

TERMS & CONDITIONS

HEALTHIER 100

(In accordance with Document ref 14152/BTC-QLBH date 21/11/2019
issued by the Ministry of Finance)

The “Healthier 100” product offers two insurance benefit options, which are: simple and comprehensive options. The insurance benefits will be paid according to either simple or comprehensive options specified in insurance certificate and other amendments and supplements (if any).

All the word “we” or “AIA Vietnam” is understood as AIA (Vietnam) Life Insurance Company Ltd; “customers” is understood as the policyholder (PO) and/or the life assured (LA).

I. Comprehensive insurance package (for customers who choose this package)

Cancer insurance benefit	<p>Customers will receive an insurance benefit if LA is diagnosed with cancers:</p> <ul style="list-style-type: none">▪ Catch-all cancer: 20% of Sum Assured (SA) and does not exceed VND 200 million for all policies under the same LA.▪ Carcinoma In-Situ: 30% of SA and does not exceed VND 500 million.▪ Major cancers: 100% of SA. <p>Each cancer insurance benefit can be paid once during policy term. Detail each cancers in Appendix 2.</p> <p>The total benefit payouts for cancer and critical illness insurance benefits does not exceed 100% of SA.</p>
Critical Illness insurance benefit	<p>Customers will receive an insurance benefit if LA is diagnosed with Critical illness and the payout will be based on level of critical illness:</p> <ul style="list-style-type: none">▪ 1 out of 23 early critical illness (Appendix 3): 30% of SA and does not exceed VND 500 million.▪ 1 out of 45 late critical illness (Appendix 4): 100% of SA <p>Each critical illness in Appendix 3, Appendix 4 will be paid only once during policy term.</p> <p>The total benefit payouts for cancer and critical illness insurance benefits does not exceed 100% of SA.</p>
Financial support benefit	<p>Customers will receive an insurance benefit equivalent to 200% of the annual premiums of this product if LA is diagnosed with carcinoma in-situ (Appendix 2) or 1 out of 23 early critical illness (Appendix 3).</p> <p>This benefit will be paid only once during the premium term.</p> <p>Customers can leave this amount in the insurance policy (without interest) to pay for the the policy premium.</p>
Total and Permanent Disability benefit (TPD)	<p>Customers will receive an insurance benefit which is 100% of SA if LA suffers from total and permanent disability (TPD) before age 75 or from the date reaching age 75 until before the next anniversary date. This benefit will be paid after deducting previously paid cancers/critical illness insurance benefits, if any.</p>

Death insurance benefit	Customers will receive an insurance benefit which is 100% of SA if LA dies. This benefit will be paid after deducting previously paid cancers/critical illness insurance benefits, if any.
Accident Death insurance benefit	In addition to the death benefit above, customers will receive an additional 50% of SA if the LA dies due to accident before age 65 or from the date reaching age 65 until before the next anniversary date.
Maturity benefit	Customers will receive a maturity benefit which is 100% of SA on the maturity date of the policy if LA is still alive at that time. This benefit will be paid after deducting previously paid cancers/critical illness insurance benefits, if any.

II. Simple insurance package (for customers who choose this package)

Cancer insurance benefit	Customers will receive an insurance benefit which is 100% of SA if LA is diagnosed with major cancer (Appendix 2).
Critical Illness insurance benefit	Customers will receive an insurance benefit which is 100% of SA if LA is diagnosed with 1 out of 45 late critical illness (Appendix 4).
Total and Permanent Disability benefit (TPD)	Customers will receive an insurance benefit which is 100% of SA if LA suffers from total and permanent disability (TPD) before age 75 or from the date reaching age 75 until before the next anniversary date.
Death insurance benefit	Customers will receive an insurance benefit which is 100% of SA if LA dies.
Accident Death insurance benefit	In addition to the death benefit above, customers will receive an additional 50% of SA if the LA dies due to accident before age 65 or from the date reaching age 75 until before the next anniversary date.
Maturity benefit	Customers will receive a maturity benefit which is 100% of SA on the maturity date of the policy if LA is still alive at that time.

III. Notes on Insurance Participation

Limit on insurance benefit	<p>If LA suffers from more than one cancer and/or critical illness resulted from the same accident or disease, the highest benefit payout of cancers/critical illness insurance benefits will be paid.</p> <p>Total insurance benefits of all insurance policies issued by us that LA receives, including insurance benefits of this product as following:</p> <ul style="list-style-type: none"> ▪ Catch-all cancer benefits: maximum VND 200 million ▪ Carcinoma in-situ and early critical illness benefits: maximum VND 2.5 billion. ▪ Cancer and critical illness benefits: maximum VND 5 billion. ▪ Accident benefits: maximum VND 8 billion. <p>This limit will be subject to increase at the time of claim date for insurance benefits.</p>
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Premium payment	<p>Customers need to pay premium sufficiently and timely to ensure all insurance benefits, irrespective of receiving or not receiving the premium payment notice.</p> <p>Customers will have 60 days of grace period starting from the premium due date to pay insurance premium. During this grace period, customers' insurance benefits remain in force.</p> <p>At the end of the grace period, if customers do not pay premium sufficiently and the policy has surrender value, to support customers to keep the in-force status of the policy, we will apply automatic premium payment from surrender value to pay for the due premium. If the surrender value is not sufficient to pay due premium, the policy will continue in force for the period in correspondence to the remaining surrender value. Upon applying automatic premium payment, customers must bear a policy loan interest amount.</p>
Policy term	Policy term is calculated from policy effective date to the anniversary date immediately after LA reaches age 100.
Premium term	12 years, 15 years or 20 years from policy effective date.
Free look period	Customers have the right to cancel the policy within 21 days starting from the date customers receive the insurance policy. We will return total paid premium, without interest, after deducting any medical examination fee.
Exclusions	<p>❖ We will not pay death insurance benefits if insured event is caused by following situations:</p> <ul style="list-style-type: none"> ▪ LA suicides within 24 months starting from policy effective date or the latest reinstatement date, whichever is later; ▪ Insurance abused act; ▪ Criminal act of LA or beneficiary. If these acts are caused by beneficiary, we will only pay benefits for remaining beneficiaries who do not involve in these acts and the payout will be based on designated ratio amount. <p>If LA dies due to situations which are in exclusion list, we will terminate the policy and refund the higher value of:</p> <ul style="list-style-type: none"> ▪ Surrender value at the time of insured event; or ▪ Total paid premium, without interest, after deducting paid insurance benefits and debt, if any. <p>❖ We will not pay TPD insurance benefits or accident death if insured event is caused by following situations:</p> <ul style="list-style-type: none"> ▪ Insurance abused act; ▪ Criminal act of LA or beneficiary. If these acts are caused by beneficiary, we will only pay benefits for remaining beneficiaries who do not involve in these acts and the payout will be based on designated ratio amount; ▪ Consume alcohol ▪ Consume any non-prescribed drug ▪ Fight ▪ Intentional self injury

