

DIRECT – FWD CI Rider

Premium paying rider











This is your contract for your insurance policy.

Read it to understand all the benefits as well as the important terms and conditions that apply to your insurance cover. Don't worry, we've made it as easy to read as possible.

If you need help, call our hotline: +65 6820 8888



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About your rider

Thank you for choosing FWD Singapore Pte. Ltd. We're pleased to provide you with protection opportunities so that you can focus on living life to the fullest.

Part of your policy

This rider becomes part of your DIRECT – FWD Whole Life policy ("base plan") if we have agreed to provide it to you. The details of your rider cover will be shown in this DIRECT – FWD CI Rider policy contract attached to your base plan.

The terms and conditions of the base plan will also apply to this rider, unless stated otherwise.

Your DIRECT – FWD CI Rider

Your DIRECT – FWD CI Rider is a participating rider that provides coverage for late-stage critical illnesses.



"You/your" refers to the policy owner.

In this policy, the person insured is also the policy owner unless you assign your policy. Please refer to "assignment of benefits (policy assignment)" in your base plan contract for more information.

Who's covered under your rider?

Person insured

The person insured under this rider has to be the same as the person insured under the base plan. The person insured cannot receive any benefit under this rider, and cannot make changes to this rider, unless the person insured is also the policy owner.

Who receives the benefits?

Critical Illness Benefit

We will pay the Critical Illness Benefit to you in one lump sum.



Quick summary of your benefits

This section describes the main benefits of your rider. It is a guide to your rider coverage. To understand the full details of what we pay and how we pay it, you should go to [page 3](#) (what you're covered for).

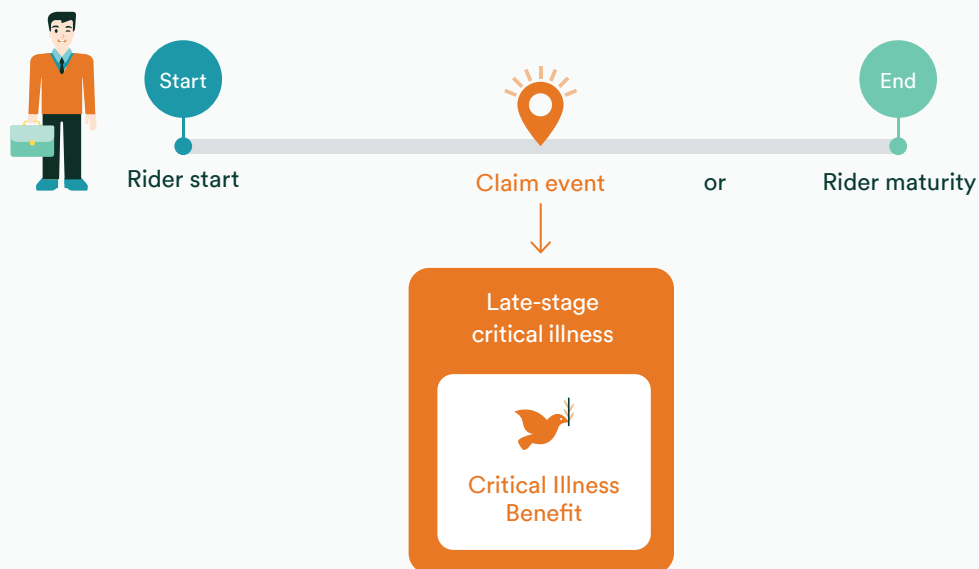
Your benefits at a glance

This section describes the main benefits of your rider. Please see the illustration below.



You can claim the following benefits while the base plan and this rider are active.

Your benefits at a glance



The person insured is covered for 30 late-stage critical illnesses during the rider term.

When we won't pay

We may not pay the full benefits if any of the following applies:

- Your rider has ended. See [page 4](#) (when your rider ends).
- An exclusion applies. See [page 5](#) (when we will not pay any benefit).



What you're covered for

In this section, we explain what benefits you are covered for, and any specific exclusions or conditions that apply to those benefits. General exclusions may also apply – see [page 5](#) (when we will not pay any benefit).

