



Lumpsum payout on First Instance of Diagnosis

PNB MetLife Linked **Critical Illness** **RIDER**

An Individual, Unit-Linked, Non-Participating,
Pure Risk Health Insurance Rider (UIN: 117A027V01)



PNB MetLife Linked Critical Illness Rider

Individual, Unit-Linked, Non-Participating, Pure Risk, Health Insurance Rider

In a world of medical uncertainty, being prepared is your greatest strength. While modern healthcare can help you overcome a critical illness, the expenses involved can deplete your savings significantly if you are not financially prepared.

PNB MetLife Linked Critical Illness Rider provides financial assistance by offering **lumpsum payout** upon the diagnosis of insured critical illness, giving you the immediate liquidity to manage treatment cost and support recovery with confidence and peace of mind.

Be more than just insured—be **Always Ready For Life**.

Key Highlights



Lump sum payout on diagnosis of a insured critical illness



Coverage for up to **60 Critical Illnesses**



Choice of **3 Plan Options** – Silver, Gold & Platinum



Flexible premium payment options

What does PNB MetLife Linked Critical Illness Rider offer?

Under this Rider, if the Insured Person is diagnosed for the first time with any of the insured Critical Illnesses (as per the selected Plan Option) and survives for at least 14 days from the date of diagnosis, a lump sum Critical Illness benefit equal to **100% of the Rider Sum Assured** will be payable, provided the Policy is in in-force status.

Once the Critical Illness benefit is claimed, the Rider Policy shall terminate.

You can choose from below Plan Options:

Plan Option	Number of Insured Critical Illnesses
Silver	10 Critical Illnesses
Gold	20 Critical Illnesses
Platinum	60 Critical Illnesses

Once you choose your Plan option at the inception of the Policy, it cannot be altered during the Policy term.



The List of Insured Critical Illness conditions insured under each Plan Option is as mentioned below:

Sr	Silver
1	Cancer of Specified Severity
2	Myocardial Infarction (First Heart Attack of specific severity)
3	Open Chest CABG
4	Coma of Specified Severity
5	Open Heart Replacement Or Repair Of Heart Valves
6	Multiple Sclerosis with Persisting Symptoms
7	Blindness
8	Deafness
9	End Stage Liver Failure
10	End Stage Lung Failure

Sr	Gold
1	Cancer of Specified Severity
2	Myocardial Infarction (First Heart Attack of specific severity)
3	Open Chest CABG
4	Coma of Specified Severity
5	Open Heart Replacement Or Repair Of Heart Valves
6	Multiple Sclerosis with Persisting Symptoms
7	Blindness
8	Deafness
9	End Stage Liver Failure
10	End Stage Lung Failure
11	Major Organ / Bone Marrow Transplant
12	Permanent Paralysis of Limbs
13	Motor Neuron Disease with Permanent Symptoms
14	Loss of Speech
15	Kidney Failure Requiring Regular Dialysis
16	Stroke Resulting in Permanent Symptoms
17	Loss of Limbs
18	Major Head Trauma
19	Primary (Idiopathic) Pulmonary Hypertension
20	Third Degree Burns

Sr	Platinum
1	Cancer of Specified Severity
2	Myocardial Infarction (First Heart Attack of specific severity)
3	Open Chest CABG
4	Coma of Specified Severity
5	Open Heart Replacement Or Repair Of Heart Valves
6	Multiple Sclerosis With Persisting Symptoms
7	Blindness
8	Deafness
9	End Stage Liver Failure
10	End Stage Lung Failure
11	Major Organ / Bone Marrow Transplant
12	Permanent Paralysis of Limbs
13	Motor Neuron Disease with Permanent Symptoms
14	Loss of Speech
15	Kidney Failure Requiring Regular Dialysis
16	Stroke Resulting in Permanent Symptoms
17	Loss of Limbs
18	Major Head Trauma
19	Primary (Idiopathic) Pulmonary Hypertension
20	Third Degree Burns

