

Specially prepared for : Mr P
Plan : ManuCompleteCare (To Age 75) (AHEC2)
Sum Insured : S\$100,000

Date Printed : 01/11/2013
Male, Non-Smoker
Age Last Birthday : 38

Premium Summary

	Sum Insured	Monthly	Semi-Annual	Annually
Basic Plan	100,000	197.07	1,170.96	2,296.00
Total Premium		197.07	1,170.96	2,296.00
Monthly-GIRO premium				197.07

Please note that premium rates for ManuCompleteCare (To Age 75) are not guaranteed. These rates may be adjusted based on future experience.

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 Your insurer or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

This Benefit Illustration is intended for illustrative purposes only. The terms and conditions are specified in the policy contract. I have received a copy of the Benefit Illustration and Product Summary and understand that there may be non-guaranteed elements illustrated which may be subject to change. The above quotation is valid for one month from the date printed.

Specially prepared for : Mr P
 Plan : ManuCompleteCare (To Age 75) (AHEC2)
 Sum Insured : S\$100,000
 Annual Premium : S\$2,296.00
 Term : 37

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Main Illustration for Basic Plan

End of Policy Year/ Age	Total Premiums Paid To-Date (S\$)	DEATH BENEFIT	SURRENDER VALUE
		Guaranteed (S\$)	Guaranteed (S\$)
1/ 39	2,296	100,000	-
2/ 40	4,592	100,000	-
3/ 41	6,888	100,000	-
4/ 42	9,184	100,000	-
5/ 43	11,480	100,000	-
6/ 44	13,776	100,000	-
7/ 45	16,072	100,000	-
8/ 46	18,368	100,000	-
9/ 47	20,664	100,000	-
10/ 48	22,960	100,000	-
15/ 53	34,440	100,000	-
20/ 58	45,920	100,000	-
25/ 63	57,400	100,000	-
30/ 68	68,880	100,000	-
35/ 73	80,360	100,000	-
37/ 75	84,952	100,000	-
Age 55	39,032	100,000	-
Age 60	50,512	100,000	-
Age 65	61,992	100,000	-
Age 70	73,472	100,000	-
Age 75	84,952	100,000	-
		MATURITY VALUE	
37/ 75	84,952	-	

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How much are you paying for distribution costs?

This table shows the total costs of distribution that Manulife (Singapore) Pte. Ltd. expects to incur in relation to your policy, including the cost of any financial advice provided to you.

Total Distribution Cost

End of Policy Year/ Age	Total Premiums Paid To-Date (S\$)	Total Distribution Cost To-Date (S\$)
1/ 39	2,296	1,701
2/ 40	4,592	2,301
3/ 41	6,888	2,900
4/ 42	9,184	3,499
5/ 43	11,480	4,098
6/ 44	13,776	4,698
7/ 45	16,072	5,297
8/ 46	18,368	5,896
9/ 47	20,664	6,495
10/ 48	22,960	7,095
15/ 53	34,440	10,091
20/ 58	45,920	13,087
25/ 63	57,400	16,083
30/ 68	68,880	19,080
35/ 73	80,360	22,076
37/ 75	84,952	23,275
Age 55	39,032	11,289
Age 60	50,512	14,286
Age 65	61,992	17,282
Age 70	73,472	20,278
Age 75	84,952	23,275

Please refer to the IMPORTANT NOTES page for explanation on the Total Distribution Cost.

IMPORTANT NOTES:**Introduction**

This introduction forms part of your Benefit Illustration.

Manulife (Singapore) Pte. Ltd. believes that it is important that you fully appreciate the benefits of your policy. You should also understand how the cost of your insurance cover and the expenses of administration and sales affect the benefits that you will receive.

The illustration that follows shows how the value of your policy progresses over time and the sum(s) that would be payable. The methods used to derive the values shown follow guidelines established by the Life Insurance Association, Singapore, to ensure that a fair and consistent approach is used in preparing this illustration.

Buying a life insurance policy can be a long-term commitment. An early termination of the policy usually involves high costs and the surrender value payable may be less than the premiums paid.

If you need clarification, please do not hesitate to ask your Financial Adviser or its Representatives.

What does the Total Distribution Cost To-date column represent?

1. The Total Distribution Cost To Date is the sum of each year's expected distribution-related costs, without interest. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel.
2. Please note that the Total Distribution Cost is not an additional cost to you; it has already been allowed for in calculating your premium.
3. You can obtain the Total Distribution Cost of each of the supplementary benefits (if applicable) from your Financial Adviser or its Representatives.

Product Summary

Details of Product Provider

Manulife (Singapore) Pte. Ltd. ("Company") (Reg. No. 198002116D) is the product provider and underwriter for this Policy. This Policy is distributed through our representatives or appointed distributors only. Customers may contact us for claims under this Policy. Contact details: 51 Bras Basah Road #09-00 Manulife Centre, Singapore 189554 Tel: 67371221, Website: www.manulife.com.sg.

Product Description

ManuCompleteCare is a non-participating plan that provides coverage for death, total and permanent disability ("TPD"), and covered critical illnesses, medical conditions and procedures. You can choose to be covered until the Policy Anniversary immediately after the Life Insured's 65th, 75th or 85th birthday (the "Benefit Cessation Date").

Product Benefits

1. **Death Benefit:**

This Policy pays the basic sum insured upon the death of the Life Insured. The Policy will terminate upon such a claim.

