

Guide to Critical Illness and Disability Benefit

Critical Illness and Disability Benefit

Actual wording set out in the Global Term policy conditions is shown in bold on the left-hand side of this guide, alongside additional guidance on the right-hand side and in the glossary sections.

Important

The contents of this guide and the explanations given are for guidance only and do not affect or replace the Global Term policy conditions. In the event of a claim, the definitions in the policy conditions will apply when determining the validity of a claim. The illnesses and definitions shown apply to Global Term at the print date stated on the back of this guide.

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Exclusions

All covers and benefits

There will be no liability under the Policy and the Policy will not pay out if a claim is directly or indirectly attributable to:

- a life assured's active participation in war (whether declared or not), civil war, insurrection, riot;
- terrorist act, mutiny, piracy, civil commotion or other acts of violence originating from any political or civil unrest;
- any breach of criminal law by the Policyholder or a life assured;
- a life assured's suicide or attempted suicide, whether sane or insane, within two years of the Date Risk Assumed or subsequent reinstatement of the Policy.

Critical Illness and Disability Benefit

In addition, no claim for Critical Illness and Disability Benefit will be paid if a claim is directly or indirectly attributable to:

- war (this means any form of war whether declared or not)
- intentional self-inflicted injury.

Plan limitations

A waiting period of 90 days applies. This means that no claim will be paid if any critical illness or disability is first diagnosed within 90 days of the Date Risk Assumed or subsequent reinstatement of the Policy.

If you choose 'Critical Illness Cover' there is a survival period of 30 days. This means that only the death benefit shown in the Policy Schedule will be paid if death occurs within 30 days after a first diagnosis of a critical illness or disability.

Payment for angioplasty and other invasive treatment for coronary artery is set at a maximum of 10% of the sum assured up to a maximum of SGD 25,000 or currency equivalent, paid in the currency chosen for the Policy. The remaining portion of the sum assured will be paid on diagnosis of any subsequent qualifying critical illness or disability.

Throughout this guide, the following definitions will apply:

Permanent shall mean expected to last throughout the life assured's life, irrespective of when the cover ends or the life assured retires.

Irreversible shall mean the condition cannot be reasonably improved upon by medical treatment and/or surgical procedures used by reputable, State-approved medical institutions at the time of the claim.

Permanent neurological deficit

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, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

Activities of Daily Living

Activities of Daily Living' shall mean, inability of the life assured to perform (whether aided or unaided) at least three of the following six 'Activities of Daily Living' for a continuous period of 6 months.

- (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.

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.

Full list of critical illnesses and disabilities

1 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.

Glossary

Alzheimer's disease – this is a specific type of dementia.

Dementia – a progressive and degenerative disease, where the cells in the brain deteriorate. The disease affects the sufferer in a number of ways such as general confusion, loss of memory or loss of concentration but overall there is a decline in all mental faculties.

Notes:

Alzheimer's disease and dementia are progressive and degenerative brain diseases, where the cells in the brain deteriorate. In order to claim, the Alzheimer's disease or dementia must have been diagnosed and have reached the point where there are permanent clinical symptoms of the disease.

The diagnosis is based on observation of the person and the results of certain questionnaires or tests, which, for example look at short-term and long-term memory.

Non-organic disease and alcohol-related brain damage are not covered.

2 Angioplasty and other invasive treatment for coronary artery

The actual undergoing of balloon angioplasty or similar intra arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The 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 SGD 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.

Notes:

The main arteries of the heart can become narrowed or blocked resulting in the heart muscle not receiving enough oxygen. This can lead to severe chest pain, commonly known as angina.

2 Angioplasty and other invasive treatment for coronary artery (continued)

Glossary

Angiographic/Angiography – relating to an angiogram where a special dye is injected into the blood vessels of the heart so that they can be seen on an x-ray showing blockages and narrow areas.

Angiogram – a special dye is injected into the blood vessels so that they can be seen on an x-ray showing blockages and narrow areas.

Atherectomy – where the blockage in the artery is cut away by a thin flexible tube fed into the artery.

Balloon angioplasty – where a balloon is fed into the affected artery and inflated to widen it.

