PRODUCT SUMMARY: PRUActive Protect II
The Product Summary and Policy Illustration are for illustrative purposes only and shall not constitute a contract. The following is a simplified description of the key product features. The exact terms can be found in your policy document.

Details of Plan Provider:
Prudential Assurance Company Singapore (Pte) Limited ("Prudential Singapore"), 30 Cecil Street, #30-01 Prudential Tower, Singapore 049712. Tel: 1800 - 333 0 333.

Prudential Singapore is responsible for the product features and contractual provisions and these will be explained to you by a representative of either Prudential Singapore or a distributor duly appointed by Prudential Singapore.

This policy and its Supplementary benefit(s) (if any) is/are protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy and its Supplementary benefit(s) (if any) is/are automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the General Insurance Association (GIA) /Life Insurance Association (LIA) or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

The Proposer acknowledges receipt of all the pages of the Product Summary for the Main plan and Supplementary benefits (where applicable). The contents have been explained to his/her satisfaction.

Nature and Objective of the Plan:
PRUActive Protect II is a regular premium, non-participating term plan that provides financial protection for a specific term against critical illness. It also has the following benefits:

- Crisis Care Accelerator benefit;
- Death benefit;
- Additional benefit (for Angioplasty and Other Invasive Treatment for Coronary Artery);
- Child Cover benefit;
- Spouse Waiver benefit; and
- Option to convert to a new policy.

The premiums for PRUActive Protect II are not guaranteed. These rates may be adjusted based on future experience. We reserve the right to vary the premiums at any time in the future during the premium payment term. However, we will give you 30 days' written notice before doing so.

Financial Consultant's Signature	Joint Financial Consultant's Signature	Proposer's Signature

Benefits under the Plan:

Critical Illness Benefit

What do we pay for Critical Illness Benefit?
If the life assured is diagnosed as having any one of the 64 critical illnesses listed below, while the policy is still active and before the cover end date, we will pay the PRUActive Protect II sum assured as shown in your certificate of life assurance, less any amounts you owe us.

The life assured must survive at least seven days from the date of diagnosis before any benefit is paid out, otherwise, we pay only the Death benefit.

For this benefit, we pay the sum assured shown in your certificate of life assurance for one critical illness.

The Critical Illness benefit sum assured includes claims for any pre-critical medical condition claim under the Early Protect benefit (if this benefit is included). Once 100% of the sum assured is paid out, the benefit ends.

What Critical Illnesses are covered?
Your benefit covers the following critical illnesses. The critical illness must be diagnosed by a registered medical practitioner.

We can ask for a medical examination to be carried out by a medical practitioner registered with the Singapore Medical Council if we decide the medical reports you give us are not enough for our purposes.

36 critical illnesses that fall under Version 2024*	**Besides the above 36 critical illnesses, we will also cover the following additional 28 critical illnesses:**
1. Alzheimer's Disease / Severe Dementia	1. Accidental Fracture of Spinal Column
2. Benign Brain Tumour	2. Acute Necrohaemorrhagic Pancreatitis
3. Blindness (Irreversible Loss of Sight)	3. Addison Disease or Autoimmune Adrenalitis
4. Coma	4. Adrenalectomy For Adrenal Adenoma
5. Coronary Artery By-pass Surgery	5. Biliary Atresia Having Undergone Liver Transplantation
6. Deafness (Irreversible Loss of Hearing)	6. Chronic Auto-Immune Hepatitis
7. End Stage Kidney Failure	7. Creutzfeld-Jakob Disease
8. End Stage Liver Failure	8. Ebola
9. End Stage Lung Disease	9. Elephantiasis
10. Fulminant Hepatitis	10. Full-Blown AIDS
11. Heart Attack of Specified Severity	11. Idiopathic Pulmonary Fibrosis
12. HIV Due to Blood Transfusion and Occupationally Acquired HIV	12. Infective Endocarditis
13. Idiopathic Parkinson's Disease	13. Juvenile Huntington Disease
14. Irreversible Aplastic Anaemia	14. Medically Acquired HIV
15. Irreversible Loss of Speech	15. Medullary Cystic Disease
16. Loss of Independent Existence	16. Meningeal Tuberculosis
17. Major Burns	17. Multiple Root Avulsions of Brachial Plexus
18. Major Cancer	18. Necrotising Fasciitis
19. Major Head Trauma	19. Occupationally Acquired Hepatitis B Or C
20. Major Organ / Bone Marrow Transplantation	20. Pheochromocytoma
21. Motor Neurone Disease	21. Progressive Supranuclear Palsy
22. Multiple Sclerosis	22. Resection of the Whole Small Intestine (Duodenum, Jejunum and Ileum)
23. Muscular Dystrophy	23. Severe Cardiomyopathy
24. Open-Heart Heart Valve Surgery	24. Severe Crohn’s Disease
25. Surgery to Aorta	25. Severe Eisenmenger’s Syndrome
26. Other Serious Coronary Artery Disease	26. Severe Myasthenia Gravis
27. Paralysis (Irreversible Loss of Use of Limbs)	27. Severe Ulcerative Colitis
28. Persistent Vegetative State (Apallic Syndrome)	28. Surgery For Idiopathic Scoliosis
29. Poliomyelitis	
30. Primary Pulmonary Hypertension	
31. Progressive Scleroderma	
32. Severe Bacterial Meningitis	

