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General Information

This document contains 2 tables:-

A) Table of Critical Illness Definitions

- a list of 37 critical illnesses (at various stages) covered under Smart Early Critical Care and their respective definitions;

B) Table of Special Benefits Definitions

- a list of 7 special benefits covered under Smart Early Critical Care and their respective definitions.

These tables are for general information only. They are not contracts of insurance. The precise terms and conditions of this insurance plan are shown in the policy contract.

A) Table of Critical Illness Definitions

Critical Illness Definitions	
1	Major Cancers
	Early Stage If one of the following minor cancer condition is met: - Carcinoma-in-situ of the following sites: Breast, uterus, ovary, fallopian tube, vulva, vagina, cervix uteri, colon, rectum, penis, testis, lung, liver, bladder, stomach or nasopharynx. The diagnosis of Carcinoma-in-situ must be positively established by microscopic examination of fixed tissues. Clinical diagnosis or the Cervical intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II, and CIN III (severe dysplasia without carcinoma-in-situ) does not meet with the required definition and are specifically excluded. Carcinoma-in-situ of the biliary system is also specifically excluded. - Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification. - Thyroid Cancer that is histologically described utilising the TNM Classification as T1N0M0 as well as Papillary microcarcinoma of thyroid that is less than 1cm in diameter. - Urinary Bladder Cancer that is histologically described utilising the TNM Classification as T1N0M0 (including Papillary micro-carcinoma of Bladder). The diagnosis of the above minor cancers must be established by histological evidence and be confirmed by a specialist in the relevant field.
	Intermediate Stage The actual undergoing of a Radical Surgery to arrest the spread of malignancy in that specific organ, which must be considered as appropriate and necessary treatment. "Radical Surgery" is defined in this policy as the total and complete removal of one of the following organs: breast (mastectomy), prostate (prostatectomy), corpus uteri (hysterectomy), ovary (oophorectomy), fallopian tube (salpingectomy), colon (colectomy) or stomach (gastrectomy). Partial removal of an organ will not be covered. With the exception of prostatectomy, the Radical Surgery must be performed as a result of Carcinoma-in-situ which has been positively established by microscopic examination of fixed tissues and additionally supported by a biopsy of the removed organ. Clinical diagnosis does not meet this standard. Prostatectomy must be carried out as a result of early prostate cancer that is histologically described using the TNM Classification as T1a or T1b or Prostate cancers described using another equivalent classification. All grades of cervical intraepithelial neoplasia (CIN) and prostatic intraepithelial neoplasia (PIN) are specifically excluded.

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	<u>Critical Stage</u> A malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma. For the above definition, the following are excluded: • All tumours which are histologically classified as any of the following: - Pre-malignant; - Non-invasive; - Carcinoma-in-situ; - Having borderline malignancy; - Having any degree of malignant potential; - Having suspicious malignancy; - Neoplasm of uncertain or unknown behavior; or - Cervical Dysplasia CIN-1, CIN-2 and CIN-3; • Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; • Malignant melanoma that has not caused invasion beyond the epidermis; • All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification; • All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; • All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below; • All Gastro-Intestinal Stromal tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs; • Chronic Lymphocytic Leukaemia less than RAI Stage 3; and • All tumours in the presence of HIV infection.
2	Heart Attack of Specified Severity and other Serious Heart Conditions <u>Early Stage</u> 1. 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, or 2. The undergoing of a pericardiectomy as a result of pericardial disease or undergoing of any surgical procedure requiring keyhole cardiac surgery. Both these surgical procedures must be certified to be absolutely necessary by a specialist in the relevant field. <u>Intermediate Stage</u> 1. 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. Documentary evidence of ventricular tachycardia or fibrillation must be provided; or 2. 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.

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	<u>Critical Stage</u> Death of heart muscle due to obstruction of blood flow, that is evident by at least three of the following criteria proving the occurrence of a new heart attack: - History of typical chest pain; - New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block; - Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above; - Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company. For the above definition, the following are excluded: - Angina; - Heart attack of indeterminate age; and - A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty. Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml
3	Stroke and other Serious Cerebro-vascular Conditions <u>Early Stage</u> - The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arterio-venous malformation via craniotomy. The surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field. Endovascular repair or procedures are not covered, or - 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. <u>Intermediate Stage</u> 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. Endarterectomy of blood vessels other than the carotid artery is specifically excluded. <u>Critical Stage</u> A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit with persisting clinical symptoms. This diagnosis must be supported by all of the following conditions: - Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 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; and - Ischaemic disorders of the vestibular system. Permanent means expected to last throughout the lifetime of the life assured.