2. **Total and Permanent Disability ("TPD") Benefit**

This Policy covers TPD of the Life Insured before the policy anniversary immediately following the Life Insured's 65th birthday. The disability must be for a minimum period of six consecutive months before a claim can be admitted. Please refer to the Policy Contract for the definition of TPD.

The TPD Benefit is 100% of the basic sum insured capped by the limit on TPD (see section 6 of "Key Product Provisions" below). The Policy will terminate if 100% of the basic sum insured is paid. The TPD Benefit is less than 100% of the basic sum insured if we are not able to pay the full 100% of the basic sum insured due to the limit on TPD. In such circumstance, the Policy will continue for a basic sum insured which is reduced by the amount of TPD Benefit paid.

3. **Comprehensive Critical Illness ("CI") Benefit**

This Policy covers any one of the covered Comprehensive CIs listed below which the Life Insured is diagnosed with. **The definitions of the covered Comprehensive CIs are not the same as the Life Insurance Association's common definitions as they cover illnesses diagnosed at an early stage.** Please refer to Appendix A for the definitions of the covered Comprehensive CIs.

List of covered Comprehensive Critical Illnesses		
Alzheimer's Disease/Dementia	Aplastic Anemia	Bacterial Meningitis
Benign Brain Tumor	Blindness (Loss of Sight)	Cancer (including In- Situ/ Early Cancer)
Cardiomyopathy	Chronic Hepatitis with Cirrhosis	Chronic Kidney Disease or Kidney Failure
Coma	Coronary Artery Bypass Surgery and other defined cardiac procedures	Deafness (Loss of Hearing)
Defined Surgical Procedures of Central Nervous System	Encephalitis	End Stage Liver Failure (Chronic)
End Stage Lung Disease (Chronic)	Facial Reconstructive Surgery	Heart Attack
Heart Valve Surgery	HIV due to Blood Transfusion, Assault, Organ Transplant & Occupational Acquired HIV	Liver Surgery
Loss of Speech	Major Burns	Major Head or Spinal Trauma
Major Organ/Bone Marrow Transplantation	Motor Neurone Disease	Multiple Sclerosis
Muscular Dystrophy	Nephrectomy	Paralysis (Loss of Limbs)
Parkinson's Disease	Pulmonary Hypertension	Severe Asthma
Severe Epilepsy	Specified Surgical Procedures of Cardiovascular System	Stroke
Surgery to Aorta	Surgical Removal of One Lung	Systemic Lupus Erythematosus

I acknowledge receipt of all pages of ManuCompleteCare Product Summary, the contents of which have been explained to my satisfaction.

Presented To : _____ Signature of Applicant : _____
 (Name of Applicant)

Name of Representative : _____ Signature of Representative : _____

The Comprehensive CI Benefit is 100% of the basic sum insured capped by the limit on CI (see section 6 of "Key Product Provisions" below). The Policy will terminate if 100% of the basic sum insured is paid. The Comprehensive CI Benefit is less than 100% of the basic sum insured if we are not able to pay the full 100% of the basic sum insured due to the limit on CI. In such circumstance, the Policy will continue for a basic sum insured which is reduced by the amount of Comprehensive CI Benefit paid.

4. Additional Critical Illness ("CI") Benefit

In addition to paying the Comprehensive CI Benefit, this Policy pays an additional amount equal to the basic sum insured capped by the limit on CI (see section 6 of "Key Product Provisions" below) if the Life Insured is diagnosed as suffering from any one of the covered Additional CIs listed below, provided the Life Insured has survived for a period of thirty (30) days from the date of diagnosis. For the avoidance of doubt, if a Comprehensive CI Benefit has been paid before a claim is submitted for a covered Additional Critical Illness, the Policy will terminate and no Additional CI Benefit is payable. Please refer to Appendix B for the definitions of the covered Additional CIs.

List of covered Additional Critical Illnesses		
Alzheimer's Disease/Severe Dementia	Bladder Cancer	Blindness (Loss of Sight)
Bone Cancer	Brain Cancer	Larynx Cancer
Leukemia	Esophagus Cancer	Parkinson's Disease

Payment of a claim under the Additional CI Benefit will not reduce the basic sum insured, and will not terminate the Policy.

5. Special Benefit

This Policy pays 20% of the basic sum insured (capped at S\$25,000 and also subject to the limit on CI – see section 6 of the "Key Product Provisions") in the event the Life Insured is diagnosed as suffering from any one of the covered Special Benefit conditions listed below. A maximum of two (2) claims can be made under the Special Benefit but they must not be for the same covered Special Benefit condition. Please refer to Appendix C for the definitions of the covered Special Benefit conditions.

List of covered Special Benefit Conditions		
Angioplasty & other Invasive Treatment for Coronary Artery	#Dengue Haemorrhagic Fever	Diabetic Complications
^Insulin Dependent Diabetes Mellitus	^Kawasaki Disease	^Osteogenesis Imperfecta
Osteoporosis with Fractures	^Rheumatic Fever with Valvular Impairment	^Severe Haemophilia
^Severe Juvenile Rheumatoid Arthritis	^Type I Juvenile Spinal Amyotrophy	Wilson's Disease

^The coverage of these conditions will cease at the Policy Anniversary immediately after the 18th birthday of the Life Insured.

#Diagnosis of Dengue Fever alone does not meet the definition of this condition.

Payment of a claim under the Special Benefit will not reduce the basic sum insured, and will not terminate the Policy.

Key Product Provisions

The following are some provisions found in the Policy Contract. This is only a brief summary and you are advised to refer to the actual terms and conditions in the Policy Contract. Please consult Your Financial Adviser or Manulife Representative should you require further explanation.