33. Severe Encephalitis
34. Stroke with Permanent Neurological Deficit
35. Systemic Lupus Erythematosus with Lupus Nephritis
36. Terminal Illness

* The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2024). These Critical Illnesses fall under Version 2024. You may refer to www.lia.org.sg for the standard Definitions (Version 2024). For Critical Illnesses that do not fall under Version 2024, the definitions are determined by the insurance company.

The definitions of these additional 28 Critical Illnesses can be found in the last section of this document.

What is not covered under Critical Illness Benefit?

We do not pay the Critical Illness benefit in any of the following circumstances:

- the covered illness existed before the cover start date or date of reinstatement (if any) of this benefit;
- any benefit for any covered illness that is due directly or indirectly to a pre-existing condition unless it was declared in the proposal and specifically accepted by us;
- the life assured is diagnosed as having a Heart Attack of Specified Severity or Major Cancer (including Carcinoma in Situ) or Other Serious Coronary Artery Disease at all severity levels within 90 days of the cover start date or date of reinstatement (if any) of this benefit;
- If a doctor has diagnosed coronary artery disease within 90 days of the cover start date or date of reinstatement (if any) of this benefit. The diagnosis of the coronary artery disease has led to carrying out a Coronary Artery By-pass Surgery at all severity levels or Angioplasty and Other Invasive Treatment for Coronary Artery on the life assured;
- the life assured is diagnosed as having a covered illness caused by:
    - self-inflicted injuries while sane or insane;
    - AIDS, AIDS-related complex or infection by HIV except under circumstances specifically covered and defined in the definitions of covered critical illnesses provision, if any;
    - using unprescribed drugs if the drugs are required by law to be prescribed by a registered medical practitioner;
    - an activity under special exclusion and special terms and conditions shown in your certificate of life assurance;
    - taking part or attempting to take part in an unlawful act; or
    - alcohol or drug abuse.

What happens after a claim?

If you did not include Protect Plus to your policy, this Critical Illness benefit will end when 100% of the PRUActive Protect II sum assured is paid out.

If you included Protect Plus to your policy, the total sum assured will be reduced by the amount paid out under this benefit. The total sum assured is 500% of the PRUActive Protect II sum assured.

Crisis Care Accelerator Benefit

What do we pay for Crisis Care Accelerator Benefit?

We pay 50% from your PRUActive Protect II sum assured if the life assured:

- has surgery for any of the following vital organs as a result of illness or an accident - heart, lung, brain, kidney or liver; and
- is admitted to the Intensive Care Unit (ICU) as a result of the surgery, for at least three continuous days,

less any amounts you owe us.

We pay the Crisis Care Accelerator benefit once only and up to $100,000 per life.

If there has already been a claim on the policy and your PRUActive Protect II sum assured has been reduced, the Crisis Care Accelerator benefit would pay 50% from the remaining PRUActive Protect II sum assured.

The Crisis Care Accelerator benefit automatically ends once there is a claim on this benefit, or when the Critical Illness benefit ends, whichever is earlier.

A certified specialist must confirm that the surgery and hospitalisation is medically necessary.

Any condition must be first considered or claimed against the 64 critical illnesses before being considered under this benefit.

Surgery means any surgical operation listed in MOH's surgical operations fees table 1 to 7 (as at the date of the surgery).

Intensive Care Unit (ICU) refers to the intensive care unit of a hospital in Singapore. The High Dependency Unit and other hospital wards are not considered intensive care unit.

Medically Necessary means a treatment which, in the opinion of a specialist doctor, is appropriate and consistent with the symptoms, findings, diagnosis and other relevant clinical circumstances of the related illness. The treatment must be provided in accordance with generally accepted medical practice in Singapore.

MOH stands for the Ministry of Health, Singapore.

