a result of cardiac arrhythmia which cannot be treated via any other method. The surgical procedure must be certified to be absolutely necessary by a specialist in the relevant field. Cardiac defibrillator insertion in the presence of HIV infection is excluded.	Heart Attack of Specified Severity* Death of heart muscle due to obstruction of blood flow, that is evident by at least three (3) of the following criteria proving the occurrence of a new heart attack: <ul style="list-style-type: none"> • 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



	<p>Pericardectomy The undergoing of a pericardectomy or undergoing of any surgical procedure requiring keyhole cardiac surgery as a result of pericardial disease. Both these surgical procedures must be certified to be absolutely necessary by a consultant cardiologist.</p> <p>Pericardectomy in the presence of HIV infection is excluded.</p>	<p>Early Cardiomyopathy The unequivocal diagnosis of cardiomyopathy which has resulted in the presence of permanent physical impairments to at least Class III of the New York Heart Association (NYHA) classification of Cardiac Impairment. The diagnosis must be confirmed by a specialist in the relevant field. Cardiomyopathy that is directly related to alcohol misuse is excluded. 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.</p> <p>Early cardiomyopathy in the presence of HIV infection is excluded.</p>	<p>biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;</p> <ul style="list-style-type: none"> Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by us. <p>For the above definition, the following are excluded:</p> <ul style="list-style-type: none"> 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. <p>Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml</p>
<p>17. Heart Valve Surgery</p>	<p>Percutaneous Valvuloplasty or Valvotomy This benefit is payable where a heart valve is repaired by percutaneous intravascular balloon valvuloplasty techniques not involving a thoracotomy. Percutaneous valve replacements are excluded.</p>	<p>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.</p>	<p>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.</p>
<p>18. HIV due to Blood Transfusion and Occupationally Acquired HIV</p>	<p>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 Issue Date, date of endorsement or date of reinstatement of this policy, whichever is the later, provided that all the following conditions are met:</p> <ul style="list-style-type: none"> The incident must be reported to the appropriate authority and that a criminal case must be opened; and Proof of the assault giving rise to the infection must be reported to the Company within thirty (30) days of the assault taking place; and Proof that the assault involved a definite source of the HIV infected fluids; and Proof of sero-conversion from HIV negative to HIV positive occurring during the one hundred and eighty (180) days after the documented assault. This proof must include a negative HIV antibody test 	<p>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:</p> <ul style="list-style-type: none"> The organ transplant was Medically Necessary or given as part of a medical treatment; and The organ transplant was received in Singapore after the Issue Date, date of endorsement or Reinstatement Date of this Supplementary Agreement, whichever is the later; 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. <p>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.</p>	<p>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:</p> <ul style="list-style-type: none"> The blood transfusion was medically necessary or given as part of a medical treatment; The blood transfusion was received in Singapore after the Issue Date, date of endorsement or Reinstatement Date of this Supplementary Agreement, whichever is the later; 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.



	<p>conducted within five (5) days of the assault.</p> <p>B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accidental incident occurring after the Issue Date, date of endorsement or Reinstatement Date of this Supplementary Agreement, whichever is the later, 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:</p> <ul style="list-style-type: none"> • 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 Company within thirty (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 one hundred and eighty (180) days after the documented accident. This proof must include a negative HIV antibody test conducted within five (5) days of the accident. <p>HIV infection resulting from any other means including consensual sexual activity or the use of intravenous drug is excluded.</p> <p>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.</p>		<p>B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, date of endorsement or Reinstatement Date of this Supplementary Agreement, whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to the Company's satisfaction:</p> <ul style="list-style-type: none"> • Proof of the accident giving rise to the infection must be reported to the Company within thirty (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 one hundred and eighty (180) days after the documented accident. This proof must include a negative HIV antibody test conducted within five (5) days of the accident; and • HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded. <p>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).</p> <p>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.</p>
19. Kidney Failure	<p>Surgical Removal of One Kidney The complete surgical removal of one (1) 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 specialist in the relevant field. Kidney donation is excluded.</p>	<p>Chronic Kidney Disease A nephrologist must make a diagnosis of chronic kidney disease with permanently impaired renal function. There must be laboratory evidence that shows that renal function is severely decreased with an eGFR less than 15ml/min/1.73m² body surface area, persisting for a period of six (6) months or more.</p>	<p>Kidney Failure* Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.</p>
20. Loss of Independent Existence	N/A	N/A	<p>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 (3) of the following six (6) "Activities of Daily Living", for a continuous period of six (6) months. Activities of Daily Living: (i) Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or</p>