Coronary artery – an artery that supplies blood to the heart.

Intra arterial – when a catheter (fine tube) is passed along an artery to perform an investigation or surgery.

Laser treatment – where the blockage in the artery is burnt away by a laser attached to a thin flexible tube fed into the artery.

Revascularisation – widening or removal of a blockage in a blood vessel.

Stenosis – narrowing in a blood vessel, 60% stenosis means that the blood vessel is 60% smaller than usual.

Stent insertion – where a small ring of metallic mesh is fed into the artery and expanded to widen it.

For this illness the maximum payment is limited to 10% of the sum assured up to a maximum of USD 25,000 or currency equivalent, paid in the currency chosen for the Policy. The remaining portion of the sum assured will be paid on diagnosis of any subsequent qualifying critical illness or disability.

Notes: (continued)

In the most severe cases coronary artery by-pass surgery may be necessary. However it may be possible to treat the problem without the need for open heart surgery via one of the following techniques:

- balloon angioplasty
- laser treatment
- atherectomy
- stent insertion.

A claim will only be successful if the treatment is carried out on one of the main arteries in the heart and a significant amount of narrowing has been identified on an angiogram. The treatment must be recommended by a Consultant Cardiologist.

Having an angiogram for any reason is not in itself a valid claim.

3 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 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 (MRI), 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.

Glossary

Angioma – a benign growth produced by the dilatation or new formation of blood vessels.

Benign – not malignant.

Granuloma – a benign solid swelling caused by a collection of specific types of blood cells.

Haematoma – a benign solid swelling caused by a collection of blood or a blood clot; and

Malignant tumour – a tumour that invades the tissue in which it originates and can spread to other parts of the body.

MRI and computerised tomography – these are types of medical investigations that form an image of the body's tissues.

Pituitary gland – a small pea-sized organ connected by a stalk to the middle of the underside of the brain behind the nasal cavity.

Vascular malformation – a blood vessel abnormality which may be present from birth.

Notes:

A benign tumour is an abnormal growth of cells, which is usually not life threatening. When such a tumour occurs in the brain, however, it can be serious as the tumour puts pressure on the surrounding brain. Benign brain tumours are covered if they cause ongoing clinical symptoms resulting from permanent brain damage.

Removal of the tumour may be necessary but if the tumour is inoperable and has caused permanent neurological deficit, it is not necessary to undergo surgery to make a claim. Malignant tumours are not covered under this definition as these are covered under the major cancers definition where that applies.

Cysts, abscesses, angiomas, granulomas, vascular malformations, haematomas and tumours of the pituitary gland, spinal cord or skull base are not covered.



4 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.

5 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.

Glossary

Alcohol or drug abuse – inappropriate use of alcohol, drugs or other substances, including but not limited to the following:

- consuming too much alcohol;
- misuse, including taking an overdose of drugs, whether lawfully prescribed or otherwise;
- taking controlled drugs otherwise than in accordance with a lawful prescription;
- chemical substance abuse.

Coma – a state of unconsciousness with no reaction to external stimuli or internal needs.

External stimuli – outside sensory events that would normally produce a response, e.g. sight, hearing, touch, taste or smell.

Internal needs – needs of the body to survive i.e. food, drink, using the toilet, etc.

Life support measures – equipment used to assist breathing, feeding, drinking, etc.

Unconsciousness – the lack of normal sensory awareness caused by temporary or permanent damage to brain function.

Notes:

Blindness means a significant loss of sight in both eyes to the extent that the person can only see an object up to one metre away that a person with perfect eyesight could see, if it were 20 metres away.

The condition must be irreversible and therefore expected to be permanent. Please note that being registered blind may not on its own be sufficient for a valid claim.

Notes:

A coma is a state of unconsciousness from which the patient cannot be roused. It is usually necessary for a life support machine to be used to keep the patient alive if the patient has no control over their bodily functions. Common causes of comas are head injury, tumour or blood clots. Patients can regain consciousness, with or without permanent neurological deficit.