What is not covered under Crisis Care Accelerator Benefit?

We do not pay the Crisis Care Accelerator Benefit in any of the following circumstances:

- If the life assured suffered symptoms of or had investigations for or was diagnosed with an illness any time before or within 90 days from the cover start date;
- If the surgery is due to organ donation;
- If the illness is due directly or indirectly to a pre-existing condition;
- If the treatment is for investigation or research (for example, experimental or new physiotherapy, medical techniques or surgical techniques, medical devices not approved by the Institutional Review Board and the Health Sciences Authority, and medical trials for medicinal products, whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority or similar bodies);
- If the treatment is for preventive purposes or for health screening or promoting good health (such as dietary replacement or supplement);
- If the treatment is for the convenience of the insured or registered medical practitioner or specialist (for example, treatment that can reasonably be provided out of a hospital, but is provided as an inpatient treatment);
- If the illness is due to deliberate acts such as self-inflicted injuries, illnesses or attempted suicide;
- If the treatment is for improving appearance, such as cosmetic surgery or any treatment relating to a previous cosmetic treatment;
- If it is for overseas medical treatment;
- If the treatment is for pregnancy, childbirth, miscarriage, abortion or termination of pregnancy, or any form of related stay in hospital or treatment;
- If treatment is for infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment;
- If treatment is for psychological disorders, personality disorders, mental conditions or behavioural disorders, including any addiction or dependence as a result of these disorders such as gambling or gaming addiction;
- If treatment is due to unlawful acts, provoked assault or deliberate exposure to danger;
- If the treatment is for sexually transmitted diseases;
- If the life assured undergoes sex-change operations;
- If the life assured undergoes alternative or complementary treatments, including traditional Chinese medicine (TCM) or stays in any health-care establishment for social or non-medical reasons;
- If treatment is for injuries due to being directly involved in civil commotion, riot or strike;
- If the illness is due to radiation or contamination from radioactivity;
- If the illness is due to warlike operations (whether war is declared or not), war, invasion, riot or any similar event;
- If the illness is due to the deliberate misuse of drugs or alcohol; or
- If the illness is caused by acquired immunodeficiency syndrome (AIDS), AIDS-related complex or infection by human immunodeficiency virus (HIV), except under circumstances specifically covered and defined in the definitions of covered critical illnesses provision, if any.

What happens after a claim?

The PRUActive Protect II sum assured will be reduced by the claim amount paid out under the Crisis Care Accelerator benefit and this benefit ends.

Death Benefit

What do we pay for Death Benefit?
If the life assured dies, we pay the Death benefit which is 20% of the PRUActive Protect II sum assured as shown in your certificate of life assurance, less any amounts you owe us.

All other claims under your PRUActive Protect II policy and its supplementary benefits will not reduce the Death benefit sum assured.

However, if you reduced your PRUActive Protect II sum assured, your Death benefit will be revised to 20% of the reduced sum assured.

What is not covered under Death Benefit?
If the life assured dies directly or indirectly from an activity under special exclusion or special terms and conditions shown in your certificate of life assurance, we do not pay the death benefit but we will refund the total premiums, without interest, received from you less expenses (including administrative, sales-related and medical expenses) and any claim we have had to pay for your policy and any payments made to you.

If the life assured dies from suicide within 12 months from the cover start date or date of reinstatement (if any) of your policy, we will make your policy void. In this case, we cancel it and refund the total premiums, without interest, received from you less expenses (including administrative, sales-related and medical expenses) and any claim we have had to pay for your policy and any payments made to you.

What happens after a claim?
Your whole policy automatically ends once we have paid a claim for this benefit.

Additional Benefit

What do we pay for Additional Benefit?
If the life assured is diagnosed with a medical condition that requires them to undergo Angioplasty and Other Invasive Treatment for Coronary Artery, we pay 10% of the PRUActive Protect II sum assured up to $25,000.

We pay this benefit once only.

The life assured must survive at least seven days from the date of diagnosis, otherwise we pay only the Death benefit.

A claim under this benefit will not reduce the sum assured of your policy.

This Additional benefit automatically ends once there is a claim on this benefit, or when the Critical Illness benefit ends, whichever is earlier.

Angioplasty and other invasive treatment for coronary artery means the actual undergoing of balloon angioplasty or similar intra-arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Diagnostic angiography is excluded.

*The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2024). This Critical Illness falls under Version 2024. You may refer to www.lia.org.sg for the standard Definitions (Version 2024).

What happens after a claim?
Once we pay a successful claim for this Additional benefit, the benefit ends.

