

**PRODUCT FACT SHEET  
FOR  
CI CARE RIDER /  
PRORIDER**

**Date:** 24 June 2019 (version 1)

**(A) Description of Product****Product Overview**

This is a unit deducting rider which provides coverage against 48 critical illnesses. Upon diagnosis of any of the 48 critical illnesses covered during the rider term, 100% of prevailing Rider Sum Assured shall be payable.

This Rider comes with two options:

- a) With indexation – Auto Increase Rider Sum Assured (By 25% and 50% at rider year 6 and 16 respectively); and
- b) Without indexation – level Rider Sum Assured.

It consists of 2 groups:

Group 1 – The rates of insurance charge are guaranteed	Group 2 – The rates of insurance charge are not guaranteed
CI Care ProRider	CI Care Rider

Attachable to basic plans below:

	Group 1 – The rates of insurance charge are guaranteed	Group 2 – The rates of insurance charge are not guaranteed
Basic Plan	<ul style="list-style-type: none"> <li>• HLA Asset Protector80</li> <li>• HLA Asset Secure30</li> <li>• HLA Wealth Booster Plus</li> <li>• HLA Wealth Gain Plus</li> <li>• HLA Wealth Grow Plus</li> </ul>	<ul style="list-style-type: none"> <li>• HLA CompleteCover60</li> <li>• HLA CompleteCover80</li> </ul>

**(B) Features & Benefits**

No	Feature	Descriptions												
1.	Benefit	<p><b>Critical Illness Benefit</b></p> <p>In the event of diagnosis of any of the 48 Critical Illnesses on Life Assured, 100% of the prevailing Rider Sum Assured shall be payable.</p> <p>This Rider comes with two options:</p> <ol style="list-style-type: none"> <li>a) With indexation – auto-increase in Rider Sum Assured at the beginning of Rider Year 6 and Rider Year 16; and</li> <li>b) Without indexation – level Rider Sum Assured throughout the rider term.</li> </ol> <p>The following 48 critical illnesses are covered:</p> <table border="1"> <thead> <tr> <th>Item</th> <th>Category</th> <th colspan="2">Critical Illness</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Head/ Brain/ Neurological</td> <td>1) Stroke 2) Coma 3) Benign Brain Tumor 4) Paralysis of Limbs 5) Encephalitis 6) Brain Surgery 7) Bacterial Meningitis 8) Major Head Trauma 9) Parkinson's Disease</td> <td>10)Alzheimer's Disease/Severe Dementia 11)Multiple Sclerosis 12)Creutzfeldt-Jakob Disease (Mad Cow Disease) 13)Apallic Syndrome (ie. Persistent Vegetative State (PVS))</td> </tr> <tr> <td>2</td> <td>Heart</td> <td>1) Heart Attack</td> <td>5) Heart Valve</td> </tr> </tbody> </table>	Item	Category	Critical Illness		1	Head/ Brain/ Neurological	1) Stroke 2) Coma 3) Benign Brain Tumor 4) Paralysis of Limbs 5) Encephalitis 6) Brain Surgery 7) Bacterial Meningitis 8) Major Head Trauma 9) Parkinson's Disease	10)Alzheimer's Disease/Severe Dementia 11)Multiple Sclerosis 12)Creutzfeldt-Jakob Disease (Mad Cow Disease) 13)Apallic Syndrome (ie. Persistent Vegetative State (PVS))	2	Heart	1) Heart Attack	5) Heart Valve
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		2) Coronary Artery By-Pass Surgery 3) Serious Coronary Artery Disease 4) Angioplasty And Other Invasive Treatments For Coronary Artery Disease <sup>[1]</sup>	6) Surgery To Aorta 7) Cardiomyopathy 8) Severe Eisenmenger's Syndrome
<b>3</b>	Kidney/ Endocrine	1) Kidney Failure 2) Medullary Cystic Disease	3) Systemic Lupus Erythematosus With Severe Kidney Complications
<b>4</b>	Cancer	Cancer	
<b>5</b>	Lung	1) End-Stage Lung Disease	2) Primary Pulmonary Arterial Hypertension
<b>6</b>	Liver	1) End-Stage Liver Failure	2) Fulminant Viral Hepatitis 3) Chronic Autoimmune Hepatitis
<b>7</b>	Musculoskeletal/ Neuromuscular	1) Motor Neuron Disease	2) Muscular Dystrophy 3) Poliomyelitis
<b>8</b>	Others	1) Blindness 2) Deafness 3) Third Degree Burns 4) Major Organ/ Bone Marrow Transplant 5) Loss of Speech 6) Loss of Independent Existence 7) HIV Infection Due To Blood Transfusion 8) Chronic Aplastic Anemia	9) Full-Blown AIDS 10) Occupational Acquired Human Immunodeficiency Virus (HIV) Infection 11) Terminal Illness 12) Chronic Relapsing Pancreatitis 13) Elephantiasis 14) Progressive Scleroderma 15) Ebola Hemorrhagic Fever

<sup>[1]</sup> Benefit payment under this illness is limited to 10% of the Critical Illness coverage under this policy subject to a maximum of RM 25,000. This benefit is payable once only and shall be deducted from the coverage of this rider, thereby reducing the amount of lump sum payment upon CI.