A claim will be valid in the following circumstances:

- The coma has meant that the person has needed to be on life support.
- The person has no response to external stimuli for at least 96 hours.
- The incident must have caused permanent neurological deficit.

However, comas caused by any of the following are not covered:

- medically induced comas;
 - consuming too much alcohol;
 - taking an overdose of drugs, prescribed or otherwise;
 - misuse, including taking controlled drugs unless lawfully prescribed;
 - inappropriate use of chemicals, for example sniffing glue or lighter fuel.
-

6 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.

Glossary

Angiographic/Angiography – relating to an angiogram where a special dye is injected into the blood vessels of the heart so that they can be seen on an x-ray showing blockages and narrow areas.

Angioplasty – a procedure to correct a narrowing of an artery and improve the blood flow. A balloon tipped catheter (fine tube) is passed along the affected artery and then inflated.

Coronary artery – an artery that supplies blood to the heart.

Intra arterial – when a catheter (fine tube) is passed along an artery to perform an investigation or surgery.

Keyhole (surgery) – minimally invasive surgery.

Open chest surgery – a heart operation that requires surgery to divide the breastbone known as a median sternotomy.

Stent insertion – where a small ring of metallic mesh is fed into the artery and expanded to widen it.

Notes: (continued)

Coronary artery by-pass surgery involves attaching a short length of vein to by-pass a blockage in one or more of the arteries that supply blood to the heart. Claims will only be valid if the by-pass procedure is done using open heart surgery involving the surgical division of the breast bone. This reflects the serious nature of this procedure and the consequent recovery times for patients.

Other procedures to treat narrowing or blocked coronary arteries are not covered under this definition. Examples of other procedures which are not covered include angioplasty, cases involving less invasive surgery (for example, keyhole or minimally invasive surgery), the use of scrapers, cutters, lasers, or stent insertion. However, these procedures may qualify for a part payment under the benefit angioplasty and other invasive treatment for coronary artery.

7 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 reasonable 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".

Glossary

Audiometric and sound-threshold tests – tests for measuring the extent of a person's hearing ability.

Decibels – a measure of the level of sound.

Notes:

Deafness means the profound irreversible loss of hearing in both ears where the condition cannot be cured and is permanent.

The damage can be due to accident or disease.

Please note that being registered deaf may not on its own be sufficient for a valid claim if the person still has some residual hearing.

8 End stage kidney failure

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

Glossary

Chronic – of long duration and cannot be cured by medical treatment and/or surgical procedures used at the time of the claim.

Irreversibly – cannot be reasonably improved upon by medical treatment and/or surgical procedures used by reputable, State-approved medical institutions at the time of the claim.

Notes:

Kidneys clean the blood of waste products produced by the body. As the body can function normally with just one healthy kidney, a claim for kidney failure will be valid if both kidneys have irreversibly stopped functioning and the person is having regular dialysis (a process using a machine to perform the function of the kidneys).

A claim is also valid for a person who receives a kidney transplantation.

9 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.

Glossary

Alcohol or drug abuse – inappropriate use of alcohol, drugs or other substances including but not limited to the following:

- consuming too much alcohol;
- misuse, including taking an overdose of drugs, whether lawfully prescribed or otherwise;
- taking controlled drugs otherwise than in accordance with a lawful prescription;
- chemical substance abuse.

Ascites – the accumulation of free fluid within the abdominal cavity.

Cirrhosis – the formation of fibrous tissue, nodules, and scarring within the liver, which prevents the flow of blood and leads to a progressive loss of liver function.

Encephalopathy – disease that affects the functioning of the brain resulting in mental confusion.

End stage – the final phase of a disease process.

Hepatic – relating to the liver.

Jaundice – the yellowing of the skin or white of the eyes.

Notes:

Liver failure: permanent jaundice, ascites and encephalopathy are indicators of chronic liver disease.

In order to make a valid claim, there will need to have been made a definite diagnosis of end stage liver failure due to cirrhosis, with symptoms and signs of jaundice, ascites and mental confusion.