Rider benefits

Critical Illness Benefit

In the event the person insured is diagnosed with any one of the following 30 late-stage critical illnesses during the rider term, the Death Benefit under the base plan will be advanced and paid out in one lump sum.

Critical illness conditions covered under this rider

- | | |
|--|---|
| 1. Alzheimer's disease / severe dementia | 15. Irreversible aplastic anaemia |
| 2. Angioplasty & other invasive treatment for coronary artery* | 16. Irreversible loss of speech |
| 3. Benign brain tumour | 17. Major burns |
| 4. Blindness (irreversible loss of sight) | 18. Major cancer |
| 5. Coma | 19. Major head trauma |
| 6. Coronary artery by-pass surgery | 20. Major organ / bone marrow transplantation |
| 7. Deafness (irreversible loss of hearing) | 21. Motor neurone disease |
| 8. End stage kidney failure | 22. Multiple sclerosis |
| 9. End stage liver failure | 23. Muscular dystrophy |
| 10. End stage lung disease | 24. Open-heart heart valve surgery |
| 11. Fulminant hepatitis | 25. Surgery to aorta |
| 12. Heart attack of specified severity | 26. Paralysis (irreversible loss of use of limbs) |
| 13. HIV due to blood transfusion and occupationally acquired HIV | 27. Primary pulmonary hypertension |
| 14. Idiopathic parkinson's disease | 28. Severe bacterial meningitis |
| | 29. Severe encephalitis |
| | 30. Stroke with permanent neurological deficit |

*For Angioplasty & other invasive treatment for coronary artery, the maximum amount claimable is subject to the lower of 10% of the rider sum insured or S\$25,000. The sum insured of this rider will be reduced by the amount paid out.

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).

Please see [page 5](#) (when we will not pay any benefit) on scenarios where no Critical Illness Benefit will be payable.



This rider will terminate when 100% of the rider sum insured has been paid out.



Starting, changing, or ending your rider

This section explains when your rider starts and ends, and how to make changes to your rider. We also outline when you can reinstate your rider.

When your rider coverage starts

Your rider starts on the effective date, while your rider coverage starts on the issue date. The issue date may be different from the effective date (if you choose to backdate your policy). Both dates are shown in your policy schedule. No claims can be made before the issue date.



You are not covered before the issue date.

Changes to your rider

The sum insured of your rider will be revised accordingly when you change the sum insured of the base plan. The sum insured of the rider must be the same as the base plan at all times.

When your rider ends

Your rider ends on the earliest of the following dates:

- The rider end date shown in your policy schedule.
- The end of the 60-day grace period, if premium is not paid and there is insufficient Surrender Value to offset the missed premium.
- The day before the next premium due date if you request to cancel (terminate) your rider cover.
- The date we are told to cancel your rider cover by law or regulation.
- The date when 100% of the rider sum insured is paid out.
- The date when the base plan of this rider cover lapses/terminates.



You can claim a benefit under your rider after the cover has ended if the event happened before the cover ended.

Reinstating your rider

If your rider ends because of non-payment of rider and policy premiums and there is insufficient Surrender Value to offset the missed premium, you can reinstate it within two years of it ending if we agree. You cannot reinstate your rider for any other reason (for example, if you had ended the rider cover).

We only cover events that happen after the reinstatement date.

To reinstate your rider, you and the person insured will need to provide us with evidence of health of the person insured, and you will need to pay us a lump sum premium made up of the following amounts:

- Any amounts you owe us up to your next premium due date.
- A rider premium amount that covers the period from your reinstatement date to your next premium due date.
- Any medical costs that we need to pay, in order to assess the health of the person insured.
- You must reinstate your base plan as well as this rider, or ensure the base plan is still in-force at the time of reinstatement of the rider.

What you need to do

- Contact us.
- Provide a completed service request form for reinstatement.
- Confirm that the health of the person to be insured still qualifies for cover (by answering the questions in the service request form).
- Pay us the required back payment of premiums and any accumulated interest.
- Reinstate your base plan as well as this rider.