1. **Terms of Renewal**
The Policy is guaranteed renewal by the payment of premiums.
2. **Payment of Premiums**
Premiums are level and are payable through the term of the Policy.
3. **Non-Guaranteed Premium**
Premiums payable for this Policy are not guaranteed and may be adjusted without limit at Our discretion. We may change the premiums rates by giving thirty (30) days' notice.
4. **Free Look**
You may cancel this Policy by writing to the Company within fourteen (14) days after you receive this Policy. Should you decide to cancel your Policy during this period, your premiums less any medical expenses incurred by Us in processing Your application will be refunded to you. If this Policy is sent by post, it will be considered delivered and received by Policy Owner seven (7) days after the date of posting.
5. **Termination Clause**
This Policy will terminate upon the occurrence of any of the following:
 - (a) upon death of the Life Insured;

- (b) Benefit Cessation Date in respect of this base plan;
- (c) upon Our receipt of Your notice in writing to terminate this Policy;
- (d) the lapse of this Policy; or
- (e) the basic sum insured is fully reduced.

6. Limits of Compensation

- (a) The maximum that We will pay for disability (including the TPD Benefit under this Policy), aggregating all policies which We are liable for on the life of the Life Insured, is S\$2 million.
- (b) The maximum that We will pay for critical illness (including the Comprehensive CI Benefit, Additional Benefit and Special Benefit under this Policy) and terminal illness, aggregating all policies which We are liable for on the life of the Life Insured, is S\$2 million, but the maximum that We will pay for terminal illness, aggregating all policies which We are liable for on the life of the Life Insured, is S\$ 1million.
- (c) For the avoidance of doubt, terminal illness is not covered under this Policy.

7. Waiting Period

We will not pay a Comprehensive CI Benefit, Additional CI Benefit or Special Benefit for a critical illness diagnosed within 90 days of the Policy Issue Date or 90 days of the date of last reinstatement of the Policy (the "Waiting Periods").

If the Life Insured is diagnosed with a covered critical illness, and the diagnosis is not within any of the Waiting Periods but within 90 days of an increase in basic sum insured, in computing the Comprehensive CI Benefit, Additional CI Benefit or Special Benefit for the critical illness, the increase in basic sum insured will not be taken into account.

8. Exclusions

There are certain conditions whereby the benefits under this Policy will not be payable. These are stated as exclusions in the Policy Contract. The following is a list of some of the exclusions for this Policy. You are advised to read the Policy Contract for the full list of exclusions.

Exclusions to TPD Benefit

TPD Benefit will not be paid if the disability is caused by any of the following:

- (a) Any self-inflicted injury or attempt at suicide;
- (b) The Life Insured being under the influence of any narcotic, alcohol, gas or fumes, voluntarily taken, administered, absorbed or inhaled or drugs not prescribed by a medical examiner;
- (c) War or any act incident to War, or service in the Armed Forces or in a civil defense force supporting any country at War except for peacetime national service duties;
- (d) Riot, insurrection, civil commotion, strikes or terrorist activities, whether or not the Life Insured was actually a participant;
- (e) Mental or nervous disorder;
- (f) Infection from any Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS) or any AIDS-related condition;
- (g) Violation or attempted violation of the law or resistance to arrest;
- (h) Engaging in air travel except as a fare-paying passenger in a properly licensed commercial aircraft;
- (i) Participation in hazardous pursuits / professional sports; or
- (j) A Pre-existing Condition.

Exclusions to Comprehensive CI Benefit, Additional CI Benefit and Special Benefit

Comprehensive CI, Additional CI and Special Benefit (whichever is being claimed for) will not be paid if the illness is caused by any of the following:

- (a) Any self-inflicted injury, provoked assault or attempt at suicide;
- (b) The Life Insured being under the influence of any narcotic, alcohol, gas or fumes, voluntarily taken, administered, absorbed or inhaled or drugs not prescribed by a Medical Examiner;
- (c) Infection from any Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS) or any AIDS-related condition unless the infection arose in accordance with the definition of HIV due to Blood Transfusion, Assault, Organ Transplant & Occupational Acquired HIV;
- (d) Participation in hazardous pursuits / professional sports;
- (e) Donation of any of the Life Insured's organs; or
- (f) A Pre-existing Condition.

Exclusions to Comprehensive CI and Additional CI Benefit

Comprehensive CI and Additional CI Benefit (whichever is being claimed for) will not be paid if the Life Insured is diagnosed with the illness prior to age 6 and the illness is caused directly or indirectly by any congenital anomalies.

Note: This product summary is for general information only and is not a contract of insurance. The specific details applicable to this Policy are set out in the Policy Contract.