Liver failure caused by any of the following are not covered:

- consuming too much alcohol;
 - taking an overdose of drugs, prescribed or otherwise;
 - misuse, including taking controlled drugs unless lawfully prescribed;
 - inappropriate use of chemicals, for example sniffing glue or lighter fuel.
-

10 End stage lung disease

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

- FEV1 test results which are consistently less than 1 litre;
- permanent supplementary oxygen therapy for hypoxemia;
- arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($\text{PaO}_2 \leq 55\text{mmHg}$); and
- dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

Glossary

Chronic – of long duration and cannot be cured by medical treatment and/or surgical procedures used at the time of the claim.

Dyspnoea – difficult or painful breathing.

FEV1 – forced expiratory volume in 1 second is the total amount of air that can be blown out in 1 second.

Hypoxemia – clinical signs of extreme breathing difficulty due to a reduced level of oxygen in the blood.

Partial oxygen pressures – this is a measure of oxygen in the blood that reflects how well the lungs are functioning. The normal range for a healthy adult is 80-100 mmHg.

Notes:

Respiration is the process whereby oxygen enters the body and carbon dioxide is released from the body through the lungs.

Respiratory failure prevents sufficient oxygen from entering the body. This can result in significant restriction in normal daily activities and severe breathlessness.

In order to claim the condition must be permanent and require regular treatment to increase the body's absorption of oxygen. It will also be necessary for the lung function tests to demonstrate that the lungs are unable to blow out at over a litre per second and that the amount of oxygen being transferred to the blood stream is reduced to a defined level.

11 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 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.

Glossary

Encephalopathy – disease that affects the functioning of the brain resulting in mental confusion.

Fulminant – sudden and severe onset of disease.

Hepatic – relating to the liver.

Histology – a close examination of body tissue under a microscope to look for cell damage or signs of cancer.

Jaundice – the yellowing of skin or white of the eyes.

Liver function tests – blood tests that measure how well the liver is working.

Lobule – very small functional units within the liver.

Necrosis – the death of living tissue.

Reticular framework – a net-like mesh of cells.

Notes:

The hepatitis virus can cause a severe and sudden liver failure in those who previously had no evidence of liver disease. This is a serious medical condition with a high risk of death.

For a claim to be valid, there must be liver failure proven to be due to the hepatitis virus and not any other cause including alcohol, chemical or drug abuse.

12 Heart attack of specified severity

Death of heart muscle due to ischemia, 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 a 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

Notes:

If the blood supply to the heart is interrupted, this can cause a portion of the heart muscle to die.

Doctors call this sudden death of heart muscle an acute myocardial infarction, but the condition is widely known as a heart attack. A heart attack causes permanent damage to the heart muscle which can be detected using an Electrocardiogram (ECG) machine which traces the heartbeat.

When someone has a heart attack, chemicals such as cardiac enzymes and troponins are released into the blood stream – these are usually present for several days after the event and can be detected by using a blood test. The presence of these chemicals provides important diagnostic information but they can also be present for reasons other than a heart attack.

At the time of having a heart attack, most people experience very severe chest pain and/or other symptoms such as sweating, vomiting, fainting and nausea. These symptoms can help doctors pinpoint precisely when the incident happened.

13 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; and
- 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 life assured 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 five days of the accident; and
 - HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This benefit is only payable when the occupation of the life assured is a medical practitioner, houseman, 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.

Notes: (continued)

HIV is covered if it is caught in Singapore through a blood transfusion or working in an eligible occupation. HIV resulting from any other cause, for example sexual activity or drug abuse, is not covered. Where the accident occurred at work, the accident should be reported in line with the employer's procedures. Many employers, including people who work in the health or emergency services, have set procedures for dealing with accidents that may potentially result in the person becoming infected by HIV.

In all cases, a test for HIV should be taken within five days of the accident – a negative test result will show that the person did not have HIV before the incident. A further test within 180 days where the test result is positive will confirm that the infection resulted from the reported accident.

No claim will be paid for HIV infection due to blood transfusion if the claimant suffers from thalassaemia major or haemophilia.

13 HIV – due to blood transfusion and occupationally acquired HIV (continued)

Glossary

Haemophilia – a blood defect that occurs almost exclusively in males and causes delayed blood clotting and difficulty in controlling bleeding even after minor injuries.