			<p>wash satisfactorily by other means;</p> <p>(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;</p> <p>(iii) Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa;</p> <p>(iv) Mobility- the ability to move indoors from room to room on level surfaces;</p> <p>(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;</p> <p>(vi) Feeding- the ability to feed oneself once food has been prepared and made available</p> <p>This condition must be confirmed by our appointed Physician.</p> <p>Non-organic diseases such as neurosis and psychiatric illnesses are excluded.</p> <p>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.</p>
21. Loss of Speech	<p>Permanent (or Temporary) Tracheostomy</p> <p>The performance of tracheostomy for the treatment of lung disease or airway disease or as a ventilatory support measure following major trauma or burns.</p> <p>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.</p>	<p>Loss of Speech (other than injury or illness to the vocal cords)</p> <p>Total and irrecoverable loss of the ability to speak due to disease or injury. The inability to speak must be established for a continuous period of twelve (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.</p>	<p>Loss of Speech*</p> <p>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 twelve (12) months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.</p> <p>All psychiatric related causes are excluded.</p>
22. Major Burns	<p>Mild Severe Burns</p> <p>Second degree (partial thickness of the skin) burns covering at least 20% of the surface of the Insured's body.</p>	<p>Moderately Severe Burns</p> <p>Third degree (full thickness of the skin) burns covering at least 50% of the face of the Insured.</p>	<p>Major Burns*</p> <p>Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Insured's body.</p>
23. Major Cancers	<p>Carcinoma in situ of specified organs</p> <p>Carcinoma in situ of the following sites: Breast, uterus, ovary, fallopian tube, vulva, vagina, cervix uteri, colon, rectum, penis, testis, lung, liver, stomach or nasopharynx or bladder.</p> <p>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</p>	<p>Carcinoma in situ of specified organs treated with Radical Surgery</p> <p>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.</p> <p>"Radical Surgery" is defined in this policy as the total and complete removal or partial removal of one of the following organs as specified: breast (mastectomy), prostate (prostatectomy), corpus uteri (hysterectomy), ovary (oophorectomy), fallopian tube (salpingectomy), colon (partial colectomy with end to end anastomosis) or stomach (partial gastrectomy with end to end anastomosis). The diagnosis of the</p>	<p>Major Cancers*</p> <p>A malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.</p> <p>The term malignant tumour includes leukemia, lymphoma and sarcoma.</p> <p>For the above definition, the following are excluded:</p> <ul style="list-style-type: none"> • All tumours which are histologically classified as any of the following: <ul style="list-style-type: none"> - Pre-malignant; - Non-invasive; - Carcinoma-in-situ; - Having borderline malignancy; - Having any degree of