APPENDIX A: DEFINITION OF COMPREHENSIVE CRITICAL ILLNESS

Covered Comprehensive Critical Illnesses	Definition
Cancer (including In- Situ/ Early Cancer)	<p>Cancer is defined as a malignant tumor characterized by the uncontrolled growth and spread of malignant cells. This diagnosis must be supported by histological evidence of invasive cancer or carcinoma in-situ and confirmed by a Specialist. Clinical diagnosis alone does not meet this standard. AJCC stage Ta papillary microcarcinoma of bladder is also covered.</p> <p>The following conditions are specifically excluded from coverage:</p> <ul style="list-style-type: none"> • Cervical Dysplasia, CIN-1, CIN-2 and CIN-3 and low grade & high grade squamous epithelial lesions. • Non-invasive melanoma histologically described as “in-situ”. • Prostatic Intraepithelial Neoplasia (PIN). • Vulvar Intraepithelial Neoplasia(VIN). • Chronic Lymphocytic Leukemia RAI stage 0 or lower. • Any lesion or tumor which is histologically described as benign, dysplasia, pre-malignant, borderline malignant, low or suspicious malignant potential. • Hyperkeratosis, Basal cell and Squamous cell skin cancers • All tumors in the presence of Human Immunodeficiency Virus (HIV) infection.
Heart Attack	<p>Death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. This diagnosis must be supported by three or more of the following five criteria which are consistent with a new heart attack:</p> <ul style="list-style-type: none"> • History of typical chest pain; • New electrocardiogram (ECG) changes proving infarction; • Diagnostic elevation of cardiac enzyme CK-MB; • Diagnostic elevation of Troponin (T or I); • Left ventricular ejection fraction less than 50% measured 3 months or more after the event.
Cardiomyopathy	<p>The unequivocal diagnosis of Cardiomyopathy which have resulted in the presence of Permanent physical impairments of at least Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The diagnosis must be confirmed by a Specialist. Cardiomyopathy that is directly related to alcohol misuse is excluded.</p>
Specified Surgical Procedures of Cardiovascular System	<p>Cardiac pacemaker insertion - Insertion of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified as Medically Necessary by a Specialist; or</p> <p>Pericardectomy - The undergoing of a pericardectomy or undergoing of any surgical procedure requiring keyhole cardiac surgery as a result of pericardial disease. Both these surgical procedures must be certified to be Medically Necessary by a Specialist. Only needle drainage of pericardial effusion or needle biopsy of the pericardium is specifically excluded; or</p> <p>Cardiac defibrillator insertion - Insertion of a permanent cardiac defibrillator as a result of cardiac arrhythmia which cannot be treated via any other method. The surgical procedure must be certified to be Medically Necessary by a Specialist; or</p> <p>Carotid artery surgery - The actual undergoing of Endarterectomy of the carotid artery which has been necessitated as a result of at least 80% narrowing of the carotid artery as diagnosed by an arteriography or any other appropriate diagnostic test that is available. Endarterectomy of blood vessels other than the carotid artery are specifically excluded; or</p> <p>Insertion of a Veno-cava filter - The surgical insertion of a veno-cava filter after there has been documented proof of recurrent pulmonary emboli. The need for the insertion of a veno-caval filter must be certified to be Medically Necessary by a Specialist.</p>

Covered Comprehensive Critical Illnesses	Definition
Stroke	<p>A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, cerebral embolism and cerebral thrombosis resulting in Permanent neurological deficit with persisting clinical symptoms. This diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> • Evidence of Permanent neurological deficit confirmed by a neurologist at least 6 weeks after the event; and • Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke. <p>The following are excluded:</p> <ul style="list-style-type: none"> • Transient Ischaemic Attacks; • Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease; • Vascular disease affecting the eye or optic nerve; and • Ischaemic disorders of the vestibular system. <p>Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life Insured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.</p>
Defined Surgical Procedures of Central Nervous System	<p>Cavernous sinus thrombosis surgery - The actual undergoing of a surgical drainage for Cavernous Sinus Thrombosis. The presence of Cavernous Sinus Thrombosis as well as the requirement for surgical intervention must be certified to be Medically Necessary by a Specialist; or</p> <p>Surgical removal of pituitary tumour - The actual undergoing of surgical removal of pituitary tumour necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. Partial removal of pituitary microadenoma is specifically excluded; or</p> <p>Surgery for subdural haematoma - The actual undergoing of Burr Hole Surgery to the head to drain subdural haematoma as a result of an accident. The need for the Burr Hole Surgery must be certified to be Medically Necessary by a Specialist; or</p> <p>Brain aneurysm surgery - The actual undergoing of surgical craniotomy to repair either an intracranial aneurysm or to remove an arterio-venous malformation. The surgical intervention must be certified to be Medically Necessary by Specialist. Endovascular repair or procedures are not covered; or</p> <p>Cerebral shunt insertion - The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be Medically Necessary by a Specialist.</p>
Coronary Artery Bypass Surgery and other defined cardiac procedures	<p>The actual undergoing of keyhole (minimally invasive/port access) or open-chest surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts.</p> <p>Coronary Artery Atherectomy and Transmyocardial laser revascularization done via "Keyhole" surgery or use Enhanced External Counterpulsation Device for intractable angina not responsive to medical therapy and not amenable to other surgical or percutaneous techniques will also be covered under this benefit.</p> <p>The diagnosis of significant coronary artery obstruction and the necessity of the above procedures must be certified by a Specialist and also must be supported by angiographic evidence.</p> <p>Angioplasty and all other intra-arterial, catheter based techniques are excluded.</p>
Nephrectomy	<p>The complete surgical removal of one or both kidneys necessitated by any illness or accident. The need for the surgical removal of the kidney must be certified to be Medically Necessary by a Specialist. Kidney donation is excluded.</p>