Child Cover Benefit

What do we pay for Child Cover Benefit?
When the life assured and spouse each buys a PRUActive Protect or PRUActive Protect II policy or any other policy we may allow in the future, their child or children will be provided with free child cover.

After the second policy anniversary of the parent's policy, if the child is diagnosed, as having any one of the 64 critical illnesses or 16 juvenile medical conditions as listed below, we pay 25% of one of the parents' PRUActive Protect or PRUActive Protect II sum assured, whichever is higher.

However, if the covered condition is diagnosed:
- before the first policy anniversary of the parent's policy, we will not pay anything,
- after the first but before the second policy anniversary of the parent's policy, we will pay 50% of the benefit. This means we pay 12.5% of the sum assured of one of the parents' PRUActive Protect or PRUActive Protect II sum assured, whichever is higher.

We pay this benefit only once for each child and up to $25,000 for each child.

The policy anniversary above is based on the first premium due date of the parent's policy. We will base on the most recent first premium due date if the dates are different. If either one or both parents' policy have been reinstated, we will base on the most recent reinstatement date.

A payout under this benefit will not reduce the parent's PRUActive Protect or PRUActive Protect II sum assured.

For us to pay the claim, the following must apply:
- The child must survive at least 14 days from the date of diagnosis;
- The child is 17 years old or below; and
- Both parents' policies must still be active and not ended at the time of the claim, unless one of the parents' policy ended because of a claim.

To make a claim, the life assured has to submit the child's birth certificate or adoption papers as proof of relationship.

Child or **children** refer to either the biological or adopted child of the life assured, including the life assured's child or children that are not born yet.

What Critical Illnesses and Juvenile Medical Conditions are covered under Child Cover benefit?
We cover the 64 Critical Illnesses as listed in the ***What Critical Illnesses are covered?*** section above.

We cover the following Juvenile Medical Conditions:
1. Antley Bixler Syndrome
2. Autism Spectrum Disorder (ASD)
3. Bile Acid Synthesis Disorder
4. Dyslexia
5. Generalised Tetanus
6. Glomerulonephritis with Nephrotic Syndrome
7. Haemophilia A and Haemophilia B
8. Hand Foot Mouth Disease with Serious Complications
9. Insulin Dependent Diabetes Mellitus
10. Kawasaki Disease with Heart Complications
11. Osteogenesis Imperfecta
12. Pyruvate Dehydrogenase Complex Deficiency (PDCD)
13. Rheumatic Fever with Valvular Impairment
14. Sanfillipo Syndrome
15. Still's Disease
16. Wilson's Disease

Refer to the policy document for the definitions of these medical conditions.

What is not covered under Child Cover Benefit?

We do not pay the Child Cover benefit in any of the following circumstances:

- If the child is suffering from any pre-existing disability, injury, illnesses, diseases, impairments or conditions before the start date or date of reinstatement (if any);
- If the child is diagnosed with any critical illness that was due, directly or indirectly, to a congenital defect, disease or hereditary condition;
- If the child is diagnosed as having a covered illness:
  - within 12 months from the most recent cover start date or date of reinstatement (if any);
  - before the child is 30 days old;
  - and dies within 14 days from the date of diagnosis; or
  - when the child is 18 years old and above;
- If the child is diagnosed as having a covered illness caused by:
  - Acquired Immune Deficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV) except under circumstances specifically covered and defined in the definitions of covered critical illnesses provision, if any;
  - self-inflicted injuries while sane or insane;
  - alcohol or drug abuse; or
  - taking part or attempting to take part in an unlawful act.

The cover start date above refers to the cover start date of the parent's policy. We will base on the most recent cover start date if the dates are different. If either one or both parents' policy have been reinstated, we will base on the most recent reinstatement date.

What happens after a claim?

Once we pay a successful claim under the Child Cover benefit, the benefit continues for the other children.

The Child Cover benefit will cover all the children that the parents have or may have.

Spouse Waiver Benefit

What do we pay for Spouse Waiver Benefit?

When the spouse of the life assured is diagnosed as having any one of the 64 critical illnesses, we will waive the premiums of the PRUActive Protect II policy and its supplementary benefits (if any) for 12 months from the next premium due date after the claim was approved.

You can only claim once under this benefit.

To make a claim, the life assured would have to submit their marriage certificate as proof of their relationship.

The Spouse Waiver benefit does not waive the premiums of any waiver of premium supplementary benefits attached to your PRUActive Protect II policy.

If the Payer Security Plus benefit has already been included to this plan, this Spouse Waiver benefit will not apply.