Sero-conversion – when an infection, such as HIV, is introduced into the body it will try to fight the infection by producing anti-bodies. These anti-bodies can be measured as a way of confirming infection has taken place. When these anti-bodies can be measured it is known as sero-conversion.

Thalassaemia major – a blood defect which causes a range of symptoms including severe anaemia. Someone who suffers with thalassaemia major may need to be treated with products derived from blood on a regular basis.

14 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.

Glossary

Drug induced or toxic causes – inappropriate use of alcohol, drugs or other substances, including but not limited to the following:

- consuming too much alcohol
- misuse, including taking an overdose of drugs, whether lawfully prescribed or otherwise
- taking controlled drugs otherwise than in accordance with a lawful prescription
- chemical substance abuse.

Idiopathic – arising spontaneously or from an unknown cause.

Tremor – involuntary, rhythmic movement of part of the body, most commonly the hands and arms, often the head and voice, and rarely the legs.

Notes:

Parkinson's disease is a degenerative brain disease that causes involuntary tremor of the hands, muscle rigidity and the slowing of body movements.

The condition is covered if there is a definite diagnosis of Idiopathic Parkinson's disease made by a Consultant Neurologist and the disease has reached the point where it cannot be controlled with medication and the life assured is unable to perform three of the six tasks listed for at least six continuous months.

However, Parkinson's disease caused by any non-idiopathic cause is not covered, for example:

- taking an overdose of drugs, prescribed or otherwise
 - misuse of alcohol or drugs, including taking controlled drugs unless lawfully prescribed
 - inappropriate use of other substances, for example sniffing glue or lighter fuel.
-

15 Irreversible aplastic anaemia

Chronic persistent and irreversible 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.

Glossary

Anaemia – a condition where you have too few red blood cells in your blood or the ability of the blood to deliver oxygen where it is needed is impaired.

Chronic – of long duration and cannot be cured by medical treatment and/or surgical procedures used at the time of the claim.

Immunosuppressive agents – medication that reduces or stops immune system activity.

Bone marrow stimulating agents – medication that encourages the regrowth of blood cells from damaged bone marrow.

Neutropenia – an abnormally low number of a particular type of white blood cell.

Thrombocytopenia – a reduced number of platelets (a type of blood cell which helps clotting) in the blood.

Notes:

Aplastic anaemia is a rare and serious type of anaemia, which results from insufficient blood cell production within the bone marrow. In some cases bone marrow failure can be temporary due to certain types of treatment or infection. In order to claim, the bone marrow failure must be permanent and irreversible. Other forms of anaemia are not covered.

16 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.

Glossary

Psychiatric related causes – any causes linked to mental health.

Notes:

Speaking involves the use of the vocal cords in the throat, the tongue and the lips in the mouth and the brain. The irreversible loss of speech must be total and permanent for a claim to be successful. It can take some time to establish this and for a claim to be successful the claimant should have been unable to speak for 12 months. Only loss of speech due to physical damage to the vocal cords is covered. This may be due to physical disease or injury. Loss of speech arising from mental illness, for example post traumatic stress, is not covered.

17 Major burns

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

Notes:

Third degree burns damage or destroy the skin to its full depth and cause damage to the tissue underneath. These are covered if at least 20% of the body surface area has been affected.

18 Major cancer

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

The term Major Cancer includes, but is not limited to, leukaemia, 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;

Notes:

Cancer is complex to define because it isn't a single illness, there are around 200 types and they affect people in different ways. A cancer is an uncontrolled growth of abnormal 'malignant' cells which, if left untreated, can invade and destroy the surrounding healthy tissue. In the later more advanced stages, it can spread from the original site to other parts of the body.

Generally speaking, cancer claims are valid on the diagnosis of a malignant cancer that has reached the point where it has invaded and started to destroy the adjacent surrounding tissue.