Sr	Platinum
21	Alzheimer's Disease
22	Aorta Graft Surgery
23	Fulminant Hepatitis
24	Loss of Independent Existence (cover up to Insurance age 74)
25	Parkinson's disease
26	Apallic Syndrome or Persistent Vegetative State (PVS)
27	Bacterial Meningitis
28	Brain Surgery
29	Cardiomyopathy – of specified severity
30	Chronic Adrenal Insufficiency
31	Creutzfeldt-Jakob disease
32	Dissection of Aorta
33	Eisenmenger's Syndrome
34	Elephantiasis
35	Encephalitis
36	Hemiplegia
37	Infective Endocarditis
38	Medullary Cystic Disease
39	Myasthenia Gravis
40	Pheochromocytoma

Sr	Platinum
41	Progressive Supranuclear Palsy – resulting in permanent symptoms
42	Progressive Scleroderma
43	Poliomyelitis
44	Severe Rheumatoid Arthritis
45	Systemic Lupus Erythematous
46	Tuberculosis Meningitis
47	Muscular Dystrophy
48	Benign Brain Tumor
49	Amputation of Feet Due to Complications from Diabetes
50	Severe Crohn's Disease
51	Loss of One Limb and One Eye
52	Myelofibrosis
53	Necrotising Fasciitis
54	Other Serious Coronary Artery Disease
55	Severe Ulcerative Colitis
56	Terminal Illness
57	Pneumonectomy
58	Aplastic Anaemia
59	Chronic Relapsing Pancreatitis
60	Multiple System Atrophy

The Policyholder can opt for this Rider either at inception of the Base Policy or at any Policy Anniversary under a Base Policy during the Policy Term provided that Base Policy is in in-force status.

In case of Critical Illness benefit claim, the Base Policy shall remain unaffected, and the Base policy shall continue with its benefits.

Maturity Benefit

Maturity Benefit is not applicable under this Rider.

Death Benefit

Death Benefit is not applicable under this Rider.

Eligibility Overview

Boundary Conditions	Eligibility Criteria
Age at Entry ¹	18 years - 65 years
Maximum Maturity Age	75 years
Policy Term ²	5 and 10
Premium Payment Modes	Single, Yearly, Half-yearly, Quarterly, Monthly ³
Premium Payment Term	Single Premium and Regular Premium: 5 and 10 Pay
Minimum Rider Sum Assured ⁴ (Rs.)	Rs. 1,00,000
Maximum Rider Sum Assured ⁴ (Rs.)	Rs. 1,00,00,000

¹ All reference to age is as on age last birthday

²The Rider Policy Term can be equal to or less than the Base Policy Term

³Monthly mode is available for standing instruction/direct debit options (including Automated Clearing House- ACH)

⁴Subject to the condition that the Rider Sum Assured is not exceeding the Base Policy Sum Assured.

Premium Payment Options

Rider Premium will depend on the Plan Option as opted by the Policyholder.

Premiums can be paid through Single Pay, Yearly, Half-yearly, Quarterly or Monthly as opted for the base Policy.

Following factors are applied to Yearly Premium when paying premiums other than the Yearly mode:

Mode of Premium	Multiplicative Factor
Semi-Annual	0.5100
Quarterly	0.2580
Monthly	0.0870

Other Provisions

Waiting Period

Waiting Period means the time you need to wait before you can claim the applicable Benefits under PNB MetLife Linked Critical Illness Rider.

For Insured Person in this Rider, Waiting Period is of 90 days from the Policy commencement date, or Policy re-instatement or revival date, as applicable

In case of any claim for Critical Illness benefit during the Waiting Period, no benefit shall be payable. However, 100% of Rider Premium will be refunded and the Rider shall terminate.

Survival Period

Survival Period refers to the period from the diagnosis and fulfilment of the definition of the Insured Critical Illness conditions which the Insured Person must survive before the Critical Illness benefit shall be payable.

Applicable Survival Period under the Rider is 14 days.

No benefit will be payable if the Insured Person does not survive during this period. The claim payment shall be payable provided there is a confirmatory diagnosis of the Insured Critical Illness conditions while the Insured Person is alive. A claim would not be admitted if the diagnosis is made post-mortem.

Tax Benefits

Tax benefits are as per Income Tax Laws in force & are subject to amendments made thereto from time to time. Please consult your tax consultant for more details.