- Participating in any hazardous sport and entertainment activities such as scuba diving, parachute, bungee jumping (jumping from a certain height with an elastic string which is bind to his/her ankle), mountain-climbing, horse-racing or car racing;
- Travel air transportation unless LA is traveling as a fare paying passenger or crew on commercial and frequently scheduled flights
- ❖ We will not pay cancer insurance benefits or critical illness insurance benefits if insured event is caused by following situations:
 - Cancer or Critical illness is diagnosed prior to or within the 90-day waiting period starting from the policy effective date or the latest reinstatement date, whichever is later;
 - Insurance abused act;
 - Consume alcohol;
 - Consume any non-prescribed drug;
 - Consume drug not according to prescription;
 - Intentional self injury

Change in Sum Assured

Customers can request to increase SA in the first policy year if customers meet the underwriting conditions and have not had any claim previously. The premium will be adjusted accordingly based on the new SA.

Customers can request to reduce the SA if there are not any claims previously. If the policy has generated surrender value, customers will receive the difference amount in surrender value and after-reducing premium must not lower than the minimum amount required at that time.

Policy Loan

Customers can request to advance an amount from surrender value up to 80% after the policy has generated surrender value.

Notes on customers making this request:

- Customers must bear a policy loan interest amount.
 - Any premium payment made by customers during the time customers are having policy loan in the policy and/or policy loan interest amount will be prioritized to pay for the policy loan and policy loan interest amount unless customers clearly state such amount or part of such amount is for premium payment.
 - Any policy loan interest amount has not been paid at the anniversary date will be added to the policy loan.
 - If policy loan amount (including the amount advanced from surrender value for automatic premium payment) and policy loan interest amount plus any over-due premium and other debts are more than the surrender value, the policy will lapse. In this case, cutomers will not receive the surrender value.
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Termination of the policy

- Customers do not pay a sufficient premium at the end of the grace period and the policy has no surrender value for automatic premium payment;
- Customers request to terminate the policy before policy term;
- LA dies;
- TPD benefit is accepted to be paid;
- Total cancers and critical insurance benefit payouts reach 100% of SA;
- On maturity date;
- Other circumstances according to laws.

Riders will be terminated if the policy is terminated.

Customers will receive surrender value, if any, if requesting to terminate the policy before policy term.

We will refund the premium which has been paid previously for the period after the policy has been terminated due to death, TPD benefit payout, or total benefit payouts for cancer and critical illness insurance benefits reaches 100% of SA.

IV. Claim Settlement

Time limit on claim submission

Customers need to submit claim documents within 12 months starting from the date LA is diagnosed with cancer, critical illness or the in the events of death or TPD.

Claims documents

- A request form for payment of insurance benefit which has to be completed fully and accurately;
- Documentary evidence to prove the insured event:
 - Copy of death certificate if LA dies;
 - Certification of disability ratio issued by the Medical Assessment Committee in provinces, central cities or independent medical assessment organization which is accepted by us (in case of TPD);
 - Any medical evidence providing the examination, diagnosis or treatment by a doctor including hospitalisation records, medical examination (conducted by doctor's request), clinical evidence, imaging examinations, pathological results and tests to prove the presence of insured events;
 - Accident report, minutes of investigation, forensic surgery report, investigation report authorized by authorities in case of accident investigated by police;
- The evidence of the right to receive insurance benefit such as will or other legitimate documentary evidence, and personal documents of the claimant for insurance benefit.

Time limit on claim settlement

We will pay the insurance benefit within 30 days starting from the date we receive the complete and proper claim documents.

If there is any delay in claim settlement, at the time of payment, we will pay interest on late payment following the interest rate of policy loan which is declared on our website www.aia.com.vn.

Persons eligible for receiving insurance benefit

- We will pay cancer, critical illness, financial support, TPD, and maturity benefit to PO. If PO is an enterprise, we will pay the benefit to LA.
 - We will pay the death benefit to the beneficiary if LA dies.
If there is no designated beneficiary or any beneficiary dies before or at the same time of LA's death, benefit will be paid to the PO.
If PO dies, the benefit that the policyholder inherits will be paid to the legal heirs of PO.
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V. General Provisions

Temporary insurance

If LA dies due to accident during the period of temporary insurance, the benefit of 100 million VND or total Sum Assured of all application forms with the same LA in all application(s) is paid, whichever is smaller. In case of first paid premium (premium at the time of application submission) of all applications with the same LA is higher than 100 million VND, we will refund first paid premium without interest.

Temporary insurance starts from the date the PO completed the application and fully paid the first premium and terminate at the date the Company provide the Insurance Certificate or decline the insurance or PO request for cancel the insurance, whichever is earlier. When the payout for temporary insurance is accepted, the Company shall not have responsibility to refund first paid premium.

Temporary insurance shall not be payable if the LA commits suicide whether sane or insane. In this case, the Company will only refund first paid premium without interest, after deducting medical examination expenses, if any.

Obligation of providing information

Customers are obliged to provide adequately and truthfully all necessary information so we can evaluate the feasibility of issuing this insurance policy. Customers must directly sign off the application form. The medical underwriting, if any, will not replace any obligation to provide adequate and truthful information.

In circumstances that customers intentionally provide inadequate or untruthful information, based on accurate information we have:

- not been able to provide insurance to customers, therefore we will not pay any insurance benefit, and unilaterally terminate the policy and refund all paid premiums, without interest after deducting previously paid insurance benefits and debts, if any; or
- accepted to provide insurance but within certain level of coverage or customers pay an additional premium, we can:
 - pay full insurance benefit after collecting the additional premium or deducting an additional premium; or
 - pay the reduced SA which is in correspondance to the paid premium; or
 - reject to pay the insurance benefit which is out of the insurable coverage.

The intentional act of providing untruthful information means that customers have already known, consulted, or diagnosed about their health condition or have a change in occupation, but have not declared in the application form.