	<p>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.</p> <p>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 (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 is also specifically excluded. This coverage is available to the first occurrence of CIS only.</p> <p>Early Prostate Cancer Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification.</p> <p>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.</p> <p>Early Bladder Cancer Bladder cancer that is histologically described using the TNM Classification as T1N0M0 as well as papillary microcarcinoma of Bladder.</p> <p>Early Chronic Lymphocytic Leukaemia Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. RAI stage CLL 0 or lower is excluded. Any Cancer resulting directly from alcohol or drug abuse is excluded.</p>	<p>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.</p> <p>Early prostate cancer that is histologically described using the TNM Classification as T1a , T1b, 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.</p> <p>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 and partial prostatectomy are specifically excluded.</p> <p>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.</p> <p>Any Cancer resulting directly from alcohol or drug abuse is excluded.</p>	<p>malignant potential;</p> <ul style="list-style-type: none"> - Having suspicious malignancy; - Neoplasm of uncertain or unknown behavior; or - Cervical Dysplasia CIN-1, CIN-2 and CIN-3; <ul style="list-style-type: none"> • 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.
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<p>24. Major Head Trauma</p>	<p>Surgery for subdural haematoma The actual undergoing of burr hole surgery to the head to drain a 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. "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. Self-inflicted injuries, alcohol or drug abuse are excluded.</p> <p>Facial Reconstructive Surgery The actual undergoing of re-constructive surgery above the neck (restoration or re-construction 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 that occurred after the Issue Date or Reinstatement Date (whichever is later) of this Supplementary Agreement. The need for surgery must be certified to be absolutely necessary by a specialist in the relevant field. "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. Treatment relating to teeth and/or any other dental restoration alone and/or cosmetic nose surgery are all excluded. Self-inflicted injuries, alcohol or drug abuse are excluded.</p>	<p>Intermediate Stage Major Head Trauma Undergoing of open craniotomy as a consequence of major head trauma for the treatment of depressed skull fractures or major intracranial injury.</p> <p>Self-inflicted injuries, alcohol or drug abuse are excluded.</p>	<p>Major Head Trauma* Accidental head injury resulting in permanent neurological deficit with persisting clinical symptoms to be assessed no sooner than six (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.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • Spinal cord injury; and • Head injury due to any other causes. <p>Permanent means expected to last throughout the lifetime of the Insured.</p> <p>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.</p>
<p>25. Major Organ Transplantation/ Bone Marrow Transplantation</p>	<p>Small Bowel Transplant The receipt of a transplant of at least one meter of small bowel with its own blood supply via a laparotomy resulting from intestinal failure.</p> <p>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.</p>	<p>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:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>	<p>Major Organ / Bone Marrow Transplantation* The receipt of a transplant of:</p> <ul style="list-style-type: none"> • Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or • One (1) of the following human organs: heart, lung, liver, kidney or pancreas that resulted from irreversible end stage failure of the relevant organ. <p>Other stem cell transplants are excluded.</p>
<p>26. Medullary Cystic Disease</p>	<p>N/A</p>	<p>N/A</p>	<p>Medullary Cystic Disease* Medullary Cystic Disease where the following criteria are met:</p> <ul style="list-style-type: none"> • the presence in the kidney of multiple cysts in the renal



			<p>medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;</p> <ul style="list-style-type: none"> clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy. <p>Isolated or benign kidney cysts are specifically excluded from this benefit.</p>
27. Motor Neurone Disease	<p>Peripheral Neuropathy This refers to severe peripheral motor neuropathy 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.</p>	<p>Early Motor Neurone Disease Refers to the diagnosis of motor neurone disease, 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.</p>	<p>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.</p>
28. Multiple Sclerosis	<p>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:</p> <ul style="list-style-type: none"> Investigations that unequivocally confirm the diagnosis to be Multiple Sclerosis; and Well documented history of exacerbations and remissions of neurological signs. <p>Other causes of neurological damage such as SLE and HIV are excluded.</p>	N/A	<p>Multiple Sclerosis* The definite occurrence of Multiple Sclerosis. The diagnosis must be supported by all of the following:</p> <ul style="list-style-type: none"> Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; Multiple neurological deficits which occurred over a continuous period of at least six (6) months; and Well documented history of exacerbations and remissions of said symptoms or neurological deficits. <p>Other causes of neurological damage such as SLE and HIV are excluded.</p>
29. Muscular Dystrophy	<p>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 (6) months.</p>	<p>Moderate 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 (2) of the following six (6) "Activities of Daily Living" for a continuous period of at least six (6) months:</p> <p>Activities of Daily Living: (i) Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; (ii) Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other</p>	<p>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 (3) of the following six (6) "Activities of Daily Living" for a continuous period of at least six (6) months:</p> <p>Activities of Daily Living: (i) Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; (ii) Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other</p>