Free look period

Please go through the terms and conditions of your Rider very carefully. If you have any objections to the terms and conditions of your Rider, you may cancel the Policy by giving a written notice to us within 30 days beginning from the date of receipt of Policy document, whether received electronically or otherwise, stating the reasons for your objection and you will be entitled to a refund of the premium paid, subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred on medical examination and stamp duty charges.

Grace Period (For other than single premium policies)

Grace Period means the time granted from the due date for the payment of premium, without any penalty or late fee, during which time the rider policy is considered to be in-force with the risk cover without any interruption, as per the terms & conditions of the Rider Policy. The grace period shall be 15 (fifteen) days, where the Policyholder pays the premium on a monthly basis and 30 days in all other cases.

If the due premium is not paid within the Grace Period, the Rider Policy shall lapse.

Lapse

If the total due premiums for the Rider is not paid within the grace period allowed for the Rider Policy, then the Rider policy shall lapse. No benefits will be paid when the rider policy is in lapsed status. Also, no Unexpired Risk Premium Value will be payable in case of regular premium Policy. In case of single premium Policy, Lapse status shall not be applicable.

Surrender

You may surrender this Rider Policy and following Unexpired Risk Premium value shall be payable for single premium Policy

Single Premium: Unexpired risk premium values are calculated as

$70\% * \text{Total Rider Premium paid} * [\text{Outstanding Months in the Rider Policy Term} / \text{Total Number of months in the Rider Policy Tenure}]$

Total Rider premiums paid means total of all the premiums paid under the product, excluding any extra premium and taxes, if collected explicitly.

Regular Premium - No Unexpired risk premium value is payable. Upon Surrender, the Rider Policy will terminate and & no Benefit shall be payable

Revival

A Policy that has lapsed may be revived during the Revival Period from the date of first unpaid Rider Premium but before the end of the Rider Policy term, by giving Us a written notice to revive the Policy, provided that:

- i. All due arrears of Instalment Premiums along with interest at Prevailing Rate of Interest, if any, are received by Us in full.
- ii. We may change this revival interest rate from time to time. Currently, We charge interest at 8.00% compounded annually.
- iii. The rate of interest is calculated as the 10 Year G-Sec rate as on 1st of April plus 50 basis points, rounded up to the nearest 50 basis points. We will review the rate on an annual basis in April based on the prevailing 10 Year G-Sec rate. However, under special circumstances where the prevailing 10 Year G-Sec rate is changing in excess of 200 basis points from the G-Sec rate used for calculating the current interest rate, We shall review the interest rate based on the prevailing 10 Year G-Sec rate.
- iv. The Revival of the Rider Policy will be subject to Board approved underwriting policy. A surrendered Rider Policy cannot be revived.
- v. We may revive the Lapsed Policy by imposing such extra premium as it deems fit as per the Board approved underwriting policy. In such cases, the applicable Waiting Period under the Policy shall apply from the date of revival.
- vi. The Rider Policy would be reinstated only if Base Policy, at that time, is In- Force and in premium paying status.
- vii. On Revival of this Rider Policy and provided that the Base Policy is revived and In-force, this Rider Policy shall be entitled to the Benefits specified under this Rider Policy.

Revival Period means the period of three consecutive complete years from the date of first unpaid premium.

Definitions

Critical Illness means any Illness, medical event or Surgical Procedure as specifically defined in Annexure 1 whose signs or symptoms first commence at least after the specified Waiting Period after the inception of Rider Policy.

Any terms not defined in this Rider, will be as per IRDAI (Insurance Products) Regulations, 2024 and the Master Circular on Health Insurance Business dated 29 May 2024 (Ref: IRDAI/HLT/CIR/PRO/84/5/2024), together with such standardization principles as are recognized and continued under the prevailing IRDAI regulatory framework.

Nomination

Nomination shall be allowed as per the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time

Assignment

Assignment should be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time.

Exclusions under this Rider

Apart from the exclusions specified in Annexure 1, each of the diseases covered, there are other exclusions for **PNB MetLife Linked Critical Illness Rider** where the Insured Person will not be entitled to any benefits if a Insured Critical Illness results either directly or indirectly from any one of the following causes:

1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;
2. Any Pre-existing Disease or any complication arising therefrom.