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	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 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.
4	Other Serious Coronary Artery Disease
	<u>Early Stage</u> The narrowing of the lumen of two coronary arteries by a minimum of 60%, as proven by coronary arteriography, 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. If a claim is admitted under this benefit, no further claim on Early Stage of Coronary Artery By-pass Surgery will be payable.
	<u>Intermediate Stage</u> The narrowing of the lumen of three 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. If a claim is admitted under this benefit, no further claim on Early Stage of Coronary Artery By-pass Surgery will be payable.
	<u>Critical Stage</u> The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
5	Primary Pulmonary Hypertension
	<u>Early Stage</u> 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 catheterization by a specialist in the relevant field.
	<u>Intermediate Stage</u> Secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The diagnosis must be established by cardiac catheterization by a specialist in the relevant field.

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	<u>Critical Stage</u> Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The NYHA Classification of Cardiac Impairment: Class I : No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain. Class II : Slight limitation of physical activity. Ordinary physical activity results in symptoms. Class III : Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
6	End Stage Liver Failure <u>Early Stage</u> Partial hepatectomy of at least one entire lobe of the liver that has been found necessary as a result of illness or accident of the life assured. Donation is excluded. Liver disease secondary to alcohol and drug abuse is excluded. <u>Intermediate Stage</u> Cirrhosis of the liver with a HAI-Knodell Scores of 6 and above as evident by liver biopsy. The diagnosis must be unequivocally confirmed by a specialist in the relevant field and based on the histological findings of the liver biopsy. Liver disease secondary to alcohol and drug abuse is excluded. <u>Critical Stage</u> 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.
7	End Stage Lung Disease <u>Early Stage</u> 1. Evidence of an acute attack of Severe asthma with persistent status asthmaticus that requires hospitalization and assisted ventilation with a mechanical ventilator for a continuous period of at least 4 hours on the advice of a specialist in the relevant field, or 2. The surgical insertion of a vena-cava filter after there has been documented proof of recurrent pulmonary emboli. The need for the insertion of a vena-cava filter must be certified to be absolutely necessary by a specialist in the relevant field. <u>Intermediate Stage</u> Complete surgical removal of a lung as a result of an illness or an accident of the life assured. Partial removal of a lung is not included in this benefit. Donation is excluded.

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	<u>Critical Stage</u> End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following: • FEV₁ test results which are consistently less than 1 litre; • Permanent supplementary oxygen therapy for hypoxemia; • Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO₂ ≤ 55mmHg); and • Dyspnea at rest. The diagnosis must be confirmed by a respiratory physician.
8	Alzheimer's Disease / Severe Dementia <u>Early Stage</u> Diagnosis of dementia by neurological assessment by an appropriate specialist confirming cognitive impairment characterized by a Mini Mental State Examination score of <u>24 or less out of 30</u> or assessed by 2 neuropsychometric tests performed 6 months apart with a battery of tests which clearly define the severity of the impairment. The Life Insured must have been placed on disease modifying treatment prescribed by a specialist and must be under the continuous care of a specialist. Claims is payable if this condition occurs before the policy anniversary on which the life assured is age 85 next birthday. <u>Intermediate Stage</u> 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 <u>20 out of 30</u> 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: • Remember; • Reason; and • Perceive, understand, express and give effect to ideas. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor. The following are excluded: • Non-organic diseases such as neurosis and psychiatric illnesses; and • Alcohol or drug related brain damage. <u>Critical Stage</u> 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 life assured. This diagnosis must be supported by the clinical confirmation or 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.