		<p>surgical appliances;</p> <p>(iii) Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa;</p> <p>(iv) Mobility- the ability to move indoors from room to room on level surfaces;</p> <p>(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;</p> <p>(vi) Feeding- the ability to feed oneself once food has been prepared and made available.</p> <p>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.</p>	<p>surgical appliances;</p> <p>(iii) Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa;</p> <p>(iv) Mobility- the ability to move indoors from room to room on level surfaces;</p> <p>(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;</p> <p>(vi) Feeding- the ability to feed oneself once food has been prepared and made available.</p> <p>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.</p>
30. Necrotising Fasciitis	N/A	N/A	<p>Necrotising Fasciitis*</p> <p>The occurrence of necrotising fasciitis where the following conditions are met:</p> <ul style="list-style-type: none"> • 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.
31. Other Serious Coronary Artery Disease	<p>Early Stage Other Serious Coronary Artery Disease</p> <p>The narrowing of the lumen of two (2) coronary arteries by a minimum of 60%, as proven by coronary arteriography 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.</p>	N/A	<p>Other Serious Coronary Artery Disease*</p> <p>The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two (2) 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.</p>
32. Paralysis (Loss of use of limbs)	<p>Loss of Use of One Limb</p> <p>Total and irreversible loss of use of one (1) entire limb (above elbow or above knee) due to illness or accident. This condition must be confirmed by a specialist in the relevant field. Self-inflicted injuries, alcohol or drug abuses are excluded.</p>	N/A	<p>Paralysis (Loss of Use of Limbs) *</p> <p>Total and irreversible loss of use of at least two (2) entire limbs due to injury or disease persisting for a period of at least six (6) weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist. Self-inflicted injuries are excluded.</p>
33. Parkinson’s Disease	<p>Early Parkinson’s Disease</p> <p>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:</p> <ul style="list-style-type: none"> • The disease cannot be controlled with medication; and • There are signs of progressive 	N/A	<p>Parkinson’s Disease*</p> <p>The unequivocal diagnosis of idiopathic Parkinson’s Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> • The disease cannot be controlled with medication; • Signs of progressive impairment;



	<p>neurological impairment</p> <p>Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson's Disease are excluded.</p>		<p>and</p> <ul style="list-style-type: none"> Inability of the Insured to perform (whether aided or unaided) at least three (3) of the following six (6) "Activities of Daily Living" for a continuous period of at least six (6) months: <p>Activities of Daily Living:</p> <p>(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;</p> <p>(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;</p> <p>(iii) Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa;</p> <p>(iv) Mobility- the ability to move indoors from room to room on level surfaces;</p> <p>(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;</p> <p>(vi) Feeding- the ability to feed oneself once food has been prepared and made available.</p> <p>Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson's Disease are excluded.</p> <p>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.</p>
34. Poliomyelitis	N/A	N/A	<p>Poliomyelitis*</p> <p>The occurrence of Poliomyelitis where the following conditions are met:</p> <ul style="list-style-type: none"> Poliovirus is identified as the cause, Paralysis of the limb muscles or respiratory muscles must be present and persist for at least three (3) months.
35. Primary Pulmonary Hypertension	<p>Early Pulmonary Hypertension</p> <p>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 diagnosis must be established by cardiac catheterisation by a specialist in the relevant field. The NYHA Classification of Cardiac Impairment:</p> <p>Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue,</p>	N/A	<p>Primary Pulmonary Hypertension*</p> <p>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:</p> <p>Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.</p>



	<p>dyspnea, or anginal pain.</p> <p>Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.</p> <p>Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</p> <p>Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p>		<p>Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.</p> <p>Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</p> <p>Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p>
<p>36. Progressive Scleroderma</p>	<p>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</p>	<p>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.</p>	<p>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.</p>
<p>37. Progressive Supranuclear Palsy</p>	<p>N/A</p>	<p>N/A</p>	<p>Progressive Supranuclear Palsy* Progressive Supranuclear Palsy occurring independently of all other causes and resulting in a permanent neurological deficit, which is directly responsible for a permanent inability to perform at least three (3) of the following six (6) "Activities of Daily Living".</p> <p>Activities of Daily Living: (i) Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; (ii) Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; (iii) Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa; (iv) Mobility- the ability to move indoors from room to room on level surfaces; (v) Toileting- the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; (vi) Feeding- the ability to feed oneself once food has been prepared and made available</p> <p>The Diagnosis of Progressive Supranuclear Palsy must be</p>



			confirmed by a Physician who is a neurologist.
38. Severe Myasthenia Gravis	N/A	N/A	<p>Severe Myasthenia Gravis* An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatiguability, where all of the following criteria are met:</p> <ul style="list-style-type: none"> • Presence of permanent muscle weakness categorized as Class III, IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and • The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Physician who is a neurologist. <p>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</p>
39. Stroke	<p>Brain aneurysm surgery (via endovascular procedures) The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arterio-venous malformation via endovascular procedures. The surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field.</p> <p>Brain aneurysm surgery (via craniotomy) 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.</p> <p>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 specialist in the relevant field.</p>	<p>Carotid artery surgery The actual undergoing of Endarterectomy of the 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.</p> <p>Endarterectomy of blood vessels other than the carotid artery are specifically excluded. Percutaneous carotid angioplasty is excluded.</p>	<p>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:</p> <ul style="list-style-type: none"> • Evidence of permanent clinical neurological deficit confirmed by a neurologist at least six (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. <p>The following are excluded:</p> <ul style="list-style-type: none"> • 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. <p>Permanent means expected to last throughout the lifetime of the Insured.</p>