However, a few types of cancer are not covered. Very early cases that have not yet started to invade the adjacent surrounding tissue in the organ are not covered. Doctors sometimes call these cases 'pre-malignant', 'non-invasive', 'cancer in situ', 'having borderline malignancy' or 'having low malignant potential'. Early detected cancers like these are not covered. This doesn't depend on what treatment is given. For example, if breast cancer is caught at this very early stage where the tumour has not started to invade the healthy breast tissue this would not be covered, even if treated by a mastectomy.

However, these cases may become covered later if, for example, they do not respond to treatment.

Similarly, very early prostate cancers are not covered but may become covered later if they start to spread.

The only type of skin cancer that is covered is malignant melanoma where it has started to invade the healthy skin tissue deeper than the outer layer \ these can be very serious if left untreated. Other skin cancers normally only affect the surface layer of skin and do not typically spread to other parts of the body. This means they can usually be completely cured by simple and effective treatment. These other skin cancers are not covered.

No claim will be paid for major cancers if the life assured is a carrier of the HIV virus.¹⁹ Major cancers (continued)

18 Major cancer (continued)

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.

Glossary

Basal cell and squamous skin cancers – types of slow growing skin cancers that are relatively easy to treat and not as serious as melanoma skin cancers.

Borderline malignancy – pre-malignant cells that form in the tissue covering the organ and have not invaded the adjacent tissue.

Carcinoma-in-situ – the presence of malignant/cancerous cells at a stage of development such that they have not spread into surrounding healthy cells or tissue. In medical terminology, this means that the cancer cells are confined to the epithelium (the tissue that lines the internal and external surfaces of the body) of origin and have not yet invaded the adjacent tissue. For malignant melanomas of the skin, this means that cancer cells are confined to the epidermis (the outermost layer of skin) and may be categorised as Clark's level 1.

Cervical Dysplasia – abnormal cells in the cervix which may be found in a smear test. These are not cancerous but may change in the future if not treated.

Chronic Lymphocytic Leukaemia – a cancer of the white blood cells, the Rai staging system is one method of classifying the seriousness of the cancer.

CIN 1, 2 and 3 – measures of severity of cervical dysplasia.

Clark level – a measure of melanoma severity which is linked to how far into the skin it has spread.

Histological – the appearance of the cancer under the microscope which leads to its diagnosis and, additionally, gives information on its differentiation or grading (how aggressive it may be).

Hyperkeratosis – a condition where there is overgrowth of the skin causing rough patches.

Invasion – the occurrence of malignant/cancerous cells that have spread into surrounding healthy cells and tissue (that is, more extensive than cancer in-situ).

Low malignant potential – pre-malignant cells that form in the tissue covering the organ and have not invaded the adjacent tissue.

Malignant tumour – a tumour that invades the tissue in which it originates and can spread to other parts of the body.

Melanoma – a skin cancer where there is malignant growth which has progressed beyond the point of being confined to the epidermis (the outermost layer of skin).

Non-invasive – malignant/cancerous cells that have not spread into surrounding healthy cells or tissue.

Papillary micro-carcinoma – a type of small tumour.

Pre-malignant – cells which may develop into a malignant tumour but have not yet done so.

TNM classification – an internationally recognised standardised method of staging cancers. Broadly, the three parts of the system relate to:

- **T Tumour** – a scale of 0 to 4 is used to record details about the primary tumour. T0 means there is no evidence of a primary tumour, T1 to T4 shows the size and extent of spread of the primary tumour. 'Tis' may be used for cancer in situ.
- **N Nodes** – a scale of 0 to 3 is used to record the extent of spread to the regional lymph nodes. N0 means the lymph nodes are not involved, N1 - N3 shows the extent of the involvement.
- **M Metastases** – either M0 or M1, the latter indicating metastases (more distant spread of the cancer).



19 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.

Glossary

MRI and computerised tomography – these are types of medical investigations that form an image of the body's tissues.

Notes:

Major head trauma is covered if it results in ongoing clinical symptoms resulting from permanent brain damage. An abnormality seen on brain or other scans without definite related clinical symptoms is not covered.

20 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.

Glossary

Ablation – surgical excision (cutting out) or amputation of a body part or tissue.

End stage – the final phase of a disease process.

Haematopoietic stem cells – a type of stem cell that gives rise to all the blood cell types.