The Spouse Waiver benefit will end when we approve a claim for the Spouse Waiver benefit or when the Critical Illness benefit ends, whichever is earlier.

What Critical Illnesses are covered under the Spouse Waiver benefit?

We cover the 64 Critical Illnesses as listed in the ***What Critical Illnesses are covered?*** section above.

What is not covered under Spouse Waiver Benefit?

We do not waive premiums under the Spouse Waiver benefit in any of the following circumstances. If the spouse:

- is suffering from any pre-existing disability, injury, illnesses, diseases, impairments or conditions before the start date or date of reinstatement (if any);
- is diagnosed with a Heart Attack of Specified Severity, Major Cancer, Other Serious Coronary Artery Disease or requiring Coronary Artery By-pass Surgery within 90 days from the cover start date or date of reinstatement (if any);
- undergoes Angioplasty and Other Invasive Treatment for Coronary Artery;
- dies within 30 days from the date of diagnosis of the covered critical illness;
- is diagnosed as having a covered illness caused by:
    - self-inflicted injuries while sane or insane;
    - AIDS, AIDS-related complex or infection by HIV except under circumstances specifically covered and defined in the definitions of covered critical illnesses provision, if any;
    - using unprescribed drugs if the drugs are required by law to be prescribed by a registered medical practitioner;
    - taking part or attempting to take part in an unlawful act; or
    - alcohol or drug abuse.

What happens after a claim?
Once you have made a successful claim under the Spouse Waiver benefit, the benefit ends when we approve a claim for the Spouse Waiver benefit.

Option to Convert to Another Policy

If you bought your policy on standard terms (in other words, you were not given our offer of conditional acceptance where the life assured was offered special terms and conditions for accepting the proposal for life assurance), you can convert your PRUActive Protect II policy to a new regular premium whole life or endowment policy without showing evidence of good health.

The new policy that you can convert to depends on the products available at the time of exercising this option and we can change the types of policy.

You can only do this if:
- the life assured is under 65 years old;
- this policy is still active and before the cover end date of this policy;
- you have paid all the premiums due under your PRUActive Protect II policy;
- you pay the premiums for your new policy;
- you have not submitted any claim under your PRUActive Protect II policy;
- we have not paid out any claim under your PRUActive Protect II policy and all its supplementary benefits; and
- the life assured of this policy remains the same in the new policy.

The new policy must:
- meet the minimum entry requirements of the policy; and
- have a sum assured that is:
    - the same or less than your PRUActive Protect II sum assured; and
    - not more than $500,000,

  at the time of conversion.

If you do a partial conversion of the PRUActive Protect II policy, we will:
- reduce the sum assured of this policy, subject to the minimum sum assured; and
- convert the sum assured that was reduced under this policy to the sum assured of the new policy, subject to the minimum and maximum sum assured of the new policy.

The premium charged for your new policy will be based on the age of the life assured at the time you convert your policy.

If any of the benefits in your PRUActive Protect II policy are offered with special terms and conditions that are not medical-related and we allowed the conversion, these same terms and conditions will continue to apply on the new policy.

To apply to convert your policy, you must use our appropriate application form and meet the conditions on it. We will let you know if we accept your application.

Premiums

The premiums for PRUActive Protect II are **not guaranteed**. These rates may be adjusted based on future experience. We reserve the right to vary the premiums at any time in the future during the premium payment term. However, we will give you 30 days' written notice before doing so.

Premiums are payable for the period of policy term.

This product is not a Medisave-approved product and you may not use Medisave to pay the premium for this product.

Exclusions

The exclusions mentioned above are not exhaustive and there are other conditions including but not limited to death from suicide, Special Exclusions or Special Terms and Conditions shown on your Certificate of Life Assurance, or Pre-existing Conditions that existed before the Cover Start Date, or date of reinstatement (if any) under which no benefits will be payable. Please refer to the policy document for the complete list of exclusions.

Termination of benefits

The benefits under your PRUActive Protect II policy will end:
- when the life assured dies;
- if you end this policy;
- if you fail to pay the premiums within 30 days of the date they are due; or
- on the cover end date of the policy as shown on your certificate of life assurance,

whichever event happens first.

Select additional benefits according to your need(s)

With additional premiums, you may add supplementary benefits to this plan for extra protection.

All supplementary benefits are subject to product terms and conditions. Please consult a representative of either Prudential Singapore or a distributor duly appointed by Prudential Singapore for more information.

Note:
Life insurance is a contract of utmost good faith and a proposer is required to disclose in the proposal form fully and faithfully all the facts, which he knows or ought to know, as otherwise the policy issued may be void.