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9	Blindness (Loss of Sight)
	<u>Early Stage</u> Total and irreversible loss of sight in one eye. Permanent and irreversible loss of sight in one eye as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in one eye using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in one eye. The blindness must be confirmed by an ophthalmologist. Blindness resulting from alcohol or drug misuse will be excluded.
	<u>Intermediate Stage</u> The unequivocal diagnosis of optic nerve atrophy affecting both eyes leading to a permanent best corrected visual acuity of 6/60 or less on the Snellen Chart in both eyes. The optic nerve atrophy and quantum of visual loss of sight must be certified by a specialist in the relevant field. Optic nerve atrophy resulting from alcohol or drug misuse will be excluded.
	<u>Critical Stage</u> Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.
10	Coma <u>Early Stage</u> Coma that persists for at least 48 hours. This diagnosis must be supported by evidence of all of the following: • No response to external stimuli for at least 48 hours, • The use of life support measures to sustain life, and • Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. Coma resulting directly from alcohol or drug abuse is excluded. Medically induced coma also does not fulfill this definition. <u>Intermediate Stage</u> 1. Severe epilepsy confirmed by all of the following: (a) 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, (b) there must be documentation of recurrent unprovoked tonic-clonic or grand mal seizures of more than 5 attacks per week, and be known to be resistant to optimal therapy as confirmed by drug serum-level testing, and (c) the life assured must have been taking at least 2 prescribed anti-epileptic (anti-convulsant) medications for at least 6 months on the recommendation of a specialist in the relevant field. Febrile or absence (petit mal) seizures alone will not satisfy the requirement of this definition. 2. Coma that persists for at least 72 hours. This diagnosis must be supported by evidence of all of the following: • No response to external stimuli for at least 72 hours; • Life support measures are necessary to sustain life; and • Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. Coma resulting directly from alcohol or drug abuse is excluded. Medically induced coma also does not fulfill this definition.

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	<u>Critical Stage</u> A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the following: • No response to external stimuli for at least 96 hours; • Life support measures are necessary to sustain life; and • Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. Coma resulting directly from alcohol or drug abuse is excluded.
11	Deafness (Loss of Hearing) <u>Early Stage</u> 1. Permanent binaural hearing loss with the loss of at least 60 decibel in all frequencies of hearing as a result of illness or accident of the life assured. 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, or 2. The actual undergoing of a surgical drainage for cavernous sinus thrombosis. The presence of Cavernous Sinus Thrombosis as well as the requirement for surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field. <u>Intermediate Stage</u> 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. <u>Critical Stage</u> 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”.
12	Fulminant Hepatitis <u>Early Stage</u> The unequivocal diagnosis of Fulminant viral hepatitis with radiological evidence of oesophageal varices. <u>Intermediate Stage</u> The unequivocal diagnosis of Fulminant viral hepatitis with radiological evidence of oesophageal varices leading to at least two episode of oesophageal bleeding. <u>Critical Stage</u> 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.

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13	Heart Valve Surgery
	<u>Early Stage</u> The actual undergoing of simple percutaneous balloon valvuloplasty or valvotomy without any deployment of device or prosthesis necessitated by damage of the heart valve as confirmed by a specialist in the relevant field and established by a cardiac echocardiogram. All other surgical corrective methods will be excluded from this benefit.
	<u>Intermediate Stage</u> The actual undergoing of percutaneous transvascular valve replacement or any other types of percutaneous valve procedures where clips and rings are deployed by the arterial route to repair the valve as confirmed by a specialist in the relevant field as medically necessary and established by a cardiac echocardiogram. All other surgical corrective methods or technique involving a thoracotomy will be excluded from this benefit.
	<u>Critical Stage</u> 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.
14	HIV Due to Blood Transfusion and Occupationally Acquired HIV
	<u>Early Stage</u> Infection with the Human Immunodeficiency Virus (HIV) through a physical or sexual assault occurring after the issue date, date of endorsement or date of reinstatement of this supplementary contract, whichever is the later, provided that all the following conditions are met: • The incident must be reported to the appropriate authority and that a criminal case must be opened; • Proof of the assault giving rise to the infection must be reported to the Company within 30 days of the assault taking place; • Proof that the assault involved a definite source of the HIV tainted fluids; and • Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented assault. This proof must include a negative HIV antibody test conducted within 5 days of the assault. HIV infection resulting from any other means including consensual sexual activity or the use of intravenous drug is excluded. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accidental incident 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 with the requirement that appropriate care is being exercised, provided that all the following conditions are met: • Proof that the incident has been reported to the appropriate authority; • Proof of the accident giving rise to the infection must be reported to the Company within 30 days of the accident taking place; • Proof that the accident involved a definite source of the HIV infected fluids; • Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident. HIV infection resulting from any other means including consensual sexual activity or the use of intravenous drug is excluded. This benefit will not apply where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

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Intermediate Stage

Infection with the Human Immunodeficiency Virus (HIV) through organ transplantation provided that all of the following conditions are met:

- The organ transplant was medically necessary or given as part of a medical treatment;
- The organ transplant was received in Singapore after the issue date, date of endorsement or date of reinstatement of this supplementary contract, whichever is the later;
- The source of the infection is established to be from the Institution that provided the organ transplant 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.