Pre-existing Disease means any condition, ailment, injury or disease

- a) That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by Us or its reinstatement; or
- b) For which medical advice or treatment was recommended by, or received from, a physician not more than 36 months prior to the date of commencement of the policy issued by Us or its reinstatement

In case of enhancement of Critical Illness Sum Assured the exclusion shall apply afresh to the extent of Critical Illness Sum Assured increase.

Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

3. Any Critical Illness caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
4. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,
5. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide
6. Any Critical Illness caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;
7. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
8. Congenital External Anomalies or any complications or conditions arising therefrom including any developmental conditions of the Insured Person;
9. Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to, para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving
10. Participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
11. Any Critical Illness caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness caused due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the Rider policy term.
12. Any Critical Illness caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
13. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.

14. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
15. Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
16. Any Critical Illness caused due to surgical treatment of obesity that does not fulfil all the below conditions:
 - a) Surgery to be conducted is upon the advice of the Doctor
 - b) The Surgery / Procedure conducted should be supported by clinical protocols
 - c) The Insured Person has to be 18 years of age or older and
 - d) Body Mass Index (BMI):
 - greater than or equal to 40 or
 - greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - I. Obesity related cardiomyopathy
 - II. Coronary heart disease
 - III. Severe Sleep Apnea
 - IV. Uncontrolled Type 2 Diabetes
17. Any Critical Illness caused due to treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reason.
18. Any Critical Illness caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
19. In the event of the death of the Insured Person within the stipulated survival period as set out above.
20. Any Critical Illness caused by sterility and infertility. This includes:
 - a) Any type of contraception, sterilization
 - b) Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c) Gestational Surrogacy
 - d) Reversal of sterilization



About PNB MetLife

PNB MetLife India Insurance Company Limited (PNB MetLife) is one of the leading life insurance companies in India. PNB MetLife has as its shareholders MetLife International Holdings LLC (MIHL), Punjab National Bank Limited (PNB), Jammu & Kashmir Bank Limited (JKB), M. Pallonji and Company Private Limited and other private investors, MIHL and PNB being the majority shareholders. PNB MetLife has been present in India since 2001.

PNB MetLife brings together the financial strength of a leading global life insurance provider, MetLife, Inc., and the credibility and reliability of PNB, one of India's oldest and leading nationalised banks. The vast distribution reach of PNB together with the global insurance expertise and product range of MetLife makes PNB MetLife a strong and trusted insurance provider.

For more information, visit www.pnbmetlife.com

Extract of Section 41 of the Insurance Act, 1938, as amended from time to time states

- (1) In accordance with Section 41 of the Insurance Act, 1938, as amended from time to time, no person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer
- (2) Any Person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

Grievance Redressal

In case You have any query or complaint or grievance, You may approach any of Our following touch points:

- Call 1800-425-69-69 (Toll free)
- Email at indiaservice@pnbmetlife.co.in
- Write to

**Customer Service Department,
PNB MetLife India Insurance Co. Ltd,
Unit No 302, 3rd Floor, Tower 3 Worldmark,
Maidawas Road, Sector 65, District Gurugram, Haryana 122018.**

- Online through Our website www.pnbmetlife.com
- Our nearest PNB MetLife branch across the country

For any escalation with the resolution provided by the above touch points, you may, write to Our Grievance Redressal Officer at gro@pnbmetlife.co.in

If you do not get appropriate resolution, you may approach the Insurance ombudsman on <https://www.cioins.co.in/Ombudsman>



Fraud and Misstatement

Treatment will be as per Section 45 of the Insurance Act, 1938 as amended from time to time.

- ✓ Please read this Sales brochure carefully before concluding any sale.
- ✓ This product will be available for online sales.
- ✓ This product brochure is only indicative of terms, conditions, warranties and exceptions contained in the insurance Policy. The detailed Terms and Conditions are contained in the Policy Document.

Policy shall not be called in question on ground of misstatement after three years.