The terms and conditions of your policy are contained in the policy documents. There are certain conditions whereby the benefits under this plan will not be payable. These are stated as exclusions in the policy documents. You are advised to read the policy documents for the full list of exclusions.

Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs.

Free Look Period
After purchasing a life insurance policy, you have a 14-day free-look period - starting from the day you receive your policy documents to review the documents carefully. During this time, if you choose to cancel your policy, we will refund you the premiums you have paid (without interest), less any medical fees and other expenses, such as payments for medical check-ups and medical reports, incurred by us.

If we make your policy document and all other documents from us available electronically via our secure online portal on our website, we consider they have been delivered and received when you receive the relevant SMS or email telling you that the documents are accessible on this portal. Otherwise, we consider your policy and all other documents from us as delivered and received seven days from the date of posting to the last-known address you gave us.

If you decide this policy is not suitable for your needs, simply write to us within the 14-day free-look period.

Definitions of the Additional 28 Critical Illness Conditions

	Critical Illness	Definition
1	**Accidental Fracture of Spinal Column**	A new multiple spinal fracture caused by an Accident which requires hospitalisation for open surgical repair, or which results in a permanent neurological deficit in motor function or bladder function. The diagnosis of the spinal column fracture must be confirmed by X-ray or other imaging technology acceptable to The Company, by a specialist orthopaedic surgeon or a radiologist acceptable to The Company. The diagnosis of any neurological deficit must be made by a consultant neurologist or attending orthopaedic surgeon acceptable to The Company. This benefit shall be payable only until the Life Assured reaches age seventy-five (75) years next birthday.
2	**Acute Necrohaemorrhagic Pancreatitis**	Acute inflammation and necrosis of pancreas parenchyma, focal enzymatic necrosis of pancreatic fat and haemorrhage due to blood vessel necrosis, where all of the following criteria are met: (a) The necessary treatment is surgical clearance of necrotic tissue or pancreatectomy; and (b) The diagnosis is based on histopathological features and confirmed by a physician who is a gastroenterologist. Pancreatitis due to alcohol or drug abuse is excluded.
3	**Addison Disease or Autoimmune Adrenalitis**	Addison disease (or Addison's disease, autoimmune adrenalitis) is adrenocortical insufficiency due to the destruction or dysfunction of the entire adrenal cortex. The unequivocal Diagnosis is confirmed by endocrinologist. The Diagnosis of Addison disease (or Addison's disease, autoimmune adrenalitis) must be supported by all of following: - There is a raised plasma ACTH level, consistent with primary adrenal insufficiency > 50 pg/mL or > 11 pmol/L; - There is evidence of inadequate serum cortisol response to ACTH stimulation, defined as failure of serum cortisol to rise to ≥ 500–550 nmol/L at 30- or 60-minutes following administration of synthetic ACTH; - There is a requirement for lifelong glucocorticoid and mineral corticoid replacement therapy. Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.
4	**Adrenalectomy for Adrenal Adenoma**	Adrenalectomy for treatment of malignant systemic hypertension that was secondary to an aldosterone secreting adrenal adenoma. Malignant hypertension was uncontrolled by medical therapy. The adrenalectomy must be certified to be Medically Necessary for the management of poorly controlled hypertension by a Specialist in the relevant field.
5	**Biliary Atresia having undergone Liver Transplantation**	Biliary atresia (BA) is a progressive, idiopathic, fibro-obliterative disease of the extra-hepatic biliary tree that presents with biliary obstruction and has undergone liver transplantation or is on a registered liver transplantation waiting list. The Diagnosis should be confirmed by a gastroenterologist with supporting evidence including imaging, laboratory tests and liver biopsy. Biliary atresia due to other disease is excluded.
6	**Chronic Auto-immune Hepatitis**	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: 1) Hypergammaglobulinaemia 2) the presence of at least one of the following auto-antibodies: a. Anti-nuclear Antibody; b. Anti-smooth muscle antibodies; c. Anti-actin antibodies; d. Anti-LKM-1 antibodies; e. Anti-LC1 antibodies; or f. Anti-SLA/LP antibodies 3) Liver biopsy confirmation of the diagnosis of auto-immune hepatitis This is only covered if the life insured 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.
7	**Creutzfeld-Jakob disease**	The occurrence of Creutzfeld-Jakob Disease or Variant Creutzfeld-Jakob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform at least three (3) of the following six (6) "Activities of Daily Living". Activities of Daily Living: (i) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; (ii) Feeding - the ability to feed oneself once food has been prepared and made available; (iii) Mobility - the ability to move indoors from room to room on level surfaces; (iv) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; (v) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa; (vi) 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. Disease caused by human growth hormone treatment is excluded.
8	**Ebola**	Infection with the Ebola virus where the following conditions are met: (a) presence of the Ebola virus has been confirmed by laboratory testing; (b) there are ongoing complications of the infection persisting beyond thirty (30) days from the onset of symptoms; (c) the infection does not result in death; and (d) provided that at the time of Unequivocal Diagnosis there exists no effective cure.
9	**Elephantiasis**	The end-stage lesion of filariasis, characterised by massive swelling in the tissues of the body as a result of obstructed circulation in the blood or lymphatic vessels. Unequivocal Diagnosis of elephantiasis must be: - clinically confirmed by a Physician in the appropriate medical specialty; and - supported by laboratory confirmation of microfilariae Lymphedema caused by infection with any other disease(s), trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.
10	**Full-blown AIDS**	The clinical manifestation of AIDS (Acquired Immuno-deficiency Syndrome) must be supported by the results of a positive HIV (Human Immuno-deficiency Virus) antibody test and a confirmatory test. In addition, the Life Assured must have a CD4 cell count of less than two hundred (200)/μL and one or more of the following criteria are met: a) Weight loss of more than ten percent (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/μL; g) Malignant Lymphoma. HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded. This benefit will not apply where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.
11	**Idiopathic Pulmonary Fibrosis**	Idiopathic pulmonary fibrosis is a chronic, progressive form of interstitial lung disease characterised by fibrosis and worsening of lung function. It should require extensive and permanent oxygen therapy of at least eight (8) hours per day. Lung function test consistently showing FVC ≤50% and DLCO ≤35% of predicted value. The Unequivocal Diagnosis must be confirmed with lung biopsy and by a Specialist in respiratory medicine.
12	**Infective Endocarditis**	Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met: a) Positive result of the blood culture proving presence of the infectious organism(s); b) Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and c) The diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a registered medical practitioner who is a cardiologist.
13	**Juvenile Huntington Disease**	Diagnosis of Juvenile Huntington Disease with genetic test is confirmed by a Specialist who is a Pediatrician. There must be evidence of all the following: - Movement disorder due to Juvenile Huntington Disease - Cognitive disorder due to Juvenile Huntington Disease; and - Behavior disorder due to Juvenile Huntington Disease Coverage will end on the policy anniversary occurring on or immediately following the Life Assured's 21st birthday.
14	**Medically Acquired HIV Infection**	Infection with the Human Immunodeficiency Virus (HIV), provided all of the following conditions are met: - The infection results directly from a surgical, medical, or dental procedure performed in Singapore, and the procedure was conducted after the Issue Date, date of endorsement or Reinstatement Date of your Policy, whichever is the late; and - Proof that the medical institution responsible for the procedure eithe admits liability for the infection; or is found liable by a final court judgment that is not subject to further appeal; and - The Life Assured is not a hemophiliac; and - Proof that the incident has been reported to the relevant authorities and investigated in accordance with established procedures. This benefit will not apply where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or noninfectious. HIV infection resulting from any other means, including but not limited to sexual activity or intravenous drug use, is excluded. The insurer must be granted unrestricted access to all blood samples of the Life Assured and reserves the right to conduct independent testing of such samples.