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.

Critical Stage

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;
- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and
- The insured does not suffer from Thalassaemia Major or Haemophilia.

B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the 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 of the accident giving rise to the infection must be reported to the Company within 30 day of the accident taking place;
- Proof that the accident involved a definite source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 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.

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15	Kidney Failure
	Early Stage The complete surgical removal of one kidney necessitated by any illness or accident of the life assured. The need for the surgical removal of the kidney must be certified to be absolutely necessary by a specialist in the relevant field. Donation is excluded.
	Intermediate Stage Chronic kidney disease with permanently impaired renal function diagnosed by a specialist in the relevant field, with laboratory evidence of severely decreased eGFR level of less than 15 ml/min/1.73m² body surface area, persisting for a period of at least 6 months.
	Critical Stage Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.
16	Major Burns
	Early Stage Second degree (partial thickness of the skin) burns covering at least 20% of the surface of the life assured's body, or Self-inflicted injuries are excluded.
	Intermediate Stage Third degree (full thickness of the skin) burns covering at least 50% of face of the life assured. The burns must be treated in a recognized hospital and require surgical debridement and skin grafting. Self-inflicted injuries are excluded.
	Critical Stage Third degree (full thickness of the skin) burns covering at least 20% of the surface of the life assured's body.
17	Major Organ / Bone Marrow Transplantation
	Early Stage - 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, or - 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.
	Intermediate Stage The benefit covers those who are on an official organ transplant waiting list for 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. This benefit is limited to those on an official waitlist for organ transplant on Ministry of Health Singapore list of hospitals only.

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	<u>Critical Stage</u> The receipt of a transplant of: - Human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or - One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ. Other stem cell transplants are excluded.
18	Motor Neurone Disease <u>Early Stage</u> 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. <u>Intermediate Stage</u> Refers to a progressive degeneration of the corticospinal tracts and anterior horn cells or bulbar efferent neurons. These include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. A neurologist must make the definite diagnosis of a motor neurone disease and this diagnosis must be supported by appropriate investigations. <u>Critical Stage</u> Motor neurone disease characterized 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.
19	Paralysis (Loss of Use of Limbs) <u>Early Stage</u> Total and irreversible loss of use of at least one entire limb due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist. Self-inflicted injuries are excluded. <u>Intermediate Stage</u> The medically necessary amputation of one limb above the knee or elbow. Self-inflicted injuries are excluded. <u>Critical Stage</u> 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.

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20	Aplastic Anaemia
	<u>Early Stage</u> Acute reversible bone marrow failure confirmed by biopsy which results in anemia, neutropenia and thrombocytopenia requiring treatment with any one of the following: • Blood product transfusion; • Marrow stimulating agents; • Immunosuppressive agents; or • Bone marrow transplantation. The diagnosis must be confirmed by a specialist in the relevant field.
	<u>Critical Stage</u> Chronic persistent bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following: • Blood product transfusion; • Marrow stimulating agents; • Immunosuppressive agents; or • Bone marrow transplantation. The diagnosis must be confirmed by a haematologist.
21	Bacterial Meningitis
	<u>Early Stage</u> Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord which requires hospitalization. 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.
	<u>Critical Stage</u> 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.

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22	Benign Brain Tumour
	<u>Early Stage</u> 1. 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, or 2. 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.
	<u>Critical Stage</u> Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met: • It is life threatening; • It has caused damage to the brain; • It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and • Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The following are excluded: • Cysts; • Granulomas; • Vascular Malformations; • Haematomas; and • Tumours of the pituitary gland or spinal cord.
23	Coronary Artery By-pass Surgery <u>Early Stage</u> The actual undergoing for the first time for the correction of the narrowing or blockage of one or more coronary arteries via “Keyhole” surgery (excluding MIDCAB surgery), Atherectomy, Myocardia laser re-vascularisation or Enhanced external counterpulsation. All other surgical procedures will be excluded from this benefit. If a claim is admitted under this benefit, no further claim on Early Stage and Intermediate Stage of Other Serious Coronary Artery Disease will be payable. <u>Critical Stage</u> 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.