What we will do

- We will review your request, and if we are satisfied that you have met our requirements, we will reinstate (restart) your base plan and this rider. Otherwise, we will not reinstate your rider.
- If we reinstate your base plan and rider, your cover will restart from the date (reinstatement date) we tell you.
- We may ask for additional information before we reinstate your base plan and rider.



You will not be able to make a claim for any event that took place before your base plan and rider is reinstated.



Making a claim

Need to make a claim? Read this section to find out what you need to do.

How to claim

Call our hotline at **+65 6820 8888** to make a claim. You may visit our website at www.fwd.com.sg for our detailed hotline operating hours.

Tell us as soon as possible

We should be informed as soon as possible if a claim is to be made under this policy.

To make sure we are able to assess claims quickly, we ask that you, the policy owner or the nominee call us, and let us know that a claim will be made under the policy and by whom. Claim forms do not have to be sent at this time.

Claims won't be affected if there were good reasons why you, the policy owner or the nominee could not notify us of the claim immediately.

We're here for you

We understand that dealing with the critical illness of a loved one is difficult – you can always call us at our hotline at **+65 6820 8888** for help with the claim process. You may visit our website at www.fwd.com.sg for our detailed hotline operating hours.

When we will not pay any benefit

This policy has certain exclusions, meaning situations where we won't pay the benefits. We list below the exclusions that apply to the benefits under your rider.

We may also apply specific exclusions to your rider when we offer to issue your rider. If any specific exclusion applies, we will record the details in an endorsement.

Self-inflicted act

We will not pay the Critical Illness Benefit under this rider if the claim arises:

- from attempted suicide or an intentional self-inflicted act;
- within one year from the start of your rider cover, the date we last reinstate (restart) your rider, or the date you increase your sum insured (on the increased portion).

This applies regardless of the mental state of the person insured.

If this happens, we will cancel the rider and refund the total rider premiums paid, less any policy debt and interest owed to us. This rider will then end.

Unlawful acts

We will not pay the Critical Illness Benefit under this rider if the claim arises because you or the person insured deliberately participated in an unlawful act or failed to act in accordance with the law.

If this happens, we reserve the right to cancel the rider and refund the total rider premiums paid, less any policy debt and interest owed to us. This rider will then end.

Pre-existing condition

We will not pay the Critical Illness Benefit under this rider if the claim arises due to a pre-existing condition, unless the pre-existing condition was disclosed and accepted by us.

This refers to a medical condition that is present before the start of your rider cover, the date we last reinstate (restart) your rider, the date you increase your sum insured (on the increased portion), and has one or more of the following characteristics:

- presented signs or symptoms which you (or the person insured) were aware of or should reasonably have been aware of;
- treatment was recommended or received from a medical practitioner or specialist for the medical condition; or
- you (or the person insured) have undergone or were recommended to undergo medical tests or investigations.



Making a claim

Waiting period

We will not pay the Critical Illness Benefit under this rider if:

- the date of diagnosis of heart attack of specified severity or major cancer, or
- the date of diagnosis of the condition that led to the performance of coronary artery by-pass surgery or angioplasty & other invasive treatment for coronary artery,

is within 90 days from the issue date of this rider, the last reinstatement date of this rider (if your rider has been reinstated), or the date of any increase in the sum insured (for the increased sum insured), whichever is later.

No such waiting period will apply to other critical illness conditions not covered in the above list.

The above applies even if the signs or symptoms were not apparent to the person insured, if they would have been apparent to a reasonable person in the same position.

Filling in your claim form

We will provide the forms that need to be filled in to make a claim. Claims must be made on forms provided by us together with the supporting documents and any other information and documents that we ask for. We will not be able to process a claim until we receive all documents, information, and the completed claim form.

Costs of preparing claims

We are not responsible for any of the costs of filling in any form or getting any documents, such as death certificate or other certification. We may ask the person insured to get diagnosed by our appointed medical practitioner. We will not pay for any of these costs.



