

Multi-claim Critical Illness Plan Series 1.1 - Terms and Conditions

1 Your base benefit

1.1 Death benefit

We will pay \$8,000 if the Life Assured dies during the period of cover for this base benefit, regardless of the base benefit sum assured you have chosen.

1.2 Late-stage Critical Illness (LSCI) benefit

We will pay your selected sum assured of this base benefit if, during the period of cover for this base benefit, the Life Assured is diagnosed with any of the LSCIs listed and defined in clause 3.

The base benefit sum assured will be reduced by the claim payout under this base benefit.

1.3 Multi-claim feature

If the base benefit sum assured is reduced to zero or lower than