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24	Loss of Speech
	Early Stage Total and irrecoverable loss of the ability to speak as a result of disease or injury. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by a specialist in the relevant field. All psychiatric related causes are excluded.
	Critical Stage Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist. All psychiatric related causes are excluded.
25	Major Head Trauma
	Early Stage 1. The actual undergoing of re-constructive surgery above the neck (restoration or re-constructive of the shape of and appearance of facial structures which are defective, missing or damaged or misshapen) performed by a specialist in the relevant field to correct disfigurement as a direct result of an accident or assault. The need for surgery must be certified to be absolutely necessary by a specialist in the relevant field. Treatment relating to teeth and/or any other dental restoration alone is excluded "Accident" here 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; or 2. Accidental cervical spinal cord injury resulting in loss of use of at least one entire limb, to be assessed no sooner than six weeks from the date of the accident. The diagnosis must be confirmed by a specialist in the relevant field and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. Critical Stage Accidental head injury resulting in permanent neurological deficit with persisting clinical symptoms to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" here means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head injury. The following are excluded: • Spinal cord injury; and • Head injury due to any other causes. Permanent means expected to last throughout the lifetime of the life assured. 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 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.

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26	Multiple Sclerosis
	Early Stage The definite occurrence of Multiple Sclerosis. The diagnosis must be supported by all of the following: - Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; - Well documented history of exacerbations and remissions of said symptoms or neurological deficits. Other causes of neurological damage such as SLE and HIV are excluded.
	Critical Stage The definite occurrence of Multiple Sclerosis. The diagnosis must be supported by all of the following: - Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; - Multiple neurological deficits which occurred over a continuous period of at least 6 months; and - Well documented history of exacerbations and remissions of said symptoms or neurological deficits. Other causes of neurological damage such as SLE and HIV are excluded.
27	Muscular Dystrophy
	Early Stage A group of hereditary degenerative diseases of muscle characterized 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 life assured to perform (whether aided or unaided) at least 2 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months. Activities of Daily Living: - Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; - Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; - Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa; - Mobility- the ability to move indoors from room to room on level surfaces; - Toileting- the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; - Feeding- the ability to feed oneself once food has been prepared and made available. For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.
	Critical Stage 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 life assured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months: Activities of Daily Living: - Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; - Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; - Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa; - Mobility- the ability to move indoors from room to room on level surfaces;

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	(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. 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.
28	Parkinson’s Disease Early Stage 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: (a) The disease cannot be controlled with medication, (b) Signs of progressive impairment, and (c) Inability of the life assured to perform (whether aided or unaided) at least 2 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months. Drug-induced or toxic causes of Parkinsonism are excluded.
	Critical Stage The unequivocal diagnosis of idiopathic Parkinson’s Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions: • the disease cannot be controlled with medication; • signs of progressive impairment; and • inability of the life assured to perform (whether aided or unaided) at least 3 of the following 6 “Activities of Daily Living” for a continuous period of at least 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 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. Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson’s Disease are excluded. For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.
29	Surgery to Aorta Early Stage 1. The actual undergoing of surgery via minimally invasive or intra-arterial techniques to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as evidenced by a cardiac echocardiogram and confirmed by a specialist in the relevant field. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches, or 2. Asymptomatic abdominal or thoracic aortic aneurysm or dissection greater than 55mm in diameter as evidence by appropriate imaging technique, and confirmed by a specialist in the relevant field.

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	<u>Critical Stage</u> 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.
30	Terminal Illness <u>Critical Stage</u> 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.
31	Progressive Scleroderma <u>Critical Stage</u> 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 fascitis; and • CREST syndrome.
32	Apallic Syndrome <u>Critical Stage</u> 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.
33	Systemic Lupus Erythematosus With Lupus Nephritis <u>Critical Stage</u> A multi-system, multifactorial, autoimmune disorder characterised by the development of auto-antibodies directed against various self-antigens. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology. The WHO Classification of Lupus Nephritis: Class I Minimal Change Lupus Glomerulonephritis Class II Mesangial Lupus Glomerulonephritis Class III Focal Segmental Proliferative Lupus Glomerulonephritis Class IV Diffuse Proliferative Lupus Glomerulonephritis Class V Membranous Lupus Glomerulonephritis