Your premiums

This section explains your premiums and what happens if you miss paying a premium.

Regular premium

You need to pay your regular premiums by the premium due date based on your chosen premium payment frequency and for the number of years shown in your policy schedule.

Paying your premiums

It is important to pay your premiums on time, so your rider stays in-force and the person insured continues to be covered. Below we outline how you can pay your premiums and what happens if you don't pay.

Amount due

Your current policy schedule shows the premium amount you need to pay.

Premium rates

The premiums for this rider are not guaranteed and may be revised by us giving at least 90 days' advance written notice to you.

When you need to pay your rider premiums

You need to pay your premiums for this rider at the same time as you pay your premiums for your base plan (annually, half-yearly, quarterly, or monthly). You can change your chosen method any time – if you do, then your premiums for both base plan and rider will be changed. Please refer to “changing your premium payment method or frequency” in your base plan contract for how to do so.

Your premium payment period must be the same as your base policy

Your premium payment period is the duration by which you will be required to pay premiums for this rider, and this duration must be the same as the premium payment period of your base plan. Your premium payment period for this rider is set out in your policy schedule.

What happens when you miss a premium?

Your rider premiums are payable on the due date. We give you a 60-day grace period after the due date to pay. Your rider will continue if you pay your overdue premium within this 60-day period. If we do not receive your premium within this period and there is insufficient Surrender Value to offset the missed premium, we will cancel your rider.

If your rider ends because you missed a premium payment and there is insufficient Surrender Value to offset the missed premium, you can apply to reinstate (restart) it. See [page 4](#) (Reinstating your rider) for more details.

Premiums must be paid until we approve the claim

All premiums due under the base plan and the rider must be paid until we approve the claim for the benefit.

If we accept a claim for the benefit, we will refund any excess premiums paid to us after the confirmed diagnosis. Any refunded premium amount will be paid on top of the other amounts due to be paid under your rider.



Keeping it legal

In this section, we explain the important legal rights and obligations under your policy.

We rely on your information

Read all parts of your rider contract to make sure they are correct

This rider contract is based on the information you gave us during the application process. It is important that the information is correct, and you and the person insured were truthful and accurate with all the information you provided. This information helped us to decide if you and the person insured were eligible for the rider, and how much you need to pay.

You should let us know immediately if the information you or the person insured gave us during the application, was inaccurate, misleading, or exaggerated. You should also let us know immediately if the information you or the person insured has given us changes after your rider is active.

You need to provide correct and complete information

You and the person insured are responsible for:

- letting us have correct and complete information; and
- being careful when answering our questions, or when you or the person insured confirm or amend any information you have given to us.

If you don't, we may not pay your claim, and your benefits under your rider may be affected. In some cases, we may cancel the rider. See [page 8](#) (disputing payments).



If you need to change your information, or if you have any questions, please call our hotline at +65 6820 8888. You may visit our website at www.fwd.com.sg for our detailed hotline operating hours.

Disputing payments

We can declare your rider void if you or the person insured:

- made an inaccurate or untrue statement on a material matter; or
- suppressed or omitted a material fact, within your application.

How we define material matters and facts

A material matter or material fact is one that would have caused us to:

- refuse to issue the policy to you; or
- offer you a policy on different terms, if you or the person insured had told us about it.

Unless there was fraud, material non-disclosure and/or misrepresentation of a material fact, non-payment of premium (if applicable) or any applicable policy exclusion, we will not declare your policy void after 2 years after the issue date or the last reinstatement date (if your policy had been reinstated), whichever is later.

However, we may not pay any benefits if you or the person insured:

- did not provide accurate and truthful information;
- gave us misleading or exaggerated information; or
- made any false statements

at the time of purchase or reinstatement of this policy.

What we will do

- If we dispute your rider, we will review your rider and decide if we have any reason to declare it void. If we do, we will cancel it and treat it as never having existed.
- We will refund the total premiums paid, less any policy debt and interest owed to us. The rider will then end.

