



Important

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

Conditions for SNACK - Critical Illness (CI)

Your policy

This SNACK-CI policy is a critical illness plan that provide financial protection if **you** are diagnosed with any one of the **critical illness** during the **policy term**. The **policy** will form the basis on which **we** will settle all claims. It is only valid if **you** have paid the appropriate premium in full and **we** have issued **you** with a **policy schedule**.

Any declaration **you** have given on behalf of the **insured person**, that are made through SNACK by Income online application or over email to hello.snack@income.com.sg at the time of your application, will form the basis of the contract.

The **policy schedule** and any further **endorsements** are all part of the **policy**.

You and the **insured person** must reveal all facts **you** and the **insured person** know or ought to know which may affect the insurance cover. If not, **your policy** may not be valid.

1. Who is eligible

This **policy** is only available to **you** if:

- the **insured person** is a Singapore Citizen or Singapore Permanent Resident;
- the **insured person** is **age** between 18 years old and 61 years old;
- you have fully paid **your** premium; and
- you have selected at least one **trigger** applicable to your **policy**

2. What your policy covers

If the **insured person** is diagnosed with a **critical illness** (except **angioplasty and other invasive treatment for coronary artery**) for the first time by a **registered medical practitioner** during the **policy term**, **we** will pay the **sum assured** in one lump sum provided that the insured person survives a period of seven (7) days from the date of diagnosis of the **critical illness**. This **policy** will end after **we** make this payment.

If **you** are covered under one or more **SNACK-CI policies**, the **accumulated coverage** shall not exceed S\$200,000 per **insured person**.

If **you** are covered under one or more **SNACK-CI policies** and undergo **angioplasty and other invasive treatment for coronary artery** during the **policy term**, **we** will pay 10% of the **sum assured** for each of your SNACK-CI policy that is valid and in force as at the date you are diagnosed by the **registered medical practitioner** with the medical condition that led to the **angioplasty and other invasive treatment for coronary artery**, provided that the total **sum assured** that we will pay under all the above SNACK-CI policies cumulatively will not exceed \$25,000 per **insured person** for the same claim event. After this payment, **we** will reduce the **sum assured** for each of **your SNACK-CI policy** accordingly.



If the **insured person** is diagnosed with **critical illness** before the issuance of this **policy**, we will void this **policy** and refund the premium paid for this **policy**.

You will be issued a **policy schedule** which will state:

- the amount of premium payable for **your** cover; and
- the **sum assured** we have to pay.

3. Your responsibilities

You will pay your premium for this **policy** upon completion of the prescribed **trigger activity** of the **trigger** that **you** have selected for this **policy**.

4. What you need to be aware of

a. Critical illness benefit

We only cover the **critical illnesses**. The name of each **critical illness** is only a guide to what is covered. The full definition of each critical illness covered and the circumstances in which **you** can claim are given in Appendix 1.

Your cover under this **policy** starts from the **start date** and applies until the end of the **policy term** or when an event which results in the end of **your** cover happens, whichever is earlier.

You must provide adequate medical evidence and **we** may ask the **insured person** be examined by a **registered medical practitioner** that **we** have appointed at your cost. Every diagnosis of **critical illness** must be supported by acceptable clinical, radiological, histological and laboratory evidence and confirmed by a **registered medical practitioner**.

If **we** agree to pay the **benefit** for **critical illness** under the **policy**, **we** will pay the **sum assured** as set out in the **policy schedule** of the relevant **SNACK-CI policy** in force as at the date of diagnosis or the date of the event giving rise to the claim (whichever is applicable).

We will not pay the **benefit** if your claim arises from:

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

b. Conditions of trigger

By selecting the relevant **trigger** at the time of application of this **policy**, **you** have authorised the premium to be charged to **you** through the payment mode **you** have selected for this **policy** upon our receipt of the confirmation by the **trigger source** of **your** completion of the **trigger activity**. Upon confirmation of such premium payment **we** shall issue you the **policy**.