Covered Comprehensive Critical Illnesses	Definition
Chronic Kidney Disease or Kidney Failure	A Specialist must make a diagnosis of chronic kidney disease or kidney failure with Permanently impaired renal function. There must be evidence of one of the following: <ul style="list-style-type: none"> • laboratory evidence that shows that renal function is severely decreased with an eGFR less than 15 ml/min/1.73m² body surface area, persisting for a period of 6 months or more; • permanent renal dialysis has been instituted; • kidney transplantation has been undergone.
Aplastic Anemia	Bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring treatment with any one of the following: <ul style="list-style-type: none"> • Blood product transfusion; • Marrow stimulating agents; • Immunosuppressive agents; or • Bone marrow transplantation. The diagnosis must be confirmed with bone marrow biopsy by a Specialist.
Blindness (Loss of Sight)	Permanent and irreversible loss of sight in one or both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the worse eye using a Snellen eye chart or equivalent test. The blindness must be confirmed by a Specialist. Blindness caused by alcohol or drug misuse is excluded.
Severe Asthma	Evidence of an acute attack of Severe Asthma with persistent status asthmaticus that requires hospitalisation, endotracheal intubation and assisted ventilation with a mechanical ventilator for a continuous period of at least 4 hours on the advice of a Specialist. The Life Insured should have received systemic steroid for a period of at least 6 months.
Surgical Removal of One Lung	Complete surgical removal of the entire right or left lung as a result of an illness or an accident of the Life Insured. The procedure must be certified to be Medically Necessary by a Specialist. Partial removal of a lung is not included in this benefit.
End Stage Lung Disease (Chronic)	End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following: <ul style="list-style-type: none"> • FEV1 test results which are consistently less than one litre; • Permanent supplementary oxygen therapy for hypoxemia; • Arterial blood gas analyses with partial oxygen pressures consistently 55mmHg or less (PaO₂ ≤ 55mmHg); and • Dyspnea at rest. The diagnosis must be confirmed by a Specialist.
End Stage Liver Failure (Chronic)	End stage liver failure as evidenced by all of the following: <ul style="list-style-type: none"> • Permanent jaundice; • Ascites; and • Hepatic encephalopathy. Liver disease secondary to alcohol or drug misuse is excluded.
Liver Surgery	Partial hepatectomy of at least one entire lobe of the liver that has been found necessary as a result of illness or accident as suffered by the Life Insured. The procedure must be certified to be Medically Necessary by a Specialist. Liver disease secondary to alcohol or drug misuse is excluded.
Chronic Hepatitis with Cirrhosis	Necrosis of the liver caused by the Hepatitis virus or any other etiology leading to cirrhosis. The diagnosis must be unequivocally confirmed by a Specialist and must be based on histological findings of the liver biopsy showing histological stage F4 by Metavir grading or a Knodell fibrosis score of 4. Liver disease secondary to alcohol or drug misuse is excluded.

Covered Comprehensive Critical Illnesses	Definition
Coma	<p>Coma that persists for at least 48 hours. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> • no response to external stimuli for at least 48 hours; • the use of life support measures to sustain life, and • Brain damage resulting in Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. <p>Coma resulting directly from alcohol or drug abuse is excluded. Medically induced coma also does not fulfill this definition.</p>
Severe Epilepsy	<p>Severe epilepsy confirmed by all of the following:</p> <p>(a) Diagnosis made by a Specialist by the use of electroencephalography (EEG), magnetic resonance imaging (MRI), positron emission tomography (PET) or any other appropriate diagnostic test that is available,</p> <p>(b) There must be documentation of recurrent unprovoked tonic-clonic or grand mal seizures of more than 5 attacks per week, and be known to be resistant to optimal therapy as confirmed by drug serum-level testing, and</p> <p>(c) The Life Insured must have been taking at least 2 prescribed anti-epileptic (anti-convulsant) medications for at least 6 months on the recommendation of a Specialist.</p> <p>Febrile or absence (petit mal) seizures alone will not satisfy the requirement of this definition.</p>
Deafness (Loss of Hearing)	<p>Irreversible binaural hearing loss with the loss of at least 60 decibel in all frequencies of hearing as a result of illness or accident. This diagnosis must be supported by an objective diagnostic test like audiometric and sound-threshold tests to indicate the quantum loss of hearing and certified by a Specialist.</p> <p>The coverage under this benefit will also include the actual undergoing of a surgical cochlear implant as a result of irreversible damage to the cochlea or auditory nerve as a result of any illness or accident. The surgical procedure as well as the insertion of the implant must be certified to be Medically Necessary by a Specialist.</p>
Heart Valve Surgery	<p>The actual undergoing of valvuloplasty, valvotomy or valve replacement to replace or repair heart valve abnormalities, either via intravascular catheter based techniques or open heart surgery. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered Medically Necessary by a Specialist.</p>
Loss of Speech	<p>Total and irrecoverable loss of the ability to speak as a result of a disease or injury. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by a Specialist.</p> <p>All psychiatric related causes are excluded.</p>
Major Burns	<p>Second degree (partial thickness of the skin) or third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Insured's body; or</p> <p>Third degree (full thickness of the skin) burns covering at least 50% of the face of the Life Insured.</p>
Major Organ/Bone Marrow Transplantation	<p>The undergoing by the Life Insured as recipient of a transplant of any of the following:</p> <ol style="list-style-type: none"> a) Transplant of Human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or b) Transplant of One of the following whole human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ; or c) Transplant of at least one meter of small bowel with its own blood supply via a laparotomy resulting from intestinal failure; or d) Transplant of a whole cornea due to irreversible scarring with resulting reduced visual acuity, which cannot be corrected with other methods. <p>Other than covered under the section (a) above, all other stem cell transplants and tissue or islet cell transplant of pancreas are excluded.</p>