Obligation of providing information of AIA Vietnam	We have the responsibilities to provide adequate information related to the policy, explain all terms and conditions of insurance to customers. Customers have the unilateral right to terminate the policy if finding any untruthful information provided by us to make customers participate in this policy; and we have an obligation to pay for any damage arising from providing untruthful information.
Responsibility of protecting customer information	<p>We are not allowed to give personal information provided by customers under this policy to any third party, except in the following circumstances:</p> <ul style="list-style-type: none"> ▪ Collect, use, and transfer according to the request from government authorities or use for underwriting, premium calculation, policy issuance, premium collection, reinsurance, insurance reserve, claim settlement, product research, anti-insurance abuse, research and analysis of financial status, payment capability, capital capacity, required capital, data recovery and information technology management • Any other situations in which customers accept in writing, with a condition: <ul style="list-style-type: none"> ○ Customers must be notified about the purpose of information transfer and have the right to choose whether to agree or disagree with this transfer; and ○ Customers' disagreement with the information transfer to the third party will not be considered as a reason of rejecting the insurance application.
Change in residence or occupation	Customers must inform us if LA go oversea for more than 2 consecutive months or have any change in occupation so we will re-underwrite the insurance risk and make decision related to your insurance policy.
Policy reinstatement	<p>If customers do not pay premium at the end of grace period and the policy has no surrender value for automatic premium payment, the policy will lapse starting from the premium due date.</p> <p>Customers can request in writing to reinstate the policy within 24 months starting from the policy lapse date subject to the following conditions:</p> <ul style="list-style-type: none"> ▪ Pay all over-due premium until the reinstatement date, the unpaid policy loan amount and policy loan interest amount, ▪ Provide medical evidence and meet all the conditions to be insured. ▪ The LA must be alive at the time we accept the request for policy reinstatement. <p>Customers will be insured for the insured events occurring after we accept the policy reinstatement.</p>
Verification of the paid premium	Customers must provide us the evidence related to the premium being paid to this policy if there are any queries from government authorities about the original source of such amount.
Medical examination and forensic examination	During the claim settlement, we have the right to request LA to do medical examination and laboratory test by a doctor or hospital which is designated or accepted by us. If LA dies, we may request forensic examination if it is reasonable and in accordance with the laws. The request of these examinations and tests must be reasonable in accordance with the regular medical practice in Vietnam. All incurred expenses related to the medical examination and laboratory test shall be borne by us based on legitimate invoices and payment evidences.

	This provision will also be applicable in cases where doctor who is doing diagnosis/treatment is customers' wife / husband, father / mother, children, or siblings.
Deduction of debt	We have the right to deduct the policy loan amount, automatic premium payment, policy loan interest amount, any due premium which has not been paid to us before we make any claim payment or customers terminate the policy before policy term.
Dispute settlement	Any dispute related to this policy, if cannot be settled through negotiation between parties, shall be referred by either party to the court in Vietnam where our head office or your official residence is located. The statute of limitation shall be 3 years from the date of the dispute.
The provisions following current regulations and laws	<p>We will apply the regulations of Laws in Insurance of Vietnam and/or other regulations related to this policy in the following circumstances:</p> <ul style="list-style-type: none"> ▪ Customers declare misrepresentation of age of LA. In case of confusion of gender, the same age rule will apply. ▪ Customers transfer the policy. The transferee must meet all requirements about insurable benefits of LA.

All medical terminologies used in this terms and conditions will have the same medical meaning as the general understanding and usage of medical practitioners in the similar industry. In case there is any specific medical terminology defined by the laws of Vietnam, these terminologies will be prioritized to apply.

Appendix 1: Definitions

Life assured (LA)	means any individual who is accepted by us to participate in this insurance policy, residing in Vietnam at time of application, from 30 days to 60 years old at policy effective date.
Policyholder (PO)	means any individual from 18 years or above having capability for civil acts or organization legally established and operating in Vietnam.
Beneficiary	means any individual or any organization who is nominated by PO to receive the insurance benefit based on this terms and conditions.
Application form	means a form issued by us, in which describe contents proposing to participate in insurance and information provided by customers so we will assess the insurance risks which is the basis of our decision whether to issue or reject to provide insurance. Application form is an integral part of the policy.
Insurance policy	means the agreement between us and customers on the basis of application for insurance. The insurance policy consists of application form, information and other evidence related to LA which are provided by customers, insurance certificate, terms and conditions of basic policy and other riders (if any), sales illustration and all other specific provision or amendment (if any). All of the above documents are integral parts of the insurance policy, including policy in paper or e-policy.
Insurance certificate	means a document which describes our acceptance, discloses main information on insurance benefits and forms an integral part of this insurance policy.
Sum assured (SA)	means the amount which is chosen by customers and is the basis of insurance benefit payment.
Policy effective date	means the date customers complete the application form and pay initial premium in full provided that customers must be alive at the time the application is accepted.
Policy anniversary date	means the date which is annually repeated of the policy effective date.
Premium due date	means the date customer shall have to pay premium which is informed in billing notice.
Maturity date	means the date which is the end of policy term and written in the insurance certificate or amendments, supplements (if any).
Policy year	means one year starting from policy effective date or policy anniversary date.
Surrender value	means the amount which is accumulated throughout the policy term and adjusted according to the remaining insurance benefits after cancer, critical illness insurance benefits payouts. The surrender value calculation is showed in the premium certificate submitted to Ministry of Finance. The policy has surrender value after it has been effective for 02 years and the premiums of that 02 policy years are paid in full.
Policy loan interest amount	means the loan interest being generated given customers has made an advance withdraw from surrender value or surrender value is automatically used for premium payment or the due premium has not been paid. Policy loan interest amount is calculated as a percentage of the amount advanced from surrender value and/or overdue premium based on the loan interest rate which is declared on our website www.aia.com.vn at each time.

Insurance abused act means any intentional act of PO, LA or Beneficiary to make fake and wrong information in claim documents; or intentionally injure, impact to LA's health, to claim the insurance benefit, as defined by criminal acts.

Total permanent disabilities (TPD) means LA

(i) is disable, resulting in his/her loss, paralysis or dismemberment of:

- Two arms; or
- Two legs; or
- One arm and one leg; or
- Total irrecoverable loss of sight in both eyes; or
- One arm and total irrecoverable loss of sight in one eye; or
- One leg and total irrecoverable loss of sight in one eye.

total irrecoverable loss of sight in one or both eyes is considered as totally loss of eyes or sight in one or both eyes that cannot be rehabilitated; loss of arm is considered as upper limb at or above the wrist; loss of leg is considered as lower limb at or above the ankle. Certification of loss of arm, leg or eye can be done right after the insured event incurs. Certification of paralysis of arm, leg or eye must be done by Medical Assessment Committee in provinces and central cities which is not earlier than 6 months from the date of insured event.

or

(ii) is certified of disability ratio or losing working capability ratio from 81% and above by Medical Assessment Committee in provinces and central cities or another independent medical assessment organization which is accepted by us. Certification of partial disability (loss of body part) can be done right after the insured event. Certification of losing working capability ratio should not be earlier than 6 months from the date of insured event.