- (1) No Policy of health insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the Policy, i.e., from the date of issuance of the Policy or the date of commencement of risk or the date of revival of the Policy or the date of the Rider to the Policy, whichever is later.
- (2) A Policy of health insurance may be called in question at any time within three years from the date of issuance of the Policy or the date of commencement of risk or the date of revival of the Policy or the date of the Rider to the Policy, whichever is later, on the ground of fraud:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

Explanation I. For the purposes of this sub-section, the expression "fraud" means any of the following acts committed by the insured or by his agent, with intent to deceive the insurer or to induce the insurer to issue a health insurance Policy:

- (a) the suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- (b) the active concealment of a fact by the insured having knowledge or belief of the fact;
- (c) any other act fitted to deceive; and
- (d) any such act or omission as the law specially declares to be fraudulent.

Explanation II. Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent keeping silence, to speak, or unless his silence is, in itself, equivalent to speak.

- (3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a health insurance Policy on the ground of fraud if the insured can prove that the misstatement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such misstatement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the Policyholder is not alive.

Explanation. — A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer.

- (4) A Policy of health insurance may be called in question at any time within three years from the date of issuance of the Policy or the date of commencement of risk or the date of revival of the Policy or the date of the Rider to the Policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the Policy was issued or revived or Rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the Policy of health insurance is based:

Provided further that in case of repudiation of the Policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the Policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Explanation. — For the purposes of this sub-section, the misstatement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no health insurance Policy would have been issued to the insured.

- (5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no Policy shall be deemed to be called in question merely because the terms of the Policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

Annexure 1: Definitions of Covered illnesses (Inclusions and Exclusions)

1. Alzheimer's Disease

Alzheimer's (presenile dementia) disease is a progressive degenerative disease of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.

Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a Neurologist and supported by Our appointed Medical Practitioner.

The disease must result in a permanent inability to perform three or more Activities of daily living with "Loss of Independent Living" or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days.

For the above definition, the following are not covered:

- a. neurosis or neuropsychiatric symptoms without imaging evidence of Alzheimer's Disease
- b. alcohol related brain damage; and
- c. any other type of irreversible organic disorder/dementia not associated with Alzheimer's Disease

The Activities of Daily Living are:

- 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.

2. Parkinson's disease

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to us.

- a. The diagnosis must be supported by all of the following conditions:
- b. the disease cannot be controlled with medication;
- c. signs of progressive impairment; and
- d. inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) 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 bed to a upright chair or wheelchair and vice versa;
- iv Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- v Feeding: The ability to feed oneself once the food has been prepared and made available;
- vi Mobility: The ability to move indoors from room to room on level surfaces.

Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

3. Aorta Graft Surgery

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

The insured person understands and agrees that we will not cover:

- a) Surgery performed using only minimally invasive or intra-arterial techniques.
- b) Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.

Aorta graft surgery benefit covers Surgery to the aorta wherein part of it is removed and replaced with a graft.

4. Amputation of Feet due to Complications from Diabetes

Diabetic neuropathy and vasculitis resulting in the amputation of both feet at or above ankle as advised by a Registered Doctor who is a specialist as the only means to maintain life. Amputation of toe or toes, or any other causes for amputation shall not be covered.

5. Apallic Syndrome

Apallic Syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist acceptable to us and the patient should be documented to be in a vegetative state for a minimum of at least one month in order to be classified as UWS, PVS, Apallic Syndrome

6. Aplastic Anaemia

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

- a. Blood product transfusion;
- b. Marrow stimulating agents;
- c. Immunosuppressive agents; or
- d. Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:

- a. Absolute neutrophil count of less than $500/\text{mm}^3$ or less
- b. Platelets count less than $20,000/\text{mm}^3$ or less
- c. Reticulocyte count of less than $20,000/\text{mm}^3$ or less

Temporary or reversible Aplastic Anaemia is excluded.

7. Bacterial Meningitis

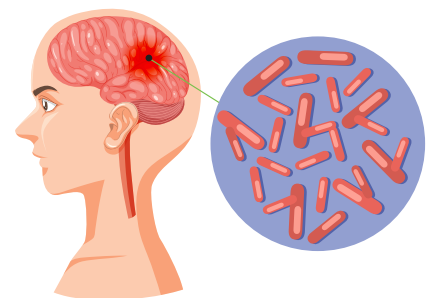
Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities of daily Living.