Anti-money laundering, anti-terrorism financing and proceeds of unlawful activities

We may need to freeze or seize any monies received or payable under your policy:

- at the order of the relevant authorities; or
- if we discover, or if we have reasonable suspicion that you are sanctioned under any competent authorities recognised by us, for money laundering activities or activities relating to financing terrorism.

If this happens, we will end your policy and the cover under it immediately. We will deal with all premiums paid and all amounts payable under your policy in any manner we deem fit, which may include handing it over to the relevant authorities.

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme, which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is needed 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 us or visit the General Insurance Association of Singapore (GIA) / Life Insurance Association (LIA) websites (www.gia.org.sg) / (www.lia.org.sg) or SDIC websites (www.sdic.org.sg).

Third party's rights

Unless it is clearly stated in this policy contract, no one other than you (as the policy owner) can enforce or rely on any terms in this policy or have any rights under the Contracts (Rights of Third Parties) Act 2001.



Definitions of conditions covered under this rider

The list below explains the meanings of important words and phrases shown in your policy.

1. Alzheimer's disease/severe dementia

Deterioration or loss of cognitive function as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the person insured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by our appointed doctor.

The following are excluded:

- Non-organic diseases such as neurosis and psychiatric illnesses; and
- Alcohol related brain damage.

2. Angioplasty & other invasive treatment for coronary artery*

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.

3. Benign brain tumour

Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met:

- It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
- Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- Cysts;
- Abscess;
- Angioma;
- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland, spinal cord and skull base.

4. Blindness (irreversible loss of sight)

Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.

The blindness must not be correctable by surgical procedures, implants or any other means.



5. Coma	<p>A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> ▪ No response to external stimuli for at least 96 hours; ▪ Life support measures are necessary to sustain life; and ▪ Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. <p>For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse or self-inflicted injuries are excluded.</p>
6. Coronary artery by-pass surgery	<p>The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.</p> <p>Angioplasty and all other intra-arterial, catheter-based techniques, 'keyhole' or laser procedures are excluded.</p>
7. Deafness (irreversible loss of hearing)	<p>Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.</p> <p>Total means "the loss of hearing to the extent that the quietest sound that can be heard is 80 decibels or greater across all frequencies".</p> <p>Irreversible means "cannot be reasonably restored to 40 decibels or lower by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention."</p>
8. End stage kidney failure	<p>Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.</p>
9. End stage liver failure	<p>End stage liver failure as evidenced by all of the following:</p> <ul style="list-style-type: none"> ▪ Permanent jaundice; ▪ Ascites; and ▪ Hepatic encephalopathy. <p>Liver disease secondary to alcohol or drug abuse is excluded.</p>
10. End stage lung disease	<p>End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> ▪ FEV₁ test results which are consistently less than 1 litre; ▪ Permanent supplementary oxygen therapy for hypoxemia; ▪ Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO₂ ≤ 55mmHg); and ▪ Dyspnea at rest. <p>The diagnosis must be confirmed by a respiratory physician.</p>
11. Fulminant hepatitis	<p>A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:</p> <ul style="list-style-type: none"> ▪ Rapid decreasing of liver size as confirmed by abdominal ultrasound; ▪ Necrosis involving entire lobules, leaving only a collapsed reticular framework; ▪ Rapid deterioration of liver function tests; ▪ Deepening jaundice; and ▪ Hepatic encephalopathy.



Definitions of conditions covered under this rider

12. Heart attack of specified severity

Death of heart muscle due to ischaemia, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:

- History of typical chest pain;
- New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;
- Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by us.

For the above definition, the following are excluded:

- Angina;
- Heart attack of indeterminate age; and
- A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

13. HIV due to blood transfusion and occupationally acquired HIV

A. Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:

- The blood transfusion was medically necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore after the issue date, date of endorsement or date of reinstatement of this rider contract, whichever is the later; and
- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood.

B. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the issue date, date of endorsement or date of reinstatement of this rider contract, whichever is the later whilst the person insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to our satisfaction:

- Proof that the accident involved a definite source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and
- HIV 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 person insured is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic (in Singapore).