The claim proceed from this Rider can be reinvested into Funds by one time top up with 100% allocation.

Provision for Juvenile shall apply.

All of the critical illnesses are subject to the survival period of 28 days and waiting period of 30 days, except for the following diseases which are subject to the waiting period of 60 days :

(a) Angioplasty and Other Invasive Treatments for Coronary Artery Disease  
(b) Cancer

		(c) Coronary Artery By-Pass Surgery (d) Heart attack (e) Serious Coronary Artery Disease												
<b>2.</b>	<b>Maturity Benefit</b>	There is no maturity benefit payable.												
<b>3.</b>	<b>Premium Allocation</b>	Not applicable												
<b>4.</b>	<b>Fund Allocation</b>	Not applicable												
<b>5.</b>	<b>Underwriting</b>	<p><b>Entry Age</b></p> <p>Based on last birthday</p> <table border="1"> <thead> <tr> <th>Minimum</th> <th>Maximum</th> </tr> </thead> <tbody> <tr> <td>30 days old</td> <td>70 years old</td> </tr> </tbody> </table> <p><b>Rider Term</b></p> <table border="1"> <thead> <tr> <th>Minimum</th> <th>Maximum</th> </tr> </thead> <tbody> <tr> <td>5 years</td> <td>Lower of (100 – Entry Age, Basic Policy Term)</td> </tr> </tbody> </table> <p><b>Expiry Age</b></p> <p>100 years old.</p> <p><b>Plan Choice</b></p> <ul style="list-style-type: none"> <li>• With Indexation (Auto-Increase Rider Sum Assured)</li> <li>• Without Indexation (Level Rider Sum Assured)</li> </ul> <p>Sales Illustration System will default to Without Indexation (Level Rider Sum Assured).</p> <p><b>Rider Sum Assured</b></p> <table border="1"> <thead> <tr> <th>Minimum</th> <th>Maximum</th> </tr> </thead> <tbody> <tr> <td>RM 10,000</td> <td>Subject to CI Benefit limit of RM 4,000,000 per life</td> </tr> </tbody> </table> <p><b>With Indexation</b> Rider Sum Assured shall increase at the beginning of Rider Year 6 and 16 at 25% and 50% of initial Rider Sum Assured respectively with additional insurance charges, provided there is no reduction in RSA.</p> <p>If policy owner requests to reduce the RSA, the auto-increase in RSA feature shall cease.</p> <p><u>Example 1:</u> Initial RSA = 100,000</p>	Minimum	Maximum	30 days old	70 years old	Minimum	Maximum	5 years	Lower of (100 – Entry Age, Basic Policy Term)	Minimum	Maximum	RM 10,000	Subject to CI Benefit limit of RM 4,000,000 per life
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		<p>RSA at Year 6 = <math>100,000 + (25\% * 100,000) = 125,000</math>  RSA at Year 16 = <math>125,000 + (50\% * 100,000) = 175,000</math></p> <p><u>Example 2:</u>  Initial RSA = 200,000  Rider term = 35 years</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Claim Event</th> <th>Condition</th> <th>Amount Payable</th> <th>Claim Amount</th> <th>Balance Claimable Amount</th> </tr> </thead> <tbody> <tr> <td>6</td> <td colspan="4">RSA increased by 25% of initial RSA (<math>25\% * 200,000 = 50,000</math>) to 250,000</td> <td>250,000</td> </tr> <tr> <td>8</td> <td>1</td> <td>Angioplasty</td> <td><math>10\% * 250,000</math></td> <td>25,000</td> <td>225,000</td> </tr> <tr> <td>16</td> <td colspan="4">RSA increased by 50% of initial RSA (<math>50\% * 200,000 = 100,000</math>)</td> <td>325,000</td> </tr> <tr> <td>18</td> <td>2</td> <td>Stroke</td> <td><math>100\% * 325,000</math></td> <td>325,000</td> <td>0</td> </tr> </tbody> </table> <p>Rider terminates upon full payment of RSA.</p> <p><b><u>Without Indexation</u></b>  Rider Sum Assured shall remain level throughout rider term.</p> <p><b>Underwriting Sum Assured</b></p> <p><b><u>With Indexation</u></b>  125% of Rider Sum Assured shall be used in the determination of medical requirement.</p> <p><b><u>Without Indexation</u></b>  100% of Rider Sum Assured shall be used in the determination of medical requirement.</p> <p><b>Attachable Riders</b></p> <p>Not applicable</p> <p><b>Underwriting Type (<i>Full, Simplified or Guaranteed Acceptance</i>)</b></p> <p>Full underwriting</p> <p><b>Others</b></p> <p>Not applicable</p>	Year	Claim Event	Condition	Amount Payable	Claim Amount	Balance Claimable Amount	6	RSA increased by 25% of initial RSA ( $25\% * 200,000 = 50,000$ ) to 250,000				250,000	8	1	Angioplasty	$10\% * 250,000$	25,000	225,000	16	RSA increased by 50% of initial RSA ( $50\% * 200,000 = 100,000$ )				325,000	18	2	Stroke	$100\% * 325,000$	325,000	0
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6.	<b>Premium, Fees and Charges</b>	<p><b>Premium, Fees and Charges Description</b></p> <p><u>Insurance Charge</u>  The insurance charge is based on attained age, smoker status, gender and calculated on prevailing Rider Sum Assured.</p>																														