Notes:

An organ transplant is required if it is necessary to replace a diseased or damaged organ with a healthy one. This benefit is only payable to a recipient of one of the organs specified and cannot be claimed by a donor.

A claim for a major organ transplant will be valid when the transplant of one of the following organs has taken place:

- bone marrow
 - a whole heart
 - a whole kidney
 - a whole liver
 - a whole lung
 - a whole pancreas.
-

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.

Glossary

Anterior horn cells – cells of one of two the two roots of a spinal nerve that passes from the spinal cord and that consists of motor fibres.

Bulbar efferent neurones – nerve cells conducting impulses outwards from the brain or spinal cord.

Corticospinal tracts – any of four columns of motor fibres of which two run on each side of the spinal cord.

Spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis – these are the clinical names for the four main types of Motor Neurone Disease.

Notes:

Motor neurone disease is a degenerative condition that results in weakness and the wasting of muscles. The condition is covered if there is a definite diagnosis made by a Consultant Neurologist upon clinical examination and the disease has reached the point where it has caused permanent impairment of the ability to move.

22 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.

Glossary

Neurological deficits – symptoms of dysfunction in the nervous system that are present on clinical examination.

Notes:

Multiple sclerosis, often abbreviated to MS, is a disease which attacks the central nervous system and can result in deterioration of the senses and/or the ability to control movement. A claim for multiple sclerosis will be valid from the point where, for a continuous period of at least six months, the disease has caused physical impairment of the person's ability to move or use their senses (sight, hearing, touch, taste or smell).

The diagnosis must be definite and confirmed by a Consultant Neurologist.

23 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.

Glossary

Atrophy – wasting or reducing in size.

Notes:

Muscular dystrophy is the collective name for a group of muscle diseases caused by the muscle cells in the body breaking down, or 'degenerating'. This leads to the person becoming progressively weaker.

A claim for muscular dystrophy will be valid from the point where the disease has affected the life assured so much so that they require care and supervision from another person to wash, dress, move, use the lavatory and provide meals and medication for the rest of the life assured's life.

The diagnosis must be confirmed by a Consultant Neurologist.

24 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.

Glossary

Cardiac catheterization – is where a very thin plastic catheter (tube) is passed into the chambers of the heart. The catheter can also be passed into the main blood vessels of the heart (the coronary arteries).

Echocardiogram – uses sound waves that echo against structures in the heart to build up a detailed picture of the heart.

Open-heart surgery – a heart operation that requires surgery to divide the breastbone known as a median sternotomy.

Notes:

Having a defective heart valve replaced or repaired is covered if the procedure is done using open chest/ heart surgery involving the surgical division of the breast bone. This reflects the serious nature of this procedure and the consequent recovery times for patients.

25 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.

Glossary

Aneurysm – a blood filled bulge in the wall of a blood vessel.

Aorta – the main artery of the body, arising from the heart and supplying oxygenated blood to the body.

Branches – any smaller arteries that branch off from the main aorta.

Dissection – splitting in the wall of the aorta.

Graft – any organ or tissue implanted to repair or replace a diseased or damaged organ or body tissue.

Intra arterial – approaching and repairing the diseased portion of the aorta through the body's arteries.

Thoracic and abdominal aorta – the parts of the aorta that lie within the thorax (chest) and abdomen (stomach).

Notes:

Aorta graft surgery may be required on the aorta in the event of a narrowing of the aorta, usually due to a build up of fatty deposits, a weakening of the artery wall (an 'aneurysm') or following trauma. In order to claim the life assured must undergo major surgery to repair or correct the aorta.

26 Paralysis (irreversible loss of use of limbs)

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

Self-inflicted injuries are excluded.

Glossary

Paralysis – paralysis is the loss of power of movement of a part of the body.

Notes:

Paralysis (loss of use of limbs) is covered if the Life Assured totally and irreversibly loses the ability to move, or use, any two or more limbs (both legs, both arms or an arm and a leg), whether through accident or disease. The disability must be considered permanent and irreversible.

27 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.

Glossary

Anginal – angina is the, often severe, chest pain or discomfort that is a symptom of coronary artery disease.