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34	Viral Encephalitis <u>Critical Stage</u> 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 6 weeks. Encephalitis caused by HIV infection is excluded.
35	Poliomyelitis <u>Critical Stage</u> 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.
36	Loss of Independent Existence <u>Critical Stage</u> 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 following 6 "Activities of Daily Living", for a continuous period of 6 months. Activities of Daily Living: - Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; - Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; - Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa; - Mobility - the ability to move indoors from room to room on level surfaces; - Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; - Feeding - the ability to feed oneself once food has been prepared and made available. This condition must be confirmed by the company's approved doctor. Non-organic diseases such as neurosis and psychiatric illnesses are excluded. For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.
37	Angioplasty & Other Invasive Treatment For Coronary Artery <u>Critical Stage</u> 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 Amount of Benefits 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 Benefits which may be payable herein. Diagnostic angiography is excluded.

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B) Table of Special Benefits Definitions

	Critical Illness Definitions
1	Cancer Recovery
	Intermediate Stage This benefit is payable if there is an admitted claim under Major Cancers at Intermediate Stage. Refer to definition under Major Cancers at Intermediate Stage.
	Critical Stage This benefit is payable if there is an admitted claim under Major Cancers at Critical Stage. Refer to definition under Major Cancers at Critical Stage.
2	Diabetic Complications Diabetic Retinopathy resulting in the undergoing of laser photocoagulation to treat leaking blood vessels in the eye. This surgery must be certified to be absolutely necessary by a specialist in the relevant field with support of Fluorescein Fundus Angiography report and visual acuity of 6/18 or worse in the better eye using a Snellen eye chart, or A definite diagnosis of diabetic nephropathy by a specialist in the relevant field and is evident by eGFR less than 30ml/min/1.73m ² with ongoing proteinuria greater than 300mg/24 hours, or The actual undergoing of amputation of at least an entire foot to treat gangrene that has occurred as a complication of diabetes.
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	Severe Osteoporosis with Fractures 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 femur, wrist or vertebrae. These fractures must directly cause the Insured's permanent inability to perform at least one (1) Activity of Daily Living. 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.

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5	Severe Dengue Hemorrhagic Fever It covers Dengue Hemorrhagic 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 hemorrhagic manifestations, • thrombocytopenia (less than or equal to 100000 per mm3) • haemoconcentration (haematocrit increased by 20% or more) and • evidence of plasma leakage (i.e. pleural effusion, ascites or hypoproteinaemia, etc.) • evidence of the Dengue Shock Syndrome (DSS), confirmed by a consultant physician, with the following criteria being met: 1. hypotension (less than 80 mm Hg) or narrow pulse pressure (20 mm Hg or less) and 2. evidence of tissue hypoperfusion such as cold, clammy skin, oliguria, or a metabolic acidosis.
6	Systemic Lupus Erythematosus Systemic Lupus Erythematosus (S.L.E.) means an autoimmune illness in which tissues and cells are damaged by deposition of pathogenic autoantibodies and immune complexes. The diagnosis of S.L.E. will be based on the following conditions: (1) Clinically there must be at least 3 out of the following presentations suggested by The American College of Rheumatology. 1.1 Malar rash; 1.2 Discoid rash; 1.3 Photosensitivity; 1.4 Oral ulcers; 1.5 Arthritis; 1.6 Serositis; 1.7 Renal Disorder 1.8 Leukopenia (< 4,000/mL), or Lymphopenia (< 1,500/mL), or Haemolytic anaemia, or Thrombocytopenia (< 100,000/mL) 1.9 Neurological disorder AND (2) 1 or more of the following tests being positive 2.1 Anti-nuclear Antibodies; 2.2 L.E. cells; 2.3 Anti-DNA; 2.4 Anti-Sm (Smith IgG Autoantibodies) Such Diagnosis must be confirmed by a registered Medical Practitioner who is rheumatologist or immunologist and should be documented for a minimum period of 6 months. The Company reserves the right to change this definition from time to time to reflect the changes in qualitative or quantitative medical categorization of this illness so as to give effect to the original intent of this definition. For the definition of "Systemic Lupus Erythematosus with Lupus Nephritis at Critical Stage", please refer to item 33 in A) Table of Critical Illness Definitions.
7	Crohn's Disease Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred: • Stricture formation causing intestinal obstruction requiring admission to hospital, and • Fistula formation between loops of bowel, and • At least one bowel segment resection. The diagnosis must be made by a Specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.