		Group 1 – The rates of insurance charge are guaranteed	Group 2 – The rates of insurance charge are not guaranteed
		CI Care ProRider	CI Care Rider
		<p>The insurance charges will be deducted monthly through cancellation of units.</p> <p>Upon acceleration of Rider Sum Assured due to Angioplasty and Other Invasive Treatments for Coronary Artery Disease, insurance charge will base on the balance of Rider Sum Assured, after netting off claims paid on Angioplasty and Other Invasive Treatments for Coronary Artery Disease.</p> <p>For non-guaranteed rate of insurance charges, the Company reserve the rights to revise the insurance charge by giving 90-days written notice prior to the Policy Anniversary Date before making such changes.</p>	
		<b>Premium Payment Term Option</b>	
		Not applicable	
		<b>Premium Mode</b>	
		Not applicable	
		<b>Payment Mode</b>	
		Not applicable	
		<b>Discounts Available</b>	
		Not applicable	
<b>7.</b>	<b>Policy Servicing</b>	<b>Available Options</b>	
		Not applicable	
		<b>Policy Loan</b>	
		Not applicable	
<b>8.</b>	<b>Contract Type</b>	Rider attachable to Individual Policy	
<b>9.</b>	<b>Distribution Channel</b>	Agency & Independent Financial Advisors (IFA).	
<b>10.</b>	<b>Agency Compensation</b>	<b>Compensation Structure</b>	
		Not applicable	

<b>11.</b>	<b>Tax Classification</b>	Tax Relief <table border="1" data-bbox="557 226 1275 400"> <thead> <tr> <th data-bbox="560 226 914 259">Category</th> <th data-bbox="919 226 1272 259">Percentage</th> </tr> </thead> <tbody> <tr> <td data-bbox="560 266 914 300">Life</td> <td data-bbox="919 266 1272 300">-</td> </tr> <tr> <td data-bbox="560 306 914 340">Annuity</td> <td data-bbox="919 306 1272 340">-</td> </tr> <tr> <td data-bbox="560 347 914 380">Education</td> <td data-bbox="919 347 1272 380">-</td> </tr> <tr> <td data-bbox="560 387 914 421">Medical</td> <td data-bbox="919 387 1272 421">100%</td> </tr> </tbody> </table>		Category	Percentage	Life	-	Annuity	-	Education	-	Medical	100%																	
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<b>12.</b>	<b>Replacement of Keyman Provision</b>	Not applicable																												
<b>13.</b>	<b>Applicable Guidelines</b>	<table border="1" data-bbox="459 600 1487 1128"> <thead> <tr> <th data-bbox="462 600 539 633">No.</th> <th data-bbox="544 600 815 633">Reference Code</th> <th data-bbox="820 600 1481 633">Title</th> </tr> </thead> <tbody> <tr> <td data-bbox="462 640 539 696">1</td> <td data-bbox="544 640 815 696">GL 003 - 14</td> <td data-bbox="820 640 1481 696">Code of Good Practice for Life Insurance Business</td> </tr> <tr> <td data-bbox="462 703 539 759">2</td> <td data-bbox="544 703 815 759">STD 029 - 10</td> <td data-bbox="820 703 1481 759">Introduction of New Products by Insurers and Takaful Operators</td> </tr> <tr> <td data-bbox="462 766 539 822">3</td> <td data-bbox="544 766 815 822">GL 000 - 3</td> <td data-bbox="820 766 1481 822">Guidelines on Product Transparency and Disclosure</td> </tr> <tr> <td data-bbox="462 828 539 884">4</td> <td data-bbox="544 828 815 884">GL 010 - 16</td> <td data-bbox="820 828 1481 884">Guidelines on Proper Advice Practices for Life Insurance/Family Takaful Business</td> </tr> <tr> <td data-bbox="462 891 539 947">5</td> <td data-bbox="544 891 815 947">GL 003 - 6</td> <td data-bbox="820 891 1481 947">Guidelines on Unfair Practices in Insurance Business</td> </tr> <tr> <td data-bbox="462 954 539 1010">6</td> <td data-bbox="544 954 815 1010">GL 003 - 20</td> <td data-bbox="820 954 1481 1010">Guidelines on Medical and Health Insurance Business (Revised)</td> </tr> <tr> <td data-bbox="462 1016 539 1072">7</td> <td data-bbox="544 1016 815 1072">PD 029-36</td> <td data-bbox="820 1016 1481 1072">Investment-linked Business</td> </tr> <tr> <td data-bbox="462 1079 539 1135">8</td> <td data-bbox="544 1079 815 1135"></td> <td data-bbox="820 1079 1481 1135">Guidelines on Minimum Standards for The Treating Customers Fairly (TCF) Framework</td> </tr> </tbody> </table>		No.	Reference Code	Title	1	GL 003 - 14	Code of Good Practice for Life Insurance Business	2	STD 029 - 10	Introduction of New Products by Insurers and Takaful Operators	3	GL 000 - 3	Guidelines on Product Transparency and Disclosure	4	GL 010 - 16	Guidelines on Proper Advice Practices for Life Insurance/Family Takaful Business	5	GL 003 - 6	Guidelines on Unfair Practices in Insurance Business	6	GL 003 - 20	Guidelines on Medical and Health Insurance Business (Revised)	7	PD 029-36	Investment-linked Business	8		Guidelines on Minimum Standards for The Treating Customers Fairly (TCF) Framework
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<b>14.</b>	<b>History Log</b>	<table border="1" data-bbox="459 1167 1487 1279"> <thead> <tr> <th data-bbox="462 1167 764 1223">Date</th> <th data-bbox="769 1167 1481 1223">Event</th> </tr> </thead> <tbody> <tr> <td data-bbox="462 1229 764 1279">24 June 2019</td> <td data-bbox="769 1229 1481 1279">Launch Date</td> </tr> </tbody> </table>	Date	Event	24 June 2019	Launch Date																								
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## Definition of Critical Illnesses