Your completion of the **trigger activity** shall be subjected to authentication and verification processes by the **trigger source** and **we** reserve the right to reject your application for this **policy** if **we** have any reason to believe that **you** have not fully completed the prescribed **trigger activity**.

We may add, delete, or revise any of the **trigger** and the **trigger activity** including the type of **trigger**, number of **trigger** and **trigger source** from time to time and **we** will notify **you** of such addition, deletion, revision by way of an email sent to your last email address registered with **us** in the SNACK by Income online application, prior to **your** application for any subsequent new **SNACK-CI policy**.

c. Stacking assurance

(i) **You** may purchase a new **SNACK-CI policy** without further underwriting under the following conditions:

- the **insured person** satisfies the eligibility requirements;
- **you** and the **policyholder** have at least one **policy** in force on the date of purchase of your new **SNACK-CI policy**;
- no claim has been made under any policy purchased through the SNACK by Income online application which covers the **insured person** for the following disability:
 - Loss of hearing in both ears (total & permanent)
 - Third degree burns (body) - equal to or greater than 20%
 - Loss of speech
- no claim has been made under any **SNACK-CI policy** purchased through the SNACK by Income online application which covers the **insured person**.

(ii) **You** may purchase a **first policy** after all your existing **SNACK-CI policies** have ended (i.e. **accumulated coverage** = \$0). However, your eligibility to purchase the **first policy** will be re-evaluated based on **your** latest physical or medical conditions at the time of your application for the **first policy**.

d. Premium

(i) The premium that the **policyholder** pays for this **policy** can change. If we change the premium for this **policy**, we will write to the **policyholder** at his/her last email address registered in the SNACK by Income online application, at least 30 days before the change is to take place, to tell the policyholder what the new premium is.

(ii) Premium due date

- The premium is due upon completion of the relevant **trigger activity**.

(iii) Premium payment

- The **policyholder** must pay the premium upon completion of the relevant trigger **activity**.

Upon completion of relevant **trigger activity** and receipt of premium payment, the **policy schedule** will reflect:

- The amount of premium paid under the **policy**; and
- The **sum insured** payable under the **policy**



The **policyholder** can obtain a copy of the **policy schedule** at any time via the SNACK by Income online application.

e. Making a claim

If we are due to pay the **sum assured** under this **policy**, any of the **SNACK-CI policy** issued by us to **you** after the date of diagnosis of the **critical illness** giving rise to **your** claim, will be void and we will refund the premiums paid.

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

You (or **your** legal representative) must tell **us** in writing, giving full details and providing the proof **we** need. **You** must give **us** the documents **we** need with the claim form.

f. Refusing to pay a claim

We will pay **your** claim unless:

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

If a claim or any part of a claim is false or fraudulent, or if **you** use fraudulent methods to claim any **benefit**, **we** can do any or all of the following:

- **We** will not pay, and **you** will lose all **benefits**;
- **We** will end the **policy**;
- **We** will add extra terms and conditions; and/or
- **We** will take any action we consider is necessary.

g. Ending the policy

Your cover for **your policy** ends immediately and **we** will not refund the **premiums** paid under the **policy** if any of the following events happens:

- if **you** reach the **age** of 62;
- if **you** are no longer a Singapore Citizen or Singapore Permanent Resident;
- the **policy term** ends;
- the claim that is made under your **policy** is fraudulent;
- if **we** cancel this **policy** under paragraph (i) below;
- **you** die as certified by a **registered medical practitioner**; or
- unless **we** are due to pay only part of the **benefit** for any of the **critical illness**, **your policy** will end immediately on the date **you** are diagnosed by a **registered medical practitioner** as suffering from any of the **critical illnesses** in Appendix 1,

whichever the earliest.

At the end of **your** cover, **we** will not refund the **premiums** paid under this **policy**.

There is no cash-in value available when **your** cover ends.



If **you** have no **SNACK-CI policy** that is valid and in force at any time, and **you** intend to be covered under the **SNACK-CI policy**, **you** will have to apply for a new **SNACK-CI policy** and undergo the relevant application processes (including health declarations) as if **you** are applying for the **SNACK-CI policy** for the first time.