This diagnosis must be confirmed by:

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

The Activities of Daily Living are:

- 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.

8. Brain Surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy are all excluded. Brain surgery as a result of an Accident is also excluded. The procedure must be considered medically necessary by a Registered Doctor who is a qualified specialist.

9. Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Doctor who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:

NYHA Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

The diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance.

Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

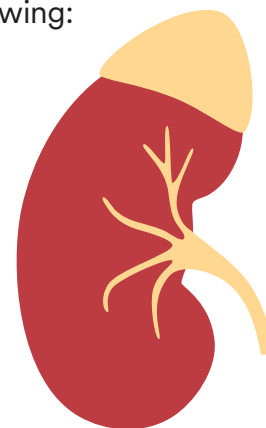
10. Chronic Adrenal Insufficiency (Addison's Disease)

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

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

Only autoimmune cause of primary adrenal insufficiency is included.

All other causes of adrenal insufficiency are excluded.



11. Chronic Relapsing Pancreatitis

An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Doctor who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.

Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

12. Severe 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:

- o Stricture formation causing intestinal obstruction requiring admission to hospital, and
- o Fistula formation between loops of bowel, and
- o At least one bowel segment resection.

The diagnosis must be made by a Registered Doctor who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

13. Dissection of Aorta

A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a Registered Doctor who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.

14. Elephantiasis

Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal diagnosis of elephantiasis must be confirmed by a Registered Doctor who is a specialist physician. There must be clinical evidence of permanent massive swelling of legs, arms, scrotum, vulva, or breasts. There must also be laboratory confirmation of microfilariae infection.

Swelling or lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

15. Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a Registered Doctor who is a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks. The permanent deficit should result in permanent inability to perform three or more Activities for Daily Living (listed below).

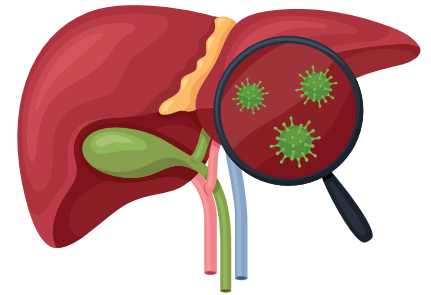
Activities of daily living are:

- 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.

16. Fulminant Hepatitis

A sub-massive 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:

- a. Rapid decreasing of liver size;
- b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- c. Rapid deterioration of liver function tests;
- d. Deepening jaundice; and
- e. Hepatic encephalopathy.



Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

17. Loss of Independent Existence (cover up to Insurance age 74)

The Insured person is physically incapable of performing at least three (3) of the “Activities of Daily Living” as defined below (either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons) for a continuous period of at least six (6) months, signifying a permanent and irreversible inability to perform the same. For the purpose of this definition, the word “permanent” shall mean beyond the hope of recovery with current medical knowledge and technology. The diagnosis of Loss of Independent Existence must be confirmed by a Registered Doctor who is a specialist.

Only Life Insured with Insurance Age between 18 and 74 on first diagnosis is eligible to receive a benefit under this illness.

Activities of daily living are:

- 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. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- v. Feeding: the ability to feed oneself once food has been prepared and made available;
- vi. Mobility: The ability to move indoors from room to room on level surfaces.

18. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

- o the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- o clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- o the diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

Isolated or benign kidney cysts are specifically excluded from this benefit.

19. Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered Doctor who is a consultant neurologist. The condition must result in the inability of the Life Insured 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.

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. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- v. Feeding: the ability to feed oneself once food has been prepared and made available;
- vi. Mobility: The ability to move indoors from room to room on level surfaces.

20. Myasthenia Gravis

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:

- o Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification given below; and
- o The diagnosis of Myasthenia Gravis and categorization are confirmed by a Registered Doctor who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification:

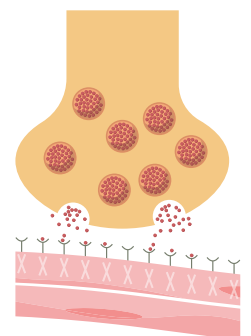
Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.

Class II: Eye muscle weakness of any severity, mild weakness of other muscles.

Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.

Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.

Class V: Intubation needed to maintain airway.



21. Other Serious Coronary Artery Disease

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

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery (but not including their branches).

22. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

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

23. Progressive Scleroderma

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

The following are excluded:

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



24. Progressive Supranuclear Palsy

Confirmed by a Registered Doctor who is a specialist in neurology of a definite diagnosis of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.

25. Severe Rheumatoid Arthritis

Unequivocal diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:

- o Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
- o Permanent inability to perform at least two (2) "Activities of Daily Living";
- o Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
- o The foregoing conditions have been present for at least six (6) months.

The Activities of Daily Living are:

- 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.

26. Severe Ulcerative Colitis

Acute fulminant ulcerative colitis with life threatening electrolyte disturbances.

All of the following criteria must be met:

- o the entire colon is affected, with severe bloody diarrhoea; and
- o the necessary treatment is total colectomy and ileostomy; and
- o the diagnosis must be based on histopathological features and confirmed by a Registered Doctor who is a specialist in gastroenterology.

27. Pneumonectomy

The undergoing of surgery on the advice of an appropriate Medical Specialist to remove an entire lung for disease or traumatic injury suffered by the life assured.

The following conditions are excluded:

- a. Removal of a lobe of lungs (lobectomy)
- b. Lung resection or incision

28. Systemic Lupus Erythematosus with Lupus Nephritis

A multi-system autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of this Policy, 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 Registered Doctor specialising in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

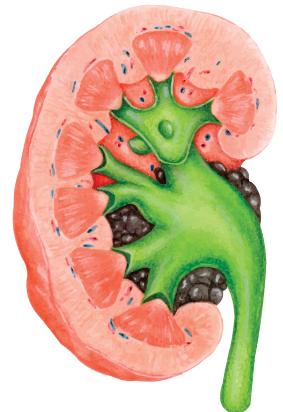
Class I Minimal Change Lupus Glomerulonephritis

Class II Mesangial Lupus Glomerulonephritis

Class III Focal Segmental Proliferative Lupus Glomerulonephritis

Class IV Diffuse Proliferative Lupus Glomerulonephritis

Class V Membranous Lupus Glomerulonephritis



29. Third Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

30. Stroke resulting in permanent symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- o Transient ischemic attacks (TIA)
- o Traumatic injury of the brain

- o Vascular disease affecting only the eye or optic nerve or vestibular functions.

31. Primary (Idiopathic) Pulmonary Hypertension

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

- 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.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

32. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

33. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

34. Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist

The following are excluded:

- Angioplasty and/or any other intra-arterial procedures

35. Multiple Sclerosis with Persisting Symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and

- ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Neurological damage due to SLE is excluded.

36. Motor Neuron Disease with Permanent Symptoms

Motor neuron disease diagnosed by a specialist Medical Practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

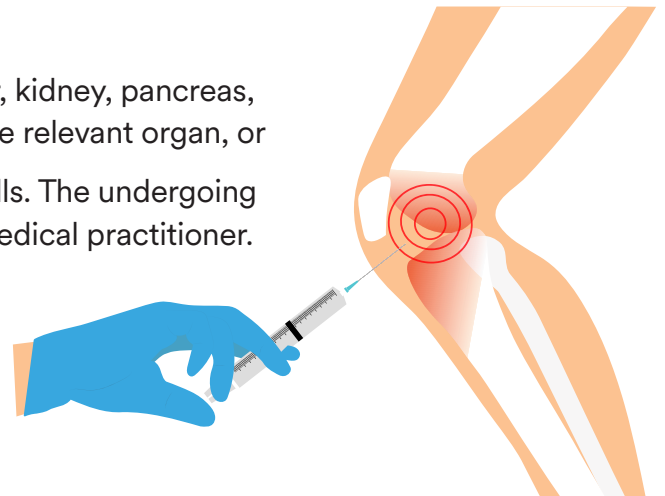
37. Major Organ /Bone Marrow Transplant

The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- i. Other stem-cell transplants
- ii. Where only Islets of Langerhans are transplanted



38. Major Head Trauma

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

The Activities of Daily Living are:

- 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.