Cancer Including catch-all cancer, carcinoma in-situ, major cancer meets all the condition in definition at Appendix 2.

Critical illness means the disease or surgery or procedures or extraordinary condition incurring first time to LA and meets all the condition in definition at Appendix 3, Appendix 4; the diagnosis or treatment of this illness or surgical operations or procedures or extraordinary condition must be carried out at the hospital and must be consistent with the normal recommended medical practices.

Doctor means a person who has western medical certificate, is legally licensed and registered by authorities, and is practicing within the scope of his/her license under the law of the country where he/she conducts medical examination and treatment;

Hospital means a legally constituted establishment and has an eligible operation license pursuant to the laws of Vietnam or the country in which it is based, and meets all the rules and regulations of Vietnam or the country based in.

For hospitals in Vietnam, there must be a word "Benh vien" on the official chop of its entity. For hospitals out of Vietnam, there must be a word of such nation being understood as "Benh vien" according to Vietnamese language.

The hospitals set up and used as a convalescence place, or nursing home or retirement house, or sanatorium, or a place for drug addicts or alcoholics or any other equivalent organization are not covered by this product.

Accident

means an event or an uninterrupted sequence of events, subjective, caused by the sudden impact of an external force or object, unintentional and undesirable to LA, causing injury or death or injury to LA. The event or the uninterrupted sequence of events above must be the sole and direct reason and not be related to any other reason causing disability or death to LA within 180 days from the date of insured event.

List cancer and critical illness

Cancer (Appendix 2):

1. Catch-all cancer
2. Carcinoma In-Situ
3. Major cancer

Critical illness:

Early Critical Illness (Appendix 3)	Late Critical Illness (Appendix 4)	
1. Minimally invasive direct coronary artery by-pass	1. Coronary Artery by-pass surgery	25. Aplastic Anaemia
2. Percutaneous coronary intervention	2. Heart Attack	26. Bone Marrow Transplantation
3. Cardiac pacemaker or defibrillator insertion	3. Severe Cardiomyopathy	27. Major Organ Transplantation
4. Angioplasty and stenting for Carotid Arteries	4. Heart Valve surgery	28. Major burns
5. Less invasive treatment of heart valve disease	5. Surgery to Aorta	29. Loss of Independent Existence
6. Insertion of Vena-cava Filter	6. Primary Pulmonary Hypertension	30. Occupationally Acquired HIV
7. Less severe Coma (for 48 hours)	7. Coma (for 96 hours)	31. Muscular Dystrophy
8. Cerebral shunt insertion	8. Stroke	32. Loss of hearing
9. Surgical removal of Pituitary tumour	9. Benign Brain Tumour	33. Loss of speech
10. Moderately severe brain damage	10. Major head trauma	34. Terminal illness
11. Small Bowel transplant	11. Open brain surgery	List critical illness before age 18 or from the date reaching age 18 until the next anniversary date
12. Liver surgery	12. Alzheimer's Disease or Dementia	35. Still's Disease
13. Hepatitis with Cirrhosis	13. Motor Neurone Disease	36. Severe Hemophilia
14. Surgical removal of one lung	14. Multiple Sclerosis	37. Rheumatic heart disease
15. Kidney disease	15. Severe Viral Encephalitis	38. Brittle bone disease (Osteogenesis Imperfecta)
16. Less severe systemic Lupus erythematosus	16. Bacterial Meningitis	39. Type1 Diabetes (Insulindependent)
17. Reversible aplastic anaemia	17. Severe Parkinson's disease	40. Kawasaki Disease (Kawasaki Disease with Heart Complications)
18. Corneal transplant	18. Poliomyelitis	41. Glomerulonephritis with nephrotic syndrome
19. Loss of sight in one eye	19. Chronic Liver Failure	42. Severe Hand Foot Mouth Disease
20. Loss of hearing in one ear	20. Fulminant Viral Hepatitis	43. Wilson Disease
21. Less severe burns	21. Severe Chronic Relapsing Pancreatitis	44. Generalised Tetanus
22. Moderately severe paralysis	22. Chronic lung disease	45. Epilepsy
23. Facial reconstructive surgery for Injury due to Accident	23. Kidney Failure	
	24. Systemic Lupus Erythematosus	

Appendix 2: Cancer definitions

1. Catch-all cancer

Cancer as diagnosed and confirmed by an Oncologist, supported by histological or pathological reports but are not qualified under carcinoma in-situ or major cancer.

The following conditions are specifically excluded from coverage

- a. All tumours which are histologically classified as Pre-malignant; Having borderline malignancy; Having any degree of malignant potential; Having suspicious malignancy; Neoplasm of uncertain or unknown behavior; or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II, and CIN III (severe dysplasia without carcinoma in-situ).
- b. CLL RAI stage 0 or lower; and
- c. Non-invasive melanoma histologically described as "in-situ"
- d. Non-melanoma skin cancer
- e. All cancers in the presence of HIV.

2. Carcinoma In-Situ

CIS means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane.

The diagnosis of the Carcinoma in situ must always be supported by a histopathological report and must be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.

Exclusion

The following conditions are specifically excluded from coverage:

- a. All tumours which are histologically classified as Pre-malignant; Having borderline malignancy; Having any degree of malignant potential; Having suspicious malignancy; Neoplasm of uncertain or unknown behavior; or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II, and CIN III (severe dysplasia without carcinoma in-situ).
- b. CLL RAI stage 0 or lower; and
- c. Non-invasive melanoma histologically described as "in-situ"
- d. Non-melanoma skin cancer
- e. All cancers in the presence of HIV
- f. All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- g. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- h. All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below.