### 1. Head/ Brain/ Neurological

Critical Illness	Definition
<b>1. STROKE</b> – <b>resulting in permanent neurological deficit with persisting clinical symptoms</b>	Death of brain tissue due to inadequate blood supply, bleeding within the skull or embolization from an extra cranial source resulting in permanent neurological deficit with persisting clinical symptoms. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a neurologist. A minimum Assessment Period of three (3) months applies.  For the above definition, the following are not covered: (a) Transient ischemic attacks (b) Cerebral symptoms due to migraine (c) Traumatic injury to brain tissue or blood vessels (d) Vascular disease affecting the eye or optic nerve or vestibular functions
<b>2. COMA</b> – <b>resulting in permanent neurological deficit with persisting clinical symptoms</b>	A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least ninety six (96) hours, requiring the use of life support systems and resulting in a permanent neurological deficit with persisting clinical symptoms. A minimum Assessment Period of thirty (30) days applies. Confirmation by a neurologist must be present.  The following is not covered: (a) Coma resulting directly from alcohol or drug abuse
<b>3. BENIGN BRAIN TUMOR</b> – <b>of specified severity</b>	A benign tumour in the brain or meninges within the skull, where all of the following conditions are met: (a) It is life threatening. (b) It has caused damage to the brain. (c) It has undergone surgical removal or has caused permanent neurological deficit with persisting clinical symptoms; and (d) Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on MRI, CT or other reliable imaging techniques.  The following are not covered: (a) Cysts (b) Granulomas (c) Malformations in or of the arteries or veins of the brain (d) Hematomas (e) Tumours in the pituitary gland (f) Tumours in the spine (g) Tumours of the acoustic nerve
<b>4. PARALYSIS OF LIMBS</b>	Total, permanent and irreversible loss of use of both arms or both legs, or of one arm and one leg, through paralysis caused by illness or injury. A minimum Assessment Period of six (6) months applies.
<b>5. ENCEPHALITIS</b> – <b>resulting in permanent inability to perform Activities of Daily Living</b>	Severe inflammation of brain substance, resulting in permanent functional impairment. The permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of thirty (30) days applies. The covered event must be certified by a neurologist.  Encephalitis in the presence of HIV infection is not covered.



<b>6. BRAIN SURGERY</b>	<p>The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy (surgical opening of skull) is performed.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> <li>(a) Burr hole procedures</li> <li>(b) Transphenoidal procedures</li> <li>(c) Endoscopic assisted procedures or any other minimally invasive procedures</li> <li>(d) Brain surgery as a result of an accident</li> </ul>
<b>7. BACTERIAL MENINGITIS</b> - <b>resulting in permanent inability to perform Activities of Daily Living</b>	<p>Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent functional impairment. The permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of thirty (30) days applies.</p> <p>The diagnosis must be confirmed by:</p> <ul style="list-style-type: none"> <li>(a) an appropriate specialist; and</li> <li>(b) the presence of bacterial infection in the cerebrospinal fluid by lumbar puncture.</li> </ul> <p>For the above definition, other forms of meningitis, including viral meningitis are not covered.</p>
<b>8. MAJOR HEAD TRAUMA</b> - <b>resulting in permanent inability to perform Activities of Daily Living</b>	<p>Physical head injury resulting in permanent functional impairment verified by a neurologist. The permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of three (3) months applies.</p>
<b>9. PARKINSON'S DISEASE</b> - <b>resulting in permanent inability to perform Activities of Daily Living</b>	<p>A definite diagnosis of Parkinson's Disease by a neurologist where all the following conditions are met:</p> <ul style="list-style-type: none"> <li>(a) Cannot be controlled with medication;</li> <li>(b) Shows signs of progressive impairment; and</li> <li>(c) Confirmation of the permanent inability of the Life Assured to perform without assistance three (3) or more of the Activities of Daily Living</li> </ul> <p>Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are not covered.</p>
<b>10. ALZHEIMER'S DISEASE/ SEVERE DEMENTIA</b>	<p>Deterioration or loss of intellectual capacity confirmed by clinical evaluation and imaging tests arising from Alzheimer's Disease or Severe Dementia as a result of irreversible organic brain disorders. The covered event must result in significant reduction in mental and social functioning requiring continuous supervision of the Life Assured. The diagnosis must be clinically confirmed by a neurologist.</p> <p>From the above definition, the following are not covered:</p> <ul style="list-style-type: none"> <li>(a) Non organic brain disorders such as neurosis</li> <li>(b) Psychiatric illnesses</li> <li>(c) Drug or alcohol related brain damage</li> </ul>
<b>11. MULTIPLE SCLEROSIS</b>	<p>A definite diagnosis of multiple sclerosis by a neurologist. The diagnosis must be supported by all of the following:</p>