The following is excluded:

i. Spinal cord injury.

39. Benign Brain Tumor

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist:

- i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are excluded:

- i. Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

40. Blindness

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

The Blindness is evidenced by:

- i. corrected visual acuity being 3/60 or less in both eyes or;
- ii. the field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

41. Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing” in both ears.

42. End Stage Lung Failure

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($\text{PaO}_2 < 55 \text{ mmHg}$); and
- iv. Dyspnea at rest.

43. End Stage Liver Failure

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- i. permanent jaundice; and
- ii. ascites; and
- iii. hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

44. Loss of speech

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

45. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

46. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. diagnosis has to be confirmed by a specialist medical practitioner.

47. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- i. Positive result of the blood culture proving presence of the infectious organism(s);
- ii. Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
- iii. The diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Doctor who is a cardiologist.

48. Coma of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- i. No response to external stimuli continuously for at least 96 hours;
- ii. Life support measures are necessary to sustain life; and
- iii. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

49. Cancer of Specified Severity

A malignant tumor characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

50. Myocardial Infarction (First Heart Attack of Specific Severity)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- i. A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- ii. New characteristic electrocardiogram changes
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- i. Other acute Coronary Syndromes
- ii. Any type of angina pectoris
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure

51. Creutzfeldt-Jacob Disease (CJD)

Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of

mental function and movement. A Registered Doctor who is a neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.

52. Terminal illness

The conclusive diagnosis of an illness, which in the opinion of a Registered Doctor who is an attending Consultant and agreed by our appointed Registered Doctor, life expectancy is no greater than twelve (12) months from the date of notification of claim, regardless of any treatment that might be undertaken.



53. Loss of One Limb and One Eye

Total, permanent and irrecoverable loss of sight of one eye and loss by severance of one limb at or above the elbow or knee.

The loss of sight of one eye must be clinically confirmed by a Registered Doctor who is an eye specialist, and must not be correctable by aids or surgical procedures.

54. Necrotising Fasciitis

Necrotizing fasciitis is a progressive, rapidly spreading, infection located in the deep fascia causing necrosis of the subcutaneous tissues. An unequivocal diagnosis of necrotizing fasciitis must be made by a Registered Doctor who is a specialist and the diagnosis must be supported with laboratory evidence of the presence of a bacteria that is a known cause of necrotising fasciitis. There must also be widespread destruction of muscle and other soft tissues that results in a total and permanent loss or function of the affected body part.

55. Hemiplegia

The total and permanent loss of the use of one side of the body through paralysis persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery caused by illness or injury, except when such injury is self-inflicted.

56. Tuberculosis Meningitis

Meningitis caused by tubercle bacilli, resulting in permanent neurological deficit persisting for at least 180 consecutive days. Such a diagnosis must be confirmed by a Registered Doctor who is a specialist in neurology. Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are not present on clinical examination and expected to last throughout the lifetime of life assured.

57. Myelofibrosis

A disorder which can cause fibrous tissue to replace the normal bone marrow and results in anaemia, low levels of white blood cells and platelets and enlargement of the spleen. The condition must have progressed to the point that it is permanent, and the severity is such that the Life Insured requires a blood transfusion at least monthly. The diagnosis of myelofibrosis must be supported by bone marrow biopsy

and confirmed by a Registered Doctor who is a specialist.

58. Pheochromocytoma

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour.

The diagnosis of Pheochromocytoma must be confirmed by a Registered Doctor who is an endocrinologist.

59. Eisenmenger's Syndrome

Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a Registered Doctor who is a specialist with echocardiography and cardiac catheterisation and supported by the following criteria:

- i. Mean pulmonary artery pressure > 40 mm Hg.
- ii. Pulmonary vascular resistance > 3mm/L/min (Wood units); and
- iii. Normal pulmonary wedge pressure < 15 mm Hg.

60. Multiple System Atrophy

A diagnosis of multiple system atrophy by a specialist Medical Practitioner (Neurologist). There must be evidence of permanent clinical impairment for a minimum period of 30 days of either:

- i. Motor function with associated rigidity of movement; or
- ii. The ability to coordinate muscle movement; or
- iii. Bladder control and postural hypotension



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