This benefit will not apply under either section A or B where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.



14. Idiopathic parkinson's disease

The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- The disease cannot be controlled with medication; and
- Inability of the person insured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

15. Irreversible aplastic anaemia

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

- Blood product transfusion;
- Bone marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow or haematopoietic stem cell transplantation.

The diagnosis must be confirmed by a haematologist.

16. Irreversible loss of speech

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

All psychiatric related causes are excluded.

17. Major burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the person insured's body.



Definitions of conditions covered under this rider

18. Major cancer

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

The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma.

Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
 - Pre-malignant;
 - Non-invasive;
 - Carcinoma-in-situ (Tis) or Ta;
 - Having borderline malignancy;
 - Having any degree of malignant potential;
 - Having suspicious malignancy;
 - Neoplasm of uncertain or unknown behaviour; or
 - All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia.
- Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below; and all pituitary neuroendocrine tumours (PitNET) except Metastatic PitNET and Pituitary Carcinoma;
- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- All tumours in the presence of HIV infection.

19. Major head trauma

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head Injury.

The following are excluded:

- Spinal cord injury; and
- Head injury due to any other causes.

20. Major organ/bone marrow transplantation

The receipt of a transplant of:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.



21. Motor neurone disease	Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.
22. Multiple sclerosis	<p>The definite diagnosis of Multiple Sclerosis, and must be supported by all of the following:</p> <ul style="list-style-type: none"> Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; and Multiple neurological deficits which occurred over a continuous period of at least 6 months. <p>Other causes of neurological damage such as SLE and HIV are excluded.</p>
23. Muscular dystrophy	<p>The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the person insured to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months.</p> <p>For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.</p>
24. Open-heart heart valve surgery	<p>The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.</p> <p>The open-heart surgery refers to an incision on the heart for the direct visual replacement or repair of the heart valve abnormalities.</p> <p>For the above definition, the following operation or procedures are excluded:</p> <ul style="list-style-type: none"> The operation or procedure performed via endoscopic or keyhole surgery. The operation or procedure performed via catheterisation.
25. Surgery to aorta	<p>The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.</p> <p>Surgery performed using only minimally invasive or intra-arterial techniques are excluded.</p>
26. Paralysis (irreversible loss of use of limbs)	<p>Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.</p> <p>Self-inflicted injuries are excluded.</p>
27. Primary pulmonary hypertension	<p>Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.</p> <p>The NYHA Classification of Cardiac Impairment:</p> <p>Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.</p> <p>Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.</p> <p>Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</p> <p>Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p>



Definitions of conditions covered under this rider

28. Severe bacterial meningitis	<p>Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:</p> <ul style="list-style-type: none">▪ The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and▪ A consultant neurologist. <p>Bacterial Meningitis in the presence of HIV infection is excluded.</p>
29. Severe encephalitis	<p>Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in permanent neurological deficit which must be documented for at least 6 weeks. This diagnosis must be certified by a consultant neurologist, and supported by any confirmatory diagnostic tests.</p> <p>Encephalitis caused by HIV infection is excluded.</p>
30. Stroke with permanent neurological deficit	<p>A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit. This diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none">▪ Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and▪ Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke. <p>The following are excluded:</p> <ul style="list-style-type: none">▪ Transient Ischaemic Attacks;▪ Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;▪ Vascular disease affecting the eye or optic nerve;▪ Ischaemic disorders of the vestibular system; and▪ Secondary haemorrhage within a pre-existing cerebral lesion.

Others

The following two terms can be found in some of the above definitions, and their meanings are as follows:

1. Permanent Neurological Deficit	<p>Permanent means expected to last throughout the lifetime of the person insured.</p> <p>Permanent neurological deficit means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the person insured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.</p>
2. Activities of Daily Living (ADLs)	<ul style="list-style-type: none">i. Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;ii. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;iii. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;iv. Mobility - the ability to move indoors from room to room on level surfaces;v. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;vi. Feeding - the ability to feed oneself once food has been prepared and made available