	<ul style="list-style-type: none"> <li>(a) Investigations which confirm the diagnosis to be Multiple Sclerosis;</li> <li>(b) Multiple neurological deficits resulting in impairment of motor and sensory functions occurring over a continuous period of at least 6 months; and</li> <li>(c) Well documented history of exacerbations and remissions of said symptoms or neurological deficits</li> </ul>
<b>12. CREUTZFELDT-JAKOB DISEASE (MAD COW DISEASE)</b>	<p>The occurrence of Creutzfeldt-Jacob Disease or Variant Creutzfeldt-Jacob Disease where there is an associated neurological deficit, which is solely responsible for the life insured's permanent inability to perform at least three (3 ) of the listed Activities of Daily Living. These conditions have to be medically documented for at least six (6) months and confirmed by a consultant neurologist with appropriate testing such as conclusive Electroencephalography (EEG) and Cerebrospinal Fluid (CSF) findings as well as Computerized Tomography (CT) scan and Magnetic Resonance Imaging (MRI).Sickness" caused by human growth hormone treatment is excluded.</p> <p>Activities of Daily Living:</p> <ul style="list-style-type: none"> <li>(a) 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;</li> <li>(b) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;</li> <li>(c) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;</li> <li>(d) Mobility - the ability to move indoors from room to room on level surfaces;</li> <li>(e) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;</li> <li>(f) Feeding - the ability to feed oneself once food has been prepared and made available.</li> </ul>
<b>13. APALIC SYNDROME (IE. PERSISTENT VEGETATIVE STATE (PVS))</b>	<p>Apallic Syndrome is the diffuse widespread necrosis of the brain cortex with intact brainstem function resulting in a persistent vegetative state. This diagnosis must be definitely confirmed by a certified neurologist. There must also be significant reduction in mental and social functioning requiring the continuous supervision of the life covered for three months. All of the following criteria must be present:</p> <ul style="list-style-type: none"> <li>(a) no evidence of awareness of self or environment;</li> <li>(b) an inability to interact with others;</li> <li>(c) no evidence of sustained, reproducible, purposeful, or voluntary behavioural responses to visual, auditory, tactile, or noxious stimuli;</li> <li>(d) no evidence of language comprehension or expression; and</li> <li>(e) bowel and bladder incontinence.</li> </ul>

## 2. Heart

<b>1. HEART ATTACK</b> - <i>of specified severity</i>	<p>Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:</p> <ul style="list-style-type: none"> <li>(a) A history of typical chest pain</li> <li>(b) New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block and</li> <li>(c) Elevation of the cardiac biomarkers , inclusive of CPK-MB above the</li> </ul>
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	<p>generally accepted normal laboratory levels or Troponins recorded at the following levels or higher:</p> <ul style="list-style-type: none"> <li>- Cardiac Troponin T or Cardiac Troponin I &gt; / = 0.5 ng/ml</li> </ul> <p>The evidence must show the occurrence of a definite acute myocardial infarction which should be confirmed by a cardiologist or physician.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> <li>• occurrence of an acute coronary syndrome including but not limited to unstable angina.</li> <li>• a rise in cardiac biomarkers resulting from a percutaneous procedure for coronary artery disease</li> </ul>
<b>2. CORONARY ARTERY BY-PASS SURGERY</b>	<p>Refers to the actual undergoing of open-chest surgery to correct or treat Coronary Artery Disease (CAD) by way of coronary artery by-pass grafting.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> <li>(a) angioplasty;</li> <li>(b) other intra-arterial or catheter based techniques;</li> <li>(c) keyhole procedures;</li> <li>(d) laser procedures</li> </ul>
<b>3. SERIOUS CORONARY ARTERY DISEASE</b>	<p>The narrowing of the lumen of Right Coronary Artery (RCA), Left Anterior Descending Artery (LAD) and Circumflex Artery (not inclusive of their branches) occurring at the same time by a minimum of sixty percent (60%) in each artery as proven by coronary arteriography (non-invasive diagnostic procedures are excluded). A narrowing of sixty percent (60%) or more of the Left Main Stem will be considered as a narrowing of the Left Anterior Descending Artery (LAD) and Circumflex Artery. This covered event is payable regardless of whether or not any form of coronary artery surgery has been performed.</p>
<b>4. ANGIOPLASTY AND OTHER INVASIVE TREATMENTS FOR CORONARY ARTERY DISEASE</b>	<p>The actual undergoing for the first time of Coronary Artery Balloon Angioplasty, artherectomy, laser treatment or the insertion of a stent to correct a narrowing or blockage of one or more coronary arteries as shown by angiographic evidence.</p> <p>Intra-arterial investigative procedures are not covered. Payment under this clause is limited to ten percent (10%) of the Critical Illness coverage under this policy subject to a maximum of RM25,000. This covered event is payable once only and shall be deducted from the amount of this Contract, thereby reducing the amount of the Lump Sum Payment which may be payable.</p>
<b>5. HEART VALVE SURGERY</b>	<p>The actual undergoing of open-heart surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> <li>(a) Repair via intra-arterial procedure</li> <li>(b) Repair via key-hole surgery or any other similar techniques</li> </ul>
<b>6. SURGERY TO AORTA</b>	<p>The actual undergoing of surgery via a thoracotomy or laparotomy (surgical opening of thorax or abdomen) to repair or correct an aortic aneurysm, an obstruction of the aorta or a dissection of the aorta. For this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.</p>