3. Major Cancers

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

The term malignant tumour includes leukemia, lymphoma and sarcoma. For the above definition, the following are excluded:

- a. All tumours which are histologically classified as any of the following:
 - Pre-malignant;
 - Non-invasive; Carcinoma-in-situ;
 - Having borderline malignancy;
 - Having any degree of malignant potential;
 - Having suspicious malignancy;
 - Neoplasm of uncertain or unknown behavior; or
 - Cervical Dysplasia CIN-1, CIN-2 and CIN-3;

- b. Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- c. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- d. Malignant melanoma that has not caused invasion beyond the epidermis;
- e. All tumours in the presence of HIV infection
- f. All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- g. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- h. All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- i. All Gastro-Intestinal Stromal tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs.

Appendix 3: Early Critical Illness definitions

<p>1. Minimally invasive direct coronary artery by-pass Minimally invasive direct coronary artery by-pass shall mean the actual undergoing of a coronary artery by-pass surgery through a mini-thoracotomy (a small incision between the ribs) to correct narrowing or blockage of one or more coronary arteries. Minimally invasive direct coronary artery by-pass can also be referred to as “keyhole” coronary by-pass surgery. The procedure must be Medically Necessary and performed by a Registered Medical Practitioner who is a cardiologist</p>
<p>2. Percutaneous coronary intervention Percutaneous coronary intervention refers to any one of the following procedures: (a) Angioplasty and/or stenting, being the actual undergoing of balloon angioplasty and/or stenting to correct narrowing or blockage of one or more coronary arteries; (b) Other procedures, being the actual undergoing of atherectomy, laser relief, transmyocardial laser revascularization or other intra-arterial techniques to correct narrowing or blockage of one or more coronary arteries. provided that all of the following criteria are met: (i) Angiographic evidence is provided that at least one (1) coronary artery has stenosis of 50% or higher; and (i) The procedure is Medically Necessary and performed by a Registered Medical Practitioner who is a cardiologist</p>
<p>3. Cardiac pacemaker or defibrillator insertion Cardiac pacemaker or defibrillator insertion is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker or defibrillator must be certified as Medically Necessary by a Registered Medical Practitioner who is a cardiologist</p>
<p>4. Angioplasty and stenting for Carotid Arteries Angioplasty and stenting for Carotid Arteries shall mean the treatment of stenosis of 50% or above, as proven by angiographic evidence of one or more of carotid arteries. All of the following criteria must be met: (a) Actual undergoing of an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms; and (b) The diagnosis and medical necessity of the treatment must be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field</p>
<p>5. Less invasive treatment of heart valve disease Less invasive treatment of heart valve disease refer to percutaneous heart valve repair such as valvuloplasty or valvotomy, and percutaneous valve replacement, where the treatment is performed totally via intravascular procedure. The procedure must be considered Medical Necessary and performed by a Registered Medical Practitioner who is a specialist in the relevant field</p>
<p>6. Insertion of Vena-cava Filter The surgical insertion of a vena-cava filter after there has been documented proof of recurrent pulmonary emboli. The need for the insertion of a venocaval filter must be certified to be absolutely necessary by a specialist in the relevant field</p>
<p>7. Less severe Coma (for 48 hours) Less severe coma, lasting at least 48 (forty eight) hours and, supported by evidence of all of the following: (a) No response to external stimuli for at least 48 (forty eight) hours; and (b) Necessity for mechanical life support; and</p>

(c) Injury and complication sequent on brain leading to permanent neurological deficits lasting at least 3 (three) months from the diagnosis.

The diagnosis and the supporting evidence must be confirmed by a Registered Medical practitioner who is a neurologist or neurosurgeon.

Less severe coma directly resulting from alcohol or drug abuse and medically induced coma are excluded

8. Cerebral shunt insertion

Cerebral shunt insertion shall mean the actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve pressure in the cerebrospinal fluid.

The need of a shunt must be certified to be Medically Necessary by a Registered Medical Practitioner who is a neurologist

9. Surgical removal of Pituitary tumour

The actual undergoing of surgical excision of pituitary tumour necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour, endocrinological disorder with pituitary origin or neurological deficit due to oppression of pituitary tumour onto normal brain tissue.

The presence of the underlying tumour must be confirmed by imaging studies such as computed tomography (CT) scan or magnetic resonance imaging (MRI).

Surgical excision of pituitary microadenoma (tumour of size 8mm or below in diameter) is specifically excluded.

The surgery must be certified to be Medically Necessary by a Registered Medical Practitioner who is a specialist in the relevant field.

10. Moderately severe brain damage

Physical head injury, causing significant brain damage and permanent neurological deficit lasting at least 3 (three) months from the diagnosis. The impairment must result in the inability to perform at least 2 (two) of the Activities of Daily Living as defined herein, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons.

11. Small Bowel transplant

The receipt of a transplant of at least 1 metre of small bowel with its own blood supply via a laparotomy resulting from intestinal failure.

The transplant must be certified as Medically Necessary by a Registered Medical Practitioner

12. Liver surgery

Partial hepatectomy of at least one entire left or entire right lobe of the liver that has been found necessary as a result of illness or accident as suffered by the Life Assured.

Liver surgery required due to disease or disorder caused by alcohol and/or drug abuse and liver donation are all excluded

13. Hepatitis with Cirrhosis

Inflammation of the liver by the Hepatitis virus leading to cirrhosis. There must be a definite diagnosis of liver cirrhosis by a gastroenterologist that must be supported by liver biopsy showing histological stage F4 by Metavir grading or a Knodell fibrosis score of 4.

Liver disease due or related to alcohol and drug abuse are excluded

14. Surgical removal of one lung

Surgical removal of one lung shall mean complete surgical removal of a lung as a result of an illness or Accident of the Life Assured.

Partial removal of a lung is not included in this benefit

15. Kidney disease

Kidney disease shall mean one of the following:

(a) Chronic Kidney Impairment shall mean advanced stage of chronic renal insufficiency.

All of the following criteria must be met:

(i) Glomerular Filtration Rate (GFR) calculated with Modification of Diet in Renal Disease (MDRD) formula or Cockcroft-Gault formula is lower than 30mL/min/1.73 m² and the condition has lasted for at least 90 days continuously.

(ii) The diagnosis of Chronic Kidney Impairment must be confirmed by a Registered Medical Practitioner who is an urologist or nephrologist.

(b) Surgical removal of one kidney shall mean the complete surgical removal of one (1) kidney necessitated by any disease or Accident of the Life Assured. Surgical removal of the kidney must be certified to be Medically Necessary by a Registered Medical Practitioner in the relevant field.

Kidney donation is excluded.

16. Less severe systemic Lupus erythematosus

Less severe systemic Lupus erythematosus shall mean a multisystem autoimmune disorder, characterized by the development of auto-antibodies.