15	**Medullary Cystic Disease**	Medullary Cystic Disease where the following criteria are met: - the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis; - clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and - the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy. Isolated or benign kidney cysts are specifically excluded from this benefit.
16	**Meningeal Tuberculosis**	Meningitis caused by tubercle bacilli, resulting in permanent neurological deficit. Such a diagnosis must be confirmed by a Specialist in neurology and confirmed by characteristic findings of M. tuberculosis infection in cerebrospinal fluid by lumbar puncture and CSF culture. Evidence of permanent clinical neurological deficit confirmed by a neurologist at least six (6) weeks after the event. Permanent means expected to last throughout the lifetime of the Insured. Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Insured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.
17	**Multiple Root Avulsions of Brachial Plexus**	The complete and permanent loss of use and sensory functions of an upper extremity caused by avulsion of 2 or more nerve roots of the brachial plexus through accident or injury. Complete injury of 2 or more nerve roots should be confirmed by electrodiagnostic study done by a physiatrist or neurologist.
18	**Necrotising Fasciitis**	The occurrence of necrotising fasciitis where the following conditions are met: - the usual clinical criteria of necrotising fasciitis are met; - the bacteria identified is a known cause of necrotising fasciitis; and - there is widespread destruction of muscle and other soft tissues that results in a total and permanent loss of function of the affected body part.
19	**Occupationally Acquired Hepatitis B or C**	Infection with the Hepatitis B or C virus which resulted from an accident occurring after the Issue Date, date of endorsement or Reinstatement Date of your Policy/ Supplementary Agreement (where applicable), whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation, provided that all of the following are proven to Our satisfaction: - Proof of the accident giving rise to the infection must be reported to us within 30 days of the accident taking place; - Proof that the accident involved a definite source of the hepatitis B or C infected fluids; - There is a need for antiviral therapy as a consequence of proven seroconversion; - Hepatitis B or C infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded. This benefit is only payable when the occupation of the Insured is a Physician, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic. We would not be liable if there had been failure to observe any proper defined procedural practice or occupation required vaccination practices.
20	**Pheochromocytoma**	Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines that has required the actual undergoing of surgery to remove the tumour. The Diagnosis of Pheochromocytoma must be