If **we** are due to pay the **benefit**, any of the **SNACK-CI policy** issued by **us** to **you** after the date of diagnosis giving rise to the claim will be void and **we** will refund the **premiums** paid.

h. Changes made on future SNACK-CI policies

The cover, benefit, premiums, terms and conditions of any subsequent **SNACK-CI policy** that the **policyholder** may apply for in the future may change from time to time and **we** may also discontinue the sale of any **SNACK-CI policy** at any time in the future. **We** will write to the **policyholder** at his last email address registered with **us** in the SNACK by Income online application, at least 30 days before the above change or discontinuance is to take place, to inform the **policyholder** of the same.

i. Prohibited persons

If **you** are or any **relevant person** is found to be a **prohibited person**, **we** may immediately:

- declare the **policy** or the cover under your **policy** as invalid;
- cancel **your policy** and any or all cover under **your policy**;
- not make or suspend any transaction under the **policy**; and
- refuse to pay any benefit to any **prohibited person**.

You must inform us of any changes to the identities, status, constitution, establishment, particulars and identification documents as soon as reasonably practicable but no later than 30 days of any change.

j. Excluding third-party rights

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

k. Governing law

Singapore law will apply to this **policy**.

5. Definitions

Accumulated coverage means the total sum assured of all **in force** SNACK-CI insurance policies issued to **you**, from the start date set out in the **policy schedule** of **your first policy**.

Age means age of last birthday.

Benefit means the amount **we** will pay under the terms and conditions of the **policy**.

Critical illness means any critical illness listed in Appendix 1 attached.

Endorsement means any written statement or notice **we** have issued to confirm and record changes to the **policy**.

First policy means

- the first SNACK-CI insurance policy issued to **you** and no other SNACK-CI insurance policy has been issued to **you** prior to this first policy; or
- the first SNACK-CI insurance policy issued to **you** after all **your** SNACK-CI insurance policy have ended (if one or more SNACK-CI insurance policy have been issued to you),

as the case may be.

Insured person means the individual named in the **policy schedule** as the person who is insured under this **policy**.

In force means that the policy term has not yet ended.

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

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

Policy means this document, including any information provided or declaration made by **you**, the **policy schedule**, and any **endorsements we** have issued under this **policy**.

Policyholder means the person named and who has made a declaration on behalf of the **insured person** and paid the premium as shown in the **policy schedule**.

Policy schedule means the document which sets out the insurance cover, listing amongst other things, details of the **insured person, sum assured, policy term and the trigger** selected by **you** under this **policy**.

Policy term means 360 days from the **start date** as shown in the **policy schedule**.

Prohibited person means a person or entity who is subject to laws, regulations or sanctions administered by any governmental or regulatory authorities or law enforcement in any country, which will prohibit **us** from providing insurance cover or paying any benefit.



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

Relevant person includes the **policyholder**, **insured person**, trustee, assignee, beneficiary, beneficial owner or nominee and mortgagee or financier.

SNACK-CI policy means the SNACK-CI insurance policy that the **policyholder** can purchase from **us** via the SNACK by Income online application.

Start date means:

- The start date of the **policy term** as set out in the **policy schedule** under the relevant **policy**; or
- **The date we** issue an **endorsement** to the relevant policy,

whichever is latest.

Sum assured means the sum assured as set out in the **policy schedule**.

Trigger means one or more events that **you** have selected in **your policy** application via the SNACK by Income online application to perform the **trigger activity** which upon our receipt of, the confirmation by the **trigger source** of **your** completion of the **trigger activity** and **your premium** payment, will result in the issuance of this **policy**.

Trigger activity means the prescribed terms of the activity or transaction as set out in **your** application for this **policy** through the SNACK by Income online application which **you** will perform with a **trigger source**.

Trigger source means any of the **trigger source** listed in your **policy** application which you will be performing the **trigger activity** with.

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

You means the policyholder shown in the policy schedule.