All of the following criteria must be met:

(a) Presence of at least 2 of the 5 criteria:

(i) Arthritis: non-erosive arthritis, involving 2 or more joints;

(ii) Serositis: pleuritis or pericarditis;

(iii) Renal disorder: persistent proteinuria >0.5g per day or cellular casts;

(iv) Hematologic disorder: hemolytic anemia, Leukopenia, Lymphopenia, or thrombocytopenia;
or

(v) Positive anti-nuclear antibody, Anti-dsDNA or anti-Smith antibody

(b) Diagnosis of systemic lupus erythematosus must be confirmed by a Registered Medical Practitioner who is rheumatologist or immunologist

17. Reversible aplastic anaemia

Acute reversible bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with any one of the following:

(a) Blood product transfusion;

(b) Marrow stimulating agents;

(c) Immunosuppressive agents;

The diagnosis must be confirmed by a Registered Medical Practitioner who is a haematologist

18. Corneal transplant

The receipt of a transplant of a whole cornea due to irreversible scarring with resulting reduced visual acuity, which cannot be corrected with other methods.

The transplant must be certified as Medically Necessary by a Registered Medical Practitioner

19. Loss of sight in one eye

Total and irreversible loss of sight in at least 1 (one) eye as a result of illness or injury.

The blindness must be confirmed by a Registered Medical Practitioner who is an ophthalmologist not earlier than 3 (three) months from the diagnosis

20. Loss of hearing in one ear

Loss of hearing in one ear shall mean total and irreversible loss of hearing (involving the loss of at least 80 decibels in all frequencies of hearing) in one ear as a result of illness or injury.

Medical evidence in the form of an audiometry and sound-threshold test must be provided, and the diagnosis of Loss of hearing must be confirmed by a Registered Medical Practitioner who is an ear, nose and throat (ENT) specialist not earlier than 3 (three) months from the diagnosis

21. Less severe burns

Less severe burns due to Accident shall mean third degree (i.e. full thickness skin destruction) burns covering at least 10% of the total body surface area or 30% of the surface of the face directly resulting from an Accident

22. Moderately severe paralysis

Moderately severe paralysis shall mean complete and permanent loss of use of at least one arm or one leg through paralysis caused by illness or injury. Loss of use means total and permanent functional disablement lasting at least 3 (three) months from the diagnosis and is treated like the total loss of said limb

23. Facial reconstructive surgery for Injury due to Accident

The actual undergoing of plastic or reconstructive surgery (restoration or reconstruction of the shape and appearance of facial structures above the neck which are defective, missing, damaged due to Accident) which, in the opinion of the Registered Medical Practitioner, is deemed Medically Necessary for the treatment of facial disfigurement due to injury requiring in-patient treatment and subsequently the performance of such surgery.

Surgery solely for cosmetic reasons, isolated dental restorations, isolated nasal fractures or isolated skin wounds are excluded

Appendix 4: Late Critical Illness definitions

<p>1. Coronary Artery by-pass surgery The actual undergoing of open-chest surgery to correct or treat Coronary Artery Disease (CAD) by way of Coronary Artery By-Pass Grafting. Angioplasty and all other intra-arterial, catheter based techniques, keyhole or laser procedures are excluded</p>
<p>2. Heart Attack The death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply where all of the following criteria are met: (a) A history of typical prolonged chest pain, (b) New characteristic ECG changes indicating acute myocardial infarction at the time of the relevant cardiac incident; (c) Elevation of the cardiac enzyme, CPK-MB at level above the generally accepted laboratory levels of normal or troponins recorded at a level of T>1.0 ng/ml or equivalent threshold with other Troponin I methods. Angina is specifically excluded</p>
<p>3. Severe Cardiomyopathy An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a cardiologist, and resulting in permanent physical impairment of not less than 6 (six) months of Class III or Class IV of the New York Heart Association's classification of cardiac impairment or of an equivalent classification. The diagnosis has to be supported by echographic findings of compromised ventricular performance. The New York Heart Association's classification of cardiac impairment: - Class III - Marked limitation - Such patients are comfortable at rest but performing less than ordinary activity will lead to symptoms of Congestive Cardiac Failure - Class IV - Inability to carry out any activity without discomfort. Symptoms of Congestive Cardiac Failure are present even at rest. With any increase in physical activity, discomfort will be experienced. Cardiomyopathy directly related to alcohol or drug abuse is excluded</p>
<p>4. Heart Valve surgery The actual undergoing of open-heart surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities. Repair via intra-arterial procedure, key-hole surgery or similar techniques are specifically excluded</p>
<p>5. Surgery to Aorta The actual undergoing of surgery via a thoracotomy or laparotomy to repair or correct an aortic aneurysm, an obstruction of the aorta, a coartation of the aorta or a dissection of the aorta. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. Angioplasty and all other intra-arterial, catheter based techniques, keyhole or laser procedures are excluded</p>
<p>6. Primary Pulmonary Hypertension Means Primary Pulmonary Arterial Hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent irreversible physical impairment lasting at least 6 (six) months to the degree of at least Class 3 of the New York Heart Association (NYHA). Pulmonary arterial hypertension resulting from other causes shall be excluded from this benefit. The New York Heart Association's classification of cardiac impairment: - Class III - Marked limitation - Such patients are comfortable at rest but performing less than</p>

ordinary activity will lead to symptoms of Congestive Cardiac Failure
- Class IV - Inability to carry out any activity without discomfort. Symptoms of Congestive Cardiac Failure are present even at rest. With any increase in physical activity, discomfort will be experienced

7. Coma (for 96 hours)

A state of unconsciousness with no reaction or response to external stimuli or internal needs, persisting continuously for at least 96 (ninety six) hours, requiring the use of life support systems and resulting in a permanent neurological deficit lasting at least 3 (three) months from the diagnosis. Confirmation by a neurologist must be present.

Coma resulting directly from self-inflicted injury, alcohol or drug misuse is excluded

8. Stroke

Any cerebrovascular accident or incident producing neurological sequelae of a permanent nature lasting at least 45 (forty five) days. Infarction of brain tissue, hemorrhage and embolization from an extra-cranial source are included. The diagnosis must be based on changes seen in a CT scan or MRI & must be confirmed by a Registered Medical Practitioner who is a neurologist.

The following are excluded: cerebral symptoms due to transient ischaemic attacks, any reversible ischaemic neurological deficit, vertebrobasilar ischaemia, cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia & vascular disease affecting the eye or optic nerve or vestibular functions.