		confirmed by a registered medical practitioner who is an endocrinologist and supported by a histopathological examination.
21	**Progressive Supranuclear Palsy**	Progressive Supranuclear Palsy occurring independently of all other causes and resulting in a permanent neurological deficit, which is directly responsible for a permanent inability to perform at least three (3) of the following six (6) "Activities of Daily Living". Activities of Daily Living: (i) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; (ii) Feeding - the ability to feed oneself once food has been prepared and made available; (iii) Mobility - the ability to move indoors from room to room on level surfaces; (iv) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; (v) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa; (vi) 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. The Diagnosis of Progressive Supranuclear Palsy must be confirmed by a Physician who is a neurologist.
22	**Resection of the Whole Small Intestine (duodenum, jejunum and ileum)**	Complete surgical removal of the whole small intestine including the duodenum, jejunum and ileum as a result of illness or an accident of the insured. Partial removal of the small intestine is excluded in this benefit.
23	**Severe Cardiomyopathy**	The unequivocal diagnosis of Cardiomyopathy which have resulted in the presence of permanent and irreversible physical impairments of at least Class IV of the New York Heart Association (NYHA) classification of Cardiac Impairment and which is defined and assessable only after the provision of maximal medical therapy according to treatment practice guidelines for at least 6 months. The diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance. The NYHA Classification of Cardiac Impairment (Source: "Current Medical Diagnosis and Treatment - 39th Edition"): Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain. Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
24	**Severe Crohn's disease**	Crohn's disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred: - Stricture formation causing intestinal obstruction requiring admission to hospital; - Fistula formation between loops of bowel; and - At least one (1) bowel segment resection. The diagnosis must be based on histopathological features and confirmed by a specialist in the relevant field.
25	**Severe Eisenmenger's syndrome**	The occurrence of a reversed or bidirectional shunt as a result of pulmonary hypertension, caused by a heart disorder.

		All of the following criteria must be met: - Presence of permanent physical impairment classified as NYHA class IV*; and - The diagnosis of Eisenmenger Syndrome and the level of physical impairment must be confirmed by a registered medical practitioner who is a cardiologist. *NYHA Class IV cardiac impairment means that the patient is symptomatic during ordinary daily activities despite the use of medication and dietary adjustment, and there is evidence of abnormal ventricular function on physical examination and laboratory studies.
26	**Severe Myasthenia Gravis**	An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatiguability, where all of the following criteria are met: - Presence of permanent muscle weakness categorized as Class III, IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and - The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Physician who is a neurologist. Myasthenia Gravis Foundation of America Clinical Classification: Class I - Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere Class II - Eye muscle weakness of any severity, mild weakness of other muscles Class III - Eye muscle weakness of any severity, moderate weakness of other muscles Class IV - Eye muscle weakness of any severity, severe weakness of other muscles Class V - Intubation needed to maintain airway
27	**Severe Ulcerative Colitis**	Means acute fulminant ulcerative colitis with life threatening electrolyte disturbances, which all of the following criteria must be met: (i) The entire colon is affected with severe bloody diarrhoea; (ii) The necessary treatment is total colectomy and ileostomy; and (iii) The Unequivocal Diagnosis must be based on histopathological features and confirmed by a Medical Practitioner who is a gastroenterologist.
28	**Surgery for Idiopathic Scoliosis**	The undergoing of spinal surgery to correct an abnormal curvature of the spine from its normal straight line viewed from the back. The condition must be present without an identifiable underlying cause and the curve of the spine must be more than cobb angle 40 degree. Spinal deformity associated with congenital defects and neuromuscular diseases are excluded.

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