Covered Comprehensive Critical Illnesses	Definition
Multiple Sclerosis	<p>There must be a definite diagnosis of Multiple Sclerosis confirmed by a Specialist. The diagnosis must be supported by all of the following:</p> <p>a) Investigations that unequivocally confirm the diagnosis to be Multiple Sclerosis; and</p> <p>b) Well documented history of typical neurological signs and symptoms consistent with the diagnosis of Multiple Sclerosis.</p> <p>Other causes of neurological damage such as Systemic Lupus Erythematosus (SLE) and Human Immunodeficiency Virus (HIV) are excluded.</p>
Muscular Dystrophy	<p>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 Specialist. The condition must result in the inability of the Life Insured to perform (whether aided or unaided) at least 2 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.</p>
Encephalitis	<p>Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection requiring hospitalisation. The diagnosis must be confirmed by a Specialist and supported with appropriate investigations (including Lumbar puncture test) proving acute viral infection of the brain.</p> <p>Encephalitis caused by Human Immunodeficiency Virus (HIV) infection is excluded.</p>
Parkinson's Disease	<p>The unequivocal diagnosis of idiopathic Parkinson's disease by a Specialist. The diagnosis must be supported by all of the following conditions:</p> <p>(a) Signs of progressive impairment, and</p> <p>(b) Inability of the Life Insured to perform (whether aided or unaided) at least 2 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months while on optimal therapy.</p> <p>Drug-induced or toxic causes of Parkinsonism are excluded.</p>
Surgery to Aorta	<p>The actual undergoing of either intra-arterial or open chest/ abdomen surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as evidenced by a cardiac echocardiogram or any other appropriate diagnostic test that is available and confirmed by a Specialist.</p> <p>Large asymptomatic abdominal or thoracic aortic aneurysm or aortic dissection where aorta has been enlarged greater than 55mm in diameter will also be covered under this benefit. The diagnosis for this must be confirmed by a Specialist and evidenced by appropriate imaging technique.</p> <p>For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.</p>
Alzheimer's Disease/Dementia	<p>A definite diagnosis of Alzheimer's disease or dementia due to irreversible organic brain disorders by a Specialist. The Mini-mental exam score must be less than 20 out of 30 or an equivalent of this score using other Alzheimer's tests. There must also be Permanent clinical loss of the ability to do all the following:</p> <ul style="list-style-type: none"> • Remember; • Reason; and • Perceive, understand, express and give effect to ideas. <p>This diagnosis must be supported by the clinical confirmation of a Specialist and the Life Insured should be undergoing appropriate anti Alzheimer's treatment.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • Non-organic diseases such as neurosis and psychiatric illnesses; and • Alcohol or drug related brain damage.
Motor Neurone Disease	<p>Motor neurone disease characterised by progressive degeneration of the corticospinal tracts and anterior horn cells or bulbar efferent neurons. These include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. A Specialist must make the definite diagnosis of a motor neurone disease and this diagnosis must be supported by appropriate investigations.</p>

Covered Comprehensive Critical Illnesses	Definition
Pulmonary Hypertension	<p>Primary or Secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of Permanent physical impairment of at least Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment.</p> <p>The diagnosis must be established by cardiac catheterisation by a Specialist.</p>
HIV due to Blood Transfusion, Assault, Organ Transplant & Occupational Acquired HIV	<p>A) Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion or an organ transplant, provided that all of the following conditions are met:</p> <ul style="list-style-type: none"> • The organ transplant & blood transfusion was Medically Necessary or given as part of a medical treatment; • The organ transplant & blood transfusion was received in Singapore after the Policy Issue Date or date of last reinstatement, whichever is the later; and • The source of the infection is established to be from the Institution that provided the transplant or transfusion and the Institution is able to trace the origin of the HIV to the infected transplanted organ or donated blood products. • The Life Insured does not suffer from Thalassaemia Major or Haemophilia. <p>Or</p> <p>B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from a physical or sexual assault occurring after the Policy Issue Date or date of last reinstatement, whichever is the later, provided that all the following conditions are met:</p> <ul style="list-style-type: none"> • The incident must be reported to the appropriate authority and that a criminal case must be opened; • Proof of the assault giving rise to the infection must be reported to Us within 30 days of the diagnosis of HIV positive status; • Proof that the assault 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 assault. This proof must include a negative HIV antibody test conducted within 5 days of the assault. <p>Or</p> <p>C) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accidental incident occurring after the Policy Issue Date or date of last reinstatement, whichever is the later, whilst the Life Insured was carrying out the normal professional duties of his or her occupation in Singapore with the requirement that appropriate care is being exercised, provided that all the following conditions are met:</p> <ul style="list-style-type: none"> • Proof that the incident has been reported to the appropriate authority; • Proof of the accident giving rise to the infection must be reported to Us within 30 days of the accident taking place; • Proof that the accident involved a definite source of the HIV infected fluids; • Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident. <p>HIV infection resulting from any other means including consensual sexual activity or the use of intravenous drug is excluded.</p> <p>This benefit will not apply under either section A, B where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.</p>
Benign Brain Tumor	<p>A benign tumour in the brain where all of the following conditions are met:</p> <ul style="list-style-type: none"> • It is life threatening; • It has caused damage to the brain; • It has undergone surgical removal or, if inoperable, has caused a Permanent neurological deficit; and • Its presence must be confirmed by a Specialist and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. <p>The following are excluded:</p> <ul style="list-style-type: none"> • Cysts; • Granulomas; • Vascular Malformations; • Haematomas; and • Tumours of the pituitary gland or spinal cord.