9. Benign Brain Tumour

A life-threatening, non-cancerous tumor in the brain or meninges within the cranium, giving rise to characteristic signs of increased intra-cranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

The following are excluded: cysts, granulomas, malformations in or of the arteries or veins of the brain, hematomas, tumours in the pituitary gland, or spine, tumours of the acoustic nerve

10. Major head trauma

Physical head injury as a result of Accident causing significant permanent functional impairment lasting for a minimum period of 3 (three) months from the date of the trauma or injury. The resultant permanent functional impairment is to be verified by a consultant neurologist and duly concurred by the Company's Medical Officer and must result in an inability to perform at least 3 (three) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent", shall mean beyond the hope of recovery with current medical knowledge and technology

11. Open brain surgery

The actual undergoing of surgery to the brain and/or intracranial structures under general anesthesia during which a crainectomy is performed.

Burr hole procedures, transphenoidal surgery, other minimally invasive procedures and surgery for head injury due to Accident are excluded from this definition

12. Alzheimer's Disease or Dementia

Deterioration or loss of intellectual capacity or abnormal behavior as evidenced by the clinical state and accepted standardized questionnaires or tests arising from Alzheimer's Disease or irreversible organic degenerative brain disorders resulting in significant reduction in mental and social functioning (such that continuous supervision is required). The diagnosis must be clinically confirmed by a neurologist.

The following are excluded:

- Non organic brain disorders such as neurosis and psychiatric illnesses and
- Drug or alcohol related brain damage

13. Motor Neurone Disease

Refers to a progressive degeneration of the corticospinal tracts and anterior horn cells or bulbar efferent neurons. These include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. The diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit lasting at least 3 (three) months from the diagnosis

14. Multiple Sclerosis

Unequivocal diagnosis by a consulting neurologist confirming the following combination, which has persisted for at least a continuous period of 6 (six) months:

- (a) Symptoms referable to tracts (white matter) involving the optic nerves, brain stem and spinal cord, producing well-defined neurological deficits;
- (b) A multiplicity or discrete lesions; and
- (c) A well-documented history of exacerbation and remissions of said symptoms/neurological deficits

15. Severe Viral Encephalitis

Defined as severe inflammation of brain substance, resulting in permanent neurological deficit lasting for a minimum period of 30 (thirty) days & certified by a consultant neurologist. Encephalitis as a result of HIV infection is excluded

16. Bacterial Meningitis

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit lasting at least 30 (thirty) days. The diagnosis is to be confirmed by:

- an appropriate specialist
- the presence of bacterial infection in the cerebrospinal fluid by lumbar puncture

17. Severe Parkinson's disease

Unequivocal diagnosis of Parkinson's Disease by a neurologist and supported by all of the following condition:

- (a) Cannot be controlled with medication
 - (b) Show signs of progressive impairment
 - (c) Activities of Daily Living assessment confirm the permanent inability of the life assured to perform without assistance 3 (three) or more of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent", shall mean beyond the hope of recovery with current medical knowledge and technology.
- Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are excluded

18. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- (a) Poliovirus is identified as the cause,
- (b) Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 (three) months

19. Chronic Liver Failure

End stage liver failure as evidence by all of the following:

- (a) Permanent jaundice;
 - (b) Ascites;
 - (c) Hepatic Encephalopathy
- Liver failure secondary to alcohol or drug abuse is excluded

20. Fulminant Viral Hepatitis

Sub-massive to massive necrosis of the liver by a hepatitis virus, leading precipitously to liver failure, where the following criteria are met:

- (a) Rapid decrease in liver size associated with necrosis involving entire lobules;
- (b) Rapid deterioration of liver enzymes;
- (c) Deepening jaundice; and
- (d) Hepatic encephalopathy.

Hepatitis infection directly or indirectly due to suicide, poison, or alcohol or drug abuse are excluded

21. Severe Chronic Relapsing Pancreatitis

Chronic Pancreatitis due to progressive destruction of the pancreas by repeated attacks of proven acute interstitial pancreatitis where all of the following conditions are met:

- (a) There have been multiple episodes of proven acute pancreatitis over a period on not less than 2 (two) years.
- (b) There is widespread calcification within the pancreas from imaging study including abdominal radiography, CT scanning, MRI, and/or ultrasound.
- (c) There is chronic continuous pancreatic dysfunction manifesting in either intestinal malabsorption (steatorrhea) or insulin dependent diabetes mellitus.

Pancreatitis as a result of acute or chronic alcohol abuse, congenital abnormalities or hereditary conditions are excluded

22. Chronic lung disease

End stage lung disease causing chronic respiratory failure. The following criteria must be met:

- (i) Requiring permanent oxygen therapy as a result of a consistent FEV1 test value of less than one liter. (Forced Expiratory Volume during the first second of a forced exhalation);
- (ii) Baseline Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less;
- (iii) Dyspnea at rest

23. Kidney Failure

End stage kidney failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplantation carried out

24. Systemic Lupus Erythematosus

Multi-system, autoimmune disorder characterized by the development of autoantibodies, directed against various self-antigens.

Within the context of this policy, SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys (Type III to Type V Lupus Nephritis, established by renal biopsy).

Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.

WHO Lupus Classification:

- Class I - Minimal change glomerulonephritis
- Class II - Mesangial glomerulonephritis
- Class III - Focal Segmental glomerulonephritis
- Class IV - Diffuse glomerulonephritis
- Class V - Membranous glomerulonephritis

25. Aplastic Anaemia

Irreversible persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring treatment with at least 2 (two) of the following:

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

The diagnosis must be confirmed by a bone marrow biopsy

26. Bone Marrow Transplantation

The receipt of human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation.

Other Stem cell transplants are excluded

27. Major Organ Transplantation

The undergoing by the Life Assured as recipient of a transplant of one of the following human organs to treat irreversible end-stage failure of the same: heart, lung, liver, kidney or pancreas.

Stem cell and islet cell transplant is excluded

28. Major burns

Third degree (i.e. full thickness) burns covering at least twenty percent (20%) of the total body surface area

29. Loss of Independent Existence

Confirmation by a Consultant Physician of the loss of independent existence lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent", shall mean beyond the hope of recovery with current medical knowledge and technology.

All psychiatric related causes are excluded

30. Occupationally Acquired HIV

HIV Infection acquired as a result of an Accident occurring while the Life Assured is in the course of carrying out his normal occupational duties, and meet all of the following criteria:

(a) Proof of sero-conversion to HIV Infection occurring within 6 (six) months of the Accident is required, together with a negative HIV test taken within seven days of the Accident.