	<p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> <li>(a) angioplasty;</li> <li>(b) other intra-arterial or catheter based techniques;</li> <li>(c) other keyhole procedures;</li> <li>(d) laser procedures</li> </ul>
<p><b>7. CARDIOMYOPATHY</b> – <i>of specified severity</i></p>	<p>A definite diagnosis of cardiomyopathy by a cardiologist which results in permanently impaired ventricular function and resulting in permanent physical impairment of at least Class III of the New York Heart Association's classification of cardiac impairment. The diagnosis has to be supported by echocardiographic findings of compromised ventricular performance.</p> <p>The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following:  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.</p> <p>Cardiomyopathy directly related to alcohol or drug abuse is not covered.</p>
<p><b>8. SEVERE EISENMENGER'S SYNDROME</b></p>	<p>Eisenmenger's Syndrome shall mean the occurrence of a reversed or bidirectional shunt as a result of pulmonary hypertension, caused by a heart disorder.</p> <p>All of the following criteria must be met:</p> <ul style="list-style-type: none"> <li>(a) Presence of permanent physical impairment classified as NYHA IV; and</li> <li>(b) The diagnosis of Eisenmenger Syndrome and the level of physical impairment must be confirmed by a registered medical practitioner who is a cardiologist.</li> </ul>

### 3. Kidney/ Endocrine

<p><b>1. KIDNEY FAILURE</b> – <i>requiring dialysis or kidney transplant</i></p>	<p>End-stage kidney failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular dialysis is initiated or kidney transplantation is carried out.</p>
<p><b>2. MEDULLARY CYSTIC DISEASE</b></p>	<p>A progressive hereditary disease of the kidney characterized by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anemia, polyuria and renal loss of sodium, progressing to chronic kidney failure. Diagnosis must be supported by a renal biopsy.</p>
<p><b>3. SYSTEMIC LUPUS ERYTHEMATOSUS WITH SEVERE KIDNEY COMPLICATIONS</b></p>	<p>A definite diagnosis of Systemic Lupus Erythematosus confirmed by a rheumatologist.</p> <p>For this definition, the covered event is payable only if it has resulted in Type III to Type V Lupus Nephritis as established by renal biopsy. Other forms such as discoid lupus or those forms with only hematological or joint involvement are not covered.</p> <p>WHO Lupus Classification:  Type III - Focal Segmental glomerulonephritis  Type IV - Diffuse glomerulonephritis  Type V - Membranous glomerulonephritis</p>

### 4. Cancer

<p><b>1. CANCER</b>  - <b><i>of specified severity and does not cover very early cancers</i></b></p>	<p>Any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma.</p> <p>For the above definition, the following are not covered:</p> <p>(a) All cancers which are histologically classified as any of the following:</p> <ul style="list-style-type: none"> <li>- pre-malignant</li> <li>- non-invasive</li> <li>- carcinoma in situ</li> <li>- having borderline malignancy</li> <li>- having malignant potential</li> </ul> <p>(b) All tumours of the prostate histologically classified as T1N0M0 (TNM classification)</p> <p>(c) All tumours of the thyroid histologically classified as T1N0M0 (TNM classification)</p> <p>(d) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification)</p> <p>(e) Chronic Lymphocytic Leukemia less than RAI Stage 3</p> <p>(f) All cancers in the presence of HIV</p> <p>(g) Any skin cancer other than malignant melanoma</p>
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## 5. Lung

<p><b>1. END-STAGE LUNG DISEASE</b></p>	<p>End-stage lung disease causing chronic respiratory failure. All of the following criteria must be met:</p> <p>(a) The need for regular oxygen treatment on a permanent basis;</p> <p>(b) Permanent impairment of lung function with a consistent Forced Expiratory Volume (FEV) of less than 1 liter during the first second;</p> <p>(c) Shortness of breath at rest; and</p> <p>(d) Baseline Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less.</p>
<p><b>2. PRIMARY PULMONARY ARTERIAL HYPERTENSION</b>  - <b><i>of specified severity</i></b></p>	<p>A definite diagnosis of primary pulmonary arterial hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent physical impairment to the degree of at least Class III of the New York Heart Association (NYHA) classification of cardiac impairment.</p> <p>Pulmonary arterial hypertension resulting from other causes shall be excluded from this benefit.</p> <p>The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following:</p> <p>Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.</p> <p>Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p>