Cardiac catheterisation – the insertion of a catheter (fine tube) into the heart for diagnostic purposes.

Dyspnoea – difficult or painful breathing.

Right ventricular enlargement – enlargement of the right ventricle (chamber) of the heart.

Notes:

Primary pulmonary hypertension is where the blood pressure is abnormally high in the artery that provides blood to the lungs. This causes the right side of the heart to work harder and over time it will become enlarged and will not work as well as a normal, healthy heart. Symptoms can include shortness of breath, chest pain and palpitations. In order to claim, the condition must have reached a point where performing less than ordinary tasks causes significant symptoms.

Essential hypertension is a very common condition where the blood pressure in the rest of the body is raised and this is not covered.

28 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 six weeks. This diagnosis must be confirmed by:

- the presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- a Consultant Neurologist.

Bacterial meningitis in the presence of HIV infection is excluded.

Glossary

Cerebrospinal fluid – a clear colourless liquid that occupies the space which holds the brain and spinal cord.

Lumbar puncture – taking a sample of cerebrospinal fluid from the spine by inserting a needle into the lower back.

Membrane – a thin layer of tissue that covers a surface, lines a cavity, or divides a space or organ.

Notes:

Meningitis is an inflammation of the membranes enclosing the brain and spinal cord, which, if untreated, is fatal. In order to claim there must be a definite diagnosis of severe bacterial meningitis, which results in ongoing clinical symptoms resulting in permanent neurological deficit.

Viral meningitis is excluded, as it is a relatively benign condition usually requiring no specific treatment and without any significant risk of serious complications.

29 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.

Glossary

Cerebral hemisphere, brainstem or cerebellum – major parts of the brain.

Encephalitis – inflammation of the brain.

Notes:

Encephalitis is inflammation of the brain often due to viral or bacterial infection, which can cause fever, headache, weakness or seizures. In order to claim there must be a definite diagnosis of encephalitis with permanent neurological deficit, documented for at least six weeks.

However, encephalitis caused by HIV infection is excluded.

30 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 with persisting clinical symptoms. This diagnosis must be supported by all of the following conditions:

- evidence of permanent clinical neurological deficit confirmed by a neurologist at least six weeks after the event; and
- findings on Magnetic Resonance Imaging (MRI), 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; and
- secondary haemorrhage within a pre-existing cerebral lesion

Notes:

A stroke (doctors call these cerebrovascular accidents, (CVAs)) is caused by an interruption to the flow of blood to the brain. This can be due to either a blocked artery which prevents blood reaching the brain or a burst blood vessel in the brain. In either case, a claim will be valid if the stroke causes permanent neurological deficit with persisting clinical symptoms.

Transient ischaemic attacks, also called 'mini-strokes' are not covered. These are attacks that produce temporary symptoms similar to a mild stroke but typically patients recover completely in less than 24 hours.

Traumatic injury to brain tissue or blood vessels is not covered under this definition.

30 Stroke with permanent neurological deficit (continued)

Glossary

Cerebral embolism – a sudden blockage in an artery in the brain.

Cerebral thrombosis – the formation of a blood clot in an artery in the brain. A travelling blood clot is known as an embolus and may lead to an embolism.

Haemorrhage – bleeding from a ruptured blood vessel.

Infarction – death of a portion of tissue due to an abrupt obstruction in blood flow.

Ischaemic – relating to or resulting from an inadequate flow of blood.

MRI and computerised tomography – these are types of medical investigations that form an image of the body's tissues.

Subarachnoid haemorrhage – the subarachnoid space is a fluid filled gap which surrounds the brain. In a subarachnoid haemorrhage a blood vessel bursts and bleeds into this space causing intense pain and possibly death if not treated promptly.

Transient ischaemic attacks – temporary disruption of the blood circulation to part of the brain. The symptoms may be similar to those of a stroke but patients recover within 24 hours.

Vascular/Vasculitis – relating to/inflammation of the tubes conveying body fluids.

Vestibular – a system within the inner ear.

Compensation

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 Friends Provident International or visit the GIA, LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

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