Covered Comprehensive Critical Illnesses	Definition
Bacterial Meningitis	<p>Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord which requires hospitalisation. This diagnosis must be confirmed by:</p> <ul style="list-style-type: none"> • The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and • A Specialist. <p>Bacterial Meningitis in the presence of Human Immunodeficiency Virus (HIV) infection is excluded.</p>
Facial Reconstructive Surgery	<p>The actual undergoing of re-constructive surgery above the neck (restoration or re-construction of the shape of and appearance of facial structures which are defective, missing or damaged or misshapen) performed by a Specialist under general anesthetic to correct disfigurement as a direct result of an accident that occurred after the Policy Issue Date or date of last reinstatement of the Policy. The need for surgery must be certified to be Medically Necessary by a Specialist. Treatment relating to teeth and/or any other dental restoration alone and/or nose surgery including septoplasty and rhinoplasty are excluded.</p>
Major Head or Spinal Trauma	<p>Accidental injury to head resulting in Permanent neurological deficit causing the inability to perform 2 of 6 Activities of Daily Living, or accidental injury to cervical spinal cord resulting in loss of use of at least one entire limb, to be assessed no sooner than six weeks from the date of the accident. The diagnosis must be confirmed by a Specialist supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.</p> <p>The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.</p> <p>The following are excluded: Spinal cord injury or Head injury due to any other causes.</p>
Systemic Lupus Erythematosus	<p>A multisystem, multifactorial, autoimmune disorder which mostly affects females in their childbearing years and is characterized by the development of auto-antibodies directed against various self-antigens. In respect of this contract, systematic lupus erythematosus will be restricted to those forms of systematic lupus erythematosus that require systemic immunosuppressive therapy for multiple organ involvement for at least 6 months under the direction of a Specialist. Evidence must be provided from the treating Specialist that proves to our satisfaction that there has been involvement of at least three specified internal organs. For the purposes of this benefit the listed specified organs are restricted to the kidneys, brain, heart (or pericardium), lungs (or pleura) and joints. Joint involvement is defined as the presence of polyarticular inflammatory arthritis. Skin involvement is not considered one of the specified organs for the purposes of this benefit.</p> <p>Other forms, discoid lupus and those forms with hematological involvement will be specifically excluded. The final diagnosis may have to be supported by a Specialist.</p>
Paralysis (Loss of Limbs)	<p>Total and irreversible loss of use of at least one (1) entire limb (above elbow or above knee) due to illness or accident. This condition must be confirmed by a Specialist.</p> <p>Self-inflicted (both accidental and intentional) injuries are excluded.</p>

APPENDIX B: DEFINITION OF ADDITIONAL CRITICAL ILLNESS

Covered Additional Critical Illnesses	Definition
Major Cancer of the Bone, Bladder, Brain, Larynx, Esophagus, and Leukemia	<p>Cancer is defined as a malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. This diagnosis must be supported by histological evidence of malignancy and confirmed by an oncologist or pathologist. Coverage under this additional benefit only includes Leukemia and invasive cancer that originates in the following organs: Bone, Bladder, Brain, Larynx, and Esophagus.</p> <p>The following conditions will be strictly excluded:</p> <ul style="list-style-type: none"> • Tumors which are histologically classified as pre-malignant, non-invasive, carcinoma in situ or tumors with borderline malignant potential. • Papillary micro-carcinoma of the Bladder classified as AJCC stage Ta or any tumor of the urinary bladder histologically classified as T1N0M0 (TNM Classification). • Chronic Lymphocytic Leukemia less than RAI Stage 3.
Parkinson's Disease	<p>The unequivocal diagnosis of idiopathic Parkinson's disease by a Specialist. The diagnosis must be supported by all of the following conditions:</p> <p>(a) Signs of progressive impairment, and</p> <p>(b) 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 while on optimal therapy.</p> <p>Drug-induced or toxic causes of Parkinsonism are excluded.</p>
Alzheimer's Disease/ Severe Dementia	<p>Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Insured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor and the Life Insured should have inability to perform at least 3 out of the 6 "Activities of Daily Living" for a continuous period of 6 months. The following are excluded:</p> <ul style="list-style-type: none"> • Non-organic diseases such as neurosis and psychiatric illnesses; and • Alcohol or related brain damage.
Blindness (Loss of Sight)	<p>Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test. The blindness must be confirmed by a Specialist.</p> <p>Blindness caused by alcohol or drug misuse is excluded.</p>