(b) Proof of sources of HIV infection.

(c) The Accident giving rise to the HIV Infection must be reported to the Company within thirty days of the Accident.

HIV Infection by any other means, including but not limited to HIV Infection resulting from sexual activity, blood transfusion by the Life Assured as recipient, or recreational intravenous drug use, is specifically excluded.

For the purpose of this definition, this benefit is only payable for Life Assured who is a medical practitioner, medical student, nurse, medical technician, dentist or medical staff who is working or studying at medical entities which are legally established and operated in Vietnam. This insurance benefit will not be applicable and no benefit payment will be payable whenever a Cure is available. "Cure" means any treatment that renders the HIV inactive or non-infectious

31. Muscular Dystrophy

The diagnosis of muscular dystrophy shall require a confirmation by a neurologist of the combination of 3 (three) out of 4 (four) of the following conditions:

(a) Family history of other affected individuals

(b) Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction

(c) Characteristic electromyogram

(d) Clinical suspicion confirmed by muscle biopsy

The benefit is not payable if the first sign and symptom occurs when the Life Assured is below age 18 (eighteen)

32. Loss of hearing

Total and irreversible loss of hearing in both ears as a result of illness or Accident. "Total" means "the loss of at least 80 (eighty) decibels in all frequencies of hearing".

Medical evidence in the form of an audiometry and sound-threshold tests must be provided and certified by an Ear, Nose, and Throat (ENT) specialist not earlier than 3 (three) months from the diagnosis.

33. Loss of speech

Total and irrecoverable loss of the ability to speak for a continuous period of 12 (twelve) months as a result of Accident or illness. 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 excluded.

34. Terminal illness

Terminal illness: means a medical condition of the Insured which two Registered Doctors certify is expected to result in death of the Insured within 6 months. The certification has to be supported by evidence satisfactory to us (including but not limited to clinical, radiological and laboratory evidence).

No benefit will be paid if any effective treatment is available.

35. Still's Disease

The occurrence of Still's Disease, a form of juvenile chronic arthritis, where all of the following conditions are met:

- (a) There is widespread joint destruction as a result of the disease necessitating hip or knee replacement; and
- (b) The Diagnosis has been confirmed by a Registered Medical Practitioner who is a rheumatologist.

Applicable before the anniversary date immediately after the LA reaches age 18.

36. Severe Hemophilia

The Insured must be suffering from severe hemophilia A (VIII deficiency) or hemophilia B (IX deficiency) with factor VIII or factor IX activity levels less than one percent (1%). Diagnosis must be confirmed by a qualified haematologist acceptable to the Company. Applicable before the anniversary date immediately after the LA reaches age 18.

37. Rheumatic heart disease

A confirmed diagnosis by a qualified paediatrician acceptable to the Company of acute rheumatic fever according to the revised Jones criteria for its diagnosis. There must be involvement of 1 or more heart valves and at least mild valve incompetence attributable to rheumatic fever as confirmed by quantitative investigations of the valve function by a qualified cardiologist acceptable to the Company.

Applicable before the anniversary date immediately after the LA reaches age 18.

38. Brittle bone disease (Osteogenesis Imperfecta)

This is a genetic disorder characterised by brittle, osteoporotic, easily fractured bones. The Life Assured must be diagnosed as a type III Osteogenesis Imperfecta confirmed by the occurrence of all of the following conditions:

- the result of physical examination indicating 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.

Diagnosis of Osteogenesis Imperfecta must be confirmed by a pediatrician.

Applicable before the anniversary date immediately after the LA reaches age 18.

39. Type1 Diabetes (Insulindependent).

Diabetes mellitus is chronic hyperglycemia, caused by defective insulin secretion. IDDM is characterised by the continuous dependence on exogenous insulin for the preservation of life

as diagnosed by a qualified endocrinologist acceptable to the Company and such dependence must persist for not less than 6 months.

Applicable before the anniversary date immediately after the LA reaches age 18.

40. Kawasaki Disease (Kawasaki Disease with Heart Complications)

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 qualified Specialist in either pediatrics or cardiology and there must be echocardiograph evidence of cardiac involvement manifested by dilatation or aneurysm formation of at least 5 mm in the coronary arteries which persists for 12 months after the initial acute episode.

Applicable before the anniversary date immediately after the LA reaches age 18.

41. Glomerulonephritis with nephrotic syndrome

A confirmed diagnosis of glomerulonephritis with nephrotic syndrome by a nephrologist and who should confirm that a treatment regimen appropriate to the clinical presentation has been followed throughout the period to which syndrome relates. The syndrome must have continued for a period of at least six (6) months with or without intervening periods of remission.

Applicable before the anniversary date immediately after the LA reaches age 18.

42. Severe Hand Foot Mouth Disease

Diagnosis of Hand, Foot and Mouth (HFMD) Disease by a Consultant Pediatrician which results in admission to ICU unit for treatment of any one of the listed conditions along with HFMD disease:

- encephalitis, or
- acute paralysis, or
- pulmonary hemorrhage or cardiopulmonary failure.

Applicable before the anniversary date immediately after the LA reaches age 18.

43. Wilson Disease

A potentially fatal disorder of copper toxicity characterised by progressive liver disease and/or neurologic deterioration due to copper deposit. The diagnosis must be confirmed by a hepatologist and the treatment with a chelating agent must be documented for at least six (6) months.

Applicable before the anniversary date immediately after the LA reaches age 18.

44. Generalised Tetanus

The diagnosis of generalised tetanus due to tetanus toxin must be confirmed by a Consultant physician or Registered Medical Practitioner.

Only cases with all the following criteria will qualify for this benefit. All of the following criteria must be met:

- (a) Constant mechanical ventilation is instituted for at least three (3) days as a medically necessary treatment for Generalised Tetanus due to tetanus toxin; and
- (b) Tetanus immune Globulin is administered.

Applicable before the anniversary date immediately after the LA reaches age 18.

45. Epilepsy

Status epilepticus requiring intubation and ventilator support

Status epilepticus (SE) is a life-threatening neurologic disorder characterized by a continuous generalized single epileptic seizure or a set of generalized epileptic seizures during which function is not regained between ictal events requiring intubation and ventilator support for sustenance of life by the treating pediatrician. This should also be supported by medical documentation and EEG report.

Applicable before the anniversary date immediately after the LA reaches age 18.