Policy Owners' Protection Scheme

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

Appendix 1

LIA Standard Definitions for Severe Stage of 37 Critical Illnesses: Version 2019

1. Major Cancer

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

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

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

For the above definition, the following are excluded:

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

2. Heart Attack of Specified Severity

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

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

For the above definition, the following are excluded:

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

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

3. Stroke with Permanent Neurological Deficit

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

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and
- Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks;
- Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
- Vascular disease affecting the eye or optic nerve;
- Ischaemic disorders of the vestibular system; and
- Secondary haemorrhage within a pre-existing cerebral lesion.

4. Coronary Artery By-pass Surgery

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

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

5. End Stage Kidney Failure

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

6. Irreversible Aplastic Anaemia

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

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

The diagnosis must be confirmed by a haematologist.

7. End Stage Lung Disease

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

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

The diagnosis must be confirmed by a respiratory physician.

8. End Stage Liver Failure

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

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

Liver disease secondary to alcohol or drug abuse is excluded.

9. Coma

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

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

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

10. Deafness (Irreversible Loss of Hearing)

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

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

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

11. Open Chest Heart Valve Surgery

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

12. Irreversible Loss of Speech

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

All psychiatric related causes are excluded.

13. Major Burns

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

14. Major Organ / Bone Marrow Transplantation

The receipt of a transplant of:

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

Other stem cell transplants are excluded.

15. Multiple Sclerosis

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

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

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

16. Muscular Dystrophy

The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

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

17. Idiopathic Parkinson's Disease

The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- The disease cannot be controlled with medication; and
- Inability of the Life Assured to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months.

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

18. Open Chest Surgery to Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

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

19. Alzheimer’s Disease / Severe Dementia

Deterioration or loss of cognitive function as confirmed by clinical evaluation and imaging tests, arising from Alzheimer’s disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the life assured. 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:

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

20. Fulminant Hepatitis

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

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

21. Motor Neurone Disease

Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.

22. Primary Pulmonary Hypertension

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

The NYHA Classification of Cardiac Impairment:

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

23. HIV Due to Blood Transfusion and Occupationally Acquired HIV

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

- The blood transfusion was medically necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later; and
- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood.

B. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, date of endorsement or date of reinstatement of this Supplementary Contract, 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:

- Proof that the accident involved a definite source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

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

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

24. Benign Brain Tumour

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

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

The following are excluded:

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

25. Severe Encephalitis

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

Encephalitis caused by HIV infection is excluded.

26. Severe Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks.

This diagnosis must be confirmed by:

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

Bacterial Meningitis in the presence of HIV infection is excluded.

27. Angioplasty & Other Invasive Treatment for Coronary Artery

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

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

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

Diagnostic angiography is excluded.

28. Blindness (Irreversible Loss of Sight)

Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.

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

29. Major Head Trauma

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

The following are excluded:

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

30. Paralysis (Irreversible Loss of Use of Limbs)

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

Self-inflicted injuries are excluded.

31. Terminal Illness

The conclusive diagnosis of an illness that is expected to result in the death of the Life Assured within 12 months. This diagnosis must be supported by a specialist and confirmed by the Company's appointed doctor.

Terminal illness in the presence of HIV infection is excluded.

32. Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs.

This diagnosis must be unequivocally confirmed by a consultant rheumatologist and supported by biopsy or equivalent confirmatory test, and serological evidence, and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:

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

33. Persistent Vegetative State (Apallic Syndrome)

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for at least one month.

34. Systemic Lupus Erythematosus with Lupus Nephritis

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

The RPS/ISN classification of lupus nephritis:

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

35. Other Serious Coronary Artery Disease

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

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

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

36. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

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

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

37. Loss of Independent Existence

A condition as a result of a disease, illness or injury whereby the Life Assured is unable to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living", for a continuous period of 6 months. This condition must be confirmed by the company's approved doctor.

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

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

Others

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

1. Permanent Neurological Deficit

Permanent means expected to last throughout the lifetime of the Life Assured.

Permanent neurological deficit means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life Assured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

2. Activities of Daily Living (ADLs)

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