APPENDIX C: DEFINITION OF SPECIAL BENEFIT CONDITIONS

Covered Special Benefit Conditions	Definition
Angioplasty and Other Invasive Treatment for Coronary Artery	<p>The benefit shall be paid if the Life Insured actually undergoes balloon angioplasty or similar intraarterial 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 Specialist.</p> <p>Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.</p> <p>Diagnostic angiography is excluded.</p>
Diabetic Complications	<p>Diabetic Retinopathy with actual undergoing of laser treatment certified to be Medically Necessary by a Specialist with support of Fluorescent Fundus Angiography report and vision measured at 6/18 or worse in the better eye using a Snellen eye chart before the procedure.</p> <p>A definite diagnosis of diabetic nephropathy by a Specialist and is evident by Permanent eGFR less than 30 ml/min/1.73 m² with ongoing proteinuria greater than 300mg/24 hours.</p> <p>The actual undergoing of amputation of a leg / foot / toe / arm / hand / finger to treat gangrene that has occurred because of a complication of diabetes.</p>
Osteoporosis with Fractures	<p>Osteoporosis is a degenerative bone disease that results in loss of bone. The diagnosis must be supported by a bone density reading which satisfies the World Health Organisation (WHO) definition of osteoporosis with a bone density reading T-score of less than -2.5. There must also be a history of three (3) or more osteoporotic fractures involving either femur, wrist or vertebrae. These fractures must directly cause the Life Insured's Permanent inability to perform at least one (1) Activity of Daily Living.</p>
Dengue Haemorrhagic Fever	<p>Dengue Haemorrhagic Fever Stage 3 or Stage 4, based on the World Health Organization case definition (1997), with unequivocal evidence of the Dengue Shock Syndrome and confirmation of dengue infection, with confirmatory serological testing of dengue; and as exemplified by the following findings:</p> <ul style="list-style-type: none"> • history of continuous high fever (for two (2) or more days), • minor or major haemorrhagic manifestations, • thrombocytopenia (less than or equal to 100000 per mm³) • haemoconcentration (haematocrit increased by 20% or more) and • evidence of plasma leakage (i.e. pleural effusion, ascites or hypoproteinaemia, etc.) • evidence of the Dengue Shock Syndrome (DSS), confirmed by a Specialist, with the following criteria being met: <ul style="list-style-type: none"> ○ hypotension (less than 80 mm Hg) or narrow pulse pressure (20 mm Hg or less) and ○ evidence of tissue hypoperfusion such as cold, clammy skin, oliguria, or a metabolic acidosis.
Insulin Dependent Diabetes Mellitus	<p>This is characterised by polydipsia, polyuria, increased appetite, weight loss, low plasma insulin levels, episodic ketoacidosis, and immune mediated destruction of pancreatic beta cells. Insulin therapy and dietary regulation are necessary. Dependence on insulin therapy must persist for not less than six months. Type II Diabetes Mellitus is specifically excluded. Diagnosis must be confirmed by a Specialist.</p> <p>The coverage of this Special Benefit will cease at the Policy Anniversary immediately after the 18th birthday of the Life Insured.</p>
Kawasaki Disease	<p>This is acute, febrile and multisystem disease of children, characterised by non-suppurative cervical adenitis, skin and mucous membrane lesions. Diagnosis must be confirmed by a Specialist and there must be echocardiograph evidence of cardiac involvement manifested by dilatation or aneurysm formation of at least 5mm in the coronary arteries which persists for 12 months after the initial acute episode.</p> <p>The coverage of this Special Benefit will cease at the Policy Anniversary immediately after the 18th birthday of the Life Insured.</p>

Covered Special Benefit Conditions	Definition
Osteogenesis Imperfecta	<p>This is characterised by brittle, osteoporotic, easily fractured bone. The Life Insured must be diagnosed as a type III Osteogenesis Imperfecta confirmed by the occurrence of all of the following conditions:-</p> <ul style="list-style-type: none"> • the result of physical examination of the Life Insured by a Specialist that the Life Insured suffers from growth retardation and hearing impairment; and • the result of x-ray studies reveals multiple fracture of bones and progressive kyphoscoliosis; and • positive result of skin biopsy. <p>Diagnosis of Osteogenesis Imperfecta must be confirmed by a Specialist.</p> <p>The coverage of this Special Benefit will cease at the Policy Anniversary immediately after the 18th birthday of the Life Insured.</p>
Rheumatic Fever with Valvular Impairment	<p>A confirmed diagnosis by a Specialist of acute rheumatic fever according to the revised Jones criteria. There must be involvement of one or more heart valves with at least mild valve incompetence attributable to rheumatic fever as confirmed by quantitative investigations of the valve function by a Specialist. The valve incompetence must persist for at least six months.</p> <p>The coverage of this Special Benefit will cease at the Policy Anniversary immediately after the 18th birthday of the Life Insured.</p>
Severe Haemophilia	<p>The Life Insured must be suffering from severe hemophilia associated with spontaneous haemorrhage and with a clotting factor VIII or factor IX of less than one percent. Diagnosis must be confirmed by a Specialist.</p> <p>The coverage of this Special Benefit will cease at the Policy Anniversary immediately after the 18th birthday of the Life Insured.</p>
Severe Juvenile Rheumatoid Arthritis	<p>A severe form of juvenile chronic arthritis characterised by high fever and signs of systematic illness that can exist for months before the onset of arthritis. The condition must be characterised by cardinal manifestations which include high spiking, daily (quotidian) fevers, evanescent rash, arthritis, splenomegaly, lymphadenopathy, serositis, weight loss, neutrophilic leukocytosis, increased acute Phase Proteins and usually seronegative tests for Antinuclear Antibodies (ANA) and Rheumatoid Factor (RF). The diagnosis must be backed by adequate laboratory and other tests or investigations. The final diagnosis must also be confirmed unequivocally by a Specialist, and the condition has to be documented for at least 6 months.</p> <p>The coverage of this Special Benefit will cease at the Policy Anniversary immediately after the 18th birthday of the Life Insured.</p>
Type I Juvenile Spinal Amyotrophy	<p>The Life Insured must be diagnosed as a Type I Juvenile Spinal Amyotrophy which is an infantile form of spinal muscular atrophy characterised by progressive dysfunction of the anterior horn cells in the spinal cord and brainstem cranial nerves with profound weakness and bulbar dysfunction. Electromyography and muscle biopsy are needed to confirm this diagnosis which also need to be certified by a Specialist.</p> <p>The coverage of this Special Benefit will cease at the Policy Anniversary immediately after the 18th birthday of the Life Insured.</p>
Wilson's Disease	<p>A potentially fatal disorder of copper toxicity characterized by progressive liver disease and/or neurologic deterioration due to copper deposit.</p> <p>The diagnosis must be confirmed by a Specialist and the treatment with a chelating agent must be documented for at least 6 months.</p>