## 6. Liver

<p><b>1. END-STAGE LIVER FAILURE</b></p>	<p>End-stage liver failure as evidenced by all of the following:</p> <ul style="list-style-type: none"> <li>- Permanent jaundice;</li> <li>- Ascites (excessive fluid in peritoneal cavity); and,</li> <li>- Hepatic encephalopathy.</li> </ul> <p>Liver failure secondary to alcohol or drug abuse is not covered.</p>
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<b>2. FULMINANT VIRAL HEPATITIS</b>	<p>A sub-massive to massive necrosis (death of liver tissue) caused by any virus as evidenced by all of the following diagnostic criteria:</p> <ul style="list-style-type: none"> <li>(a) A rapidly decreasing liver size as confirmed by abdominal ultrasound;</li> <li>(b) Necrosis involving entire lobules, leaving only a collapsed reticular framework;</li> <li>(c) Rapidly deteriorating liver functions tests; and</li> <li>(d) Deepening jaundice.</li> </ul> <p>Viral hepatitis infection or carrier status alone (inclusive but not limited to Hepatitis B and Hepatitis C) without the above diagnostic criteria is not covered.</p>
<b>3. CHRONIC AUTOIMMUNE HEPATITIS</b>	<p>A chronic necro-inflammatory liver disorder of unknown cause associated with circulating auto-antibodies and a high serum globulin level. The diagnosis must be based on all of the following criteria:</p> <ul style="list-style-type: none"> <li>(1) Hypergammaglobulinaemia</li> <li>(2) the presence of at least one of the following auto-antibodies: <ul style="list-style-type: none"> <li>2.1 Anti-Nuclear Antibody;</li> <li>2.2 Anti-smooth muscle antibodies;</li> <li>2.3 Anti-actin antibodies;</li> <li>2.4 Anti-LKM-1 antibodies;</li> <li>2.5 Anti- LC1 antibodies; or</li> <li>2.6 Anti-SLA/LP antibodies</li> </ul> </li> <li>(3) Liver Biopsy confirmation of the diagnosis of auto-immune hepatitis</li> </ul> <p>This only covered if the Life Covered has been put on continuous Immunosuppressive therapy for a period of at least 6 months and the diagnosis must be confirmed by a Specialist in gastroenterology or hepatology.</p>

## 7. Musculoskeletal/ Neuromuscular

<b>1. MOTOR NEURON DISEASE</b> – <b><i>permanent neurological deficit with persisting clinical symptoms</i></b>	<p>A definite diagnosis of motor neuron disease by a neurologist with reference to either spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be permanent neurological deficit with persisting clinical symptoms.</p>
<b>2. MUSCULAR DYSTROPHY</b>	<p>The definite diagnosis of a Muscular Dystrophy by a neurologist which must be supported by all of the following:</p> <ul style="list-style-type: none"> <li>(a) Clinical presentation of progressive muscle weakness</li> <li>(b) No central / peripheral nerve involvement as evidenced by absence of sensory disturbance</li> <li>(c) Characteristic electromyogram and muscle biopsy findings</li> </ul> <p>No benefit will be payable under this Covered Event before the Life Assured has reached the age of 12 years next birthday.</p>
<b>3. POLIOMYELITIS</b>	<p>The occurrence of Poliomyelitis where the following conditions are met:</p> <ul style="list-style-type: none"> <li>(a) Poliovirus is identified as the cause,</li> <li>(b) Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months. (TBC) Cases not involving paralysis and other causes of paralysis are not eligible for this benefit.</li> </ul>

**8. Others**

<b>1. BLINDNESS</b> - <b><u>Permanent and Irreversible</u></b>	Permanent and irreversible loss of sight as a result of accident or illness 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 and the result must be certified by an ophthalmologist.
<b>2. DEAFNESS</b> - <b><u>Permanent and Irreversible</u></b>	Permanent and irreversible loss of hearing as a result of accident or illness to the extent that the loss is greater than 80 decibels across all frequencies of hearing in both ears. Medical evidence in the form of an audiometry and sound-threshold tests result must be provided and certified by an Ear, Nose, and Throat (ENT) specialist.
<b>3. THIRD DEGREE BURNS – of specified severity</b>	Third degree (i.e. full thickness) skin burns covering at least twenty percent (20%) of the total body surface area.
<b>4. MAJOR ORGAN/ BONE MARROW TRANSPLANT</b>	The receipt of a transplant of: - Human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or - One of the following human organs: heart, lung, liver, kidney, pancreas that resulted from irreversible end-stage failure of the relevant organ.  Other stem cell transplants are not covered.
<b>5. LOSS OF SPEECH</b>	Total, permanent and irreversible loss of the ability to speak as a result of injury or illness. A minimum Assessment Period of six (6) months applies. Medical evidence to confirm injury or illness to the vocal cords to support this disability must be supplied by an Ear, Nose, and Throat specialist.  All psychiatric related causes are not covered.
<b>6. LOSS OF INDEPENDENT EXISTENCE</b>	Confirmation by an appropriate specialist of the loss of independent existence and resulting in a permanent inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of six (6) months applies.
<b>7. HIV INFECTION DUE TO BLOOD TRANSFUSION</b>	Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met: (a) The blood transfusion was medically necessary or given as part of a medical treatment; (b) The blood transfusion was received in Malaysia or Singapore after the commencement of the Policy; (c) The source of the infection is established to be from the institution that provided the blood transfusion and the institution is able to trace the origin of the HIV tainted blood; (d) The Life Assured does not suffer from hemophilia; and (e) The Life Assured is not a member of any high risk groups including but not limited to intravenous drug users.
<b>8. CHRONIC APLASTIC ANEMIA</b> - <b>resulting in</b>	Irreversible permanent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring at least two (2) of the following treatments:

<p><b>permanent Bone Marrow Failure</b></p>	<p>(a) Regular blood product transfusion;  (b) Marrow stimulating agents;  (c) Immunosuppressive agents; or  (d) Bone marrow transplantation.</p> <p>The diagnosis must be confirmed by a bone marrow biopsy.</p>
<p><b>9. OCCUPATIONALLY ACQUIRED HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION</b></p>	<p>Infection with the Human Immunodeficiency Virus (only if the Life Assured is a Medical Staff as defined below), where it was acquired as a result of an accident occurring during the course of carrying out normal occupational duties with seroconversion to HIV infection occurring within six (6) months of the accident. Any accident giving rise to a potential claim must be reported to the Company within thirty (30) days of the accident taking place supported by a negative HIV test taken within seven (7) days of the accident.</p> <p>“Medical Staff” is defined as doctors (General Physicians and Specialists), traditional practitioners, nurses, paramedics, laboratory technicians, dentists, dental nurses, ambulance workers who are working in a medical centre or hospital or dental clinic/polyclinic in Malaysia. Doctors, traditional practitioners, nurses and dentists must be registered with the Ministry of Health of Malaysia.</p>
<p><b>10. FULL-BLOWN AIDS</b></p>	<p>The clinical manifestation of AIDS (Acquired Immuno-deficiency Syndrome) must be supported by the results of a positive HIV (Human Immunodeficiency Virus) antibody test and a confirmatory test. In addition, the Life Assured must have a CD4 cell count of less than two hundred (200)/<math>\mu</math>L and one or more of the following criteria are met:</p> <p>(a) Weight loss of more than 10% of body weight over a period of six (6) months or less (wasting syndrome)  (b) Kaposi Sarcoma  (c) Pneumocystis Carinii Pneumonia  (d) Progressive multifocal leukoencephalopathy  (e) Active Tuberculosis  (f) Less than one-thousand (1000) Lymphocytes/<math>\mu</math>L  (g) Malignant Lymphoma</p>
<p><b>11. TERMINAL ILLNESS</b></p>	<p>The conclusive diagnosis of a condition that is expected to result in death of the Life Assured within twelve (12) months. The Life Assured must no longer be receiving active treatment other than that for pain relief. The diagnosis must be supported by written confirmation from an appropriate specialist and confirmed by the Company’s appointed doctor.</p>
<p><b>12. CHRONIC RELAPSING PANCREATITIS</b></p>	<p>Chronic Relapsing Pancreatitis shall mean repeated attacks of inflammation of the pancreas, which has resulted in progressive fibrosis leading to loss of exocrine and endocrine tissue. All of the following criteria must be met:</p> <ol style="list-style-type: none"> <li>1. Medical record of at least three attacks of inflammation of the pancreas;</li> <li>2. Evidence of pancreatic insufficiency causing malabsorption, where continuous pancreatic enzyme or insulin replacement therapy has been instituted, and the therapy is expected to last for the whole life of the Insured;</li> </ol>



	<p>3. The diagnosis of Chronic Relapsing Pancreatitis must be made by consultant gastroenterologist and confirmed by Endoscopic Retrograde Cholangiopancreatography (ERCP).</p> <p>Chronic pancreatitis due to alcohol or drug abuse is excluded.</p>
<p><b>13. ELEPHANTIASIS</b></p>	<p>Elephantiasis is the result and complication of filariasis, characterized by massive swelling in the tissues of the body as a result of permanent obstructed circulation in lymphatic vessels, resulting in permanent inability of the life insured to perform at least three (3 ) of the listed Activities of Daily Living.</p> <p>Unequivocal "Diagnosis" of Elephantiasis must be clinically confirmed by a "Specialist" in infectious disease or "Specialist" in the relevant field, including laboratory confirmation of microfilariae.</p> <p>Lymphoedema caused by infection with a sexually transmitted disease, trauma, postoperative scarring, congestive heart failure, or congenital lymphatic system abnormalities are excluded</p> <p>Activities of Daily Living:</p> <ol style="list-style-type: none"> <li>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;</li> <li>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;</li> <li>iii. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;</li> <li>iv. Mobility - the ability to move indoors from room to room on level surfaces;</li> <li>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;</li> <li>vi. Feeding - the ability to feed oneself once food has been prepared and made available.</li> </ol>
<p><b>14. PROGRESSIVE SCLERODERMA</b></p>	<p>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 show objective evidence of specific systemic involvement of the heart, lungs or kidneys as diagnosed by an appropriate medical specialist in the relevant field.</p> <p>The following are excluded:</p> <ol style="list-style-type: none"> <li>(a) Localised scleroderma (linear scleroderma or morphea);</li> <li>(b) Eosinophilic fascitis; and</li> <li>(c) CREST syndrome.</li> </ol>
<p><b>15. EBOLA HEMORRHAGIC FEVER</b></p>	<p>The infection with the Ebola virus causing fever and internal or external bleeding.</p> <p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> <li>(a) Presence of the Ebola virus has been confirmed by laboratory testing;</li> <li>(b) Mucosal or gastrointestinal bleeding has occurred; and</li> <li>(c) The diagnosis of Ebola Hemorrhagic Fever must be confirmed by a Specialist Medical Practitioner specialized in infectious disease.</li> </ol>