			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.
40. Surgery to Aorta	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 and greater than 55mm in diameter and the diagnosis must be confirmed by a consultant cardiologist.	Minimally Invasive Surgery to Aorta The actual undergoing of percutaneous intravascular angioplasty and stenting techniques to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as evidenced by an echocardiogram or any other appropriate diagnostic imaging test that is available and confirmed by a consultant cardiologist or vascular surgeon. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.	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.
41. Systemic Lupus Erythematosus with Lupus Nephritis	Mild Systemic Lupus Erythematosus A multisystem, multifactorial, autoimmune disorder which is characterised by the development of autoantibodies directed against various self-antigens. In respect of this Supplementary Agreement, systematic lupus erythematosus will be restricted to those forms of systematic lupus erythematosus that require systemic immunosuppressive therapy for multiple organ involvement for at least 6 months under the direction of a specialist. Evidence must be provided from the treating specialist that proves to our satisfaction that there has been involvement of at least three specified internal organs. For the purposes of this benefit the listed specified organs are restricted to the kidneys, brain, heart (or pericardium), lungs (or pleura) and joints. Joint involvement is defined as the presence of polyarticular inflammatory arthritis. Skin involvement is not considered one of the specified organs for the purposes of this benefit. Other forms, discoid lupus and those forms with haematological involvement will be specifically excluded. The final diagnosis may have to be supported by a certified doctor specialising in Rheumatology and Immunology.	N/A	Systemic Lupus Erythematosus with Lupus Nephritis* A multi-system, multifactorial, autoimmune disorder characterized by the development of autoantibodies directed against various self-antigens. In respect of this Supplementary Agreement, 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 Physician specializing 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



42. Terminal Illness	N/A	N/A	Terminal Illness* The conclusive diagnosis of an illness that is expected to result in the death of the Insured within twelve (12) months. This diagnosis must be supported by a specialist and confirmed by our appointed Physician. Terminal illness in the presence of HIV infection is excluded.
43. Viral Encephalitis	Viral Encephalitis with full recovery 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.	N/A	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 (6) weeks. Encephalitis caused by HIV infection is excluded.



APPENDIX B2

Definitions of Special Conditions applicable to Early Critical Protector

Critical Illness Benefit covers “Angioplasty & Other Invasive Treatment for Coronary Artery”. Please refer to (*) in the table below for the definition.

1. Diabetic Complications

Diabetic Complications including Diabetic Retinopathy, Diabetic Nephropathy or Amputation of Part of Limb due to Gangrene:

- 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 specialist in the relevant field and is evident by eGFR less than 30 ml/min/1.73 m² with ongoing proteinuria greater than 300mg/24 hours.
- The actual undergoing of amputation of a foot / toe / hand / finger to treat gangrene that has occurred because of a complication of diabetes.

2. 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 (3) or more osteoporotic fractures involving either femur, wrist or vertebrae. These fractures must directly cause the Insured's inability to perform at least one (1) Activity of Daily Living. Such disability has to be continued for at least six (6) consecutive months and confirmed by a doctor to be permanent in nature.

Activities of Daily Living:

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

3. Severe Rheumatoid Arthritis

Widespread joint destruction with major clinical deformity of three (3) 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
- Radiographic evidence of severe involvement

The diagnosis must be confirmed by a Consultant Rheumatologist.

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 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 (haematocrit 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:
 - i. hypotension (less than 80 mm Hg) or narrow pulse pressure (20 mm Hg or less) and
 - ii. evidence of tissue hypoperfusion such as cold, clammy skin, oliguria, or a metabolic acidosis

5. Mastectomy due to carcinoma-in situ or malignant breast condition

Mastectomy means surgical removal of at least three quadrants of the tissue of a breast due to carcinoma-in-situ or a malignant condition. Proof of having undergone the breast reconstructive surgery is not required.

6. Angioplasty & Other Invasive Treatment for Coronary Artery*

The actual undergoing of balloon angioplasty or similar intra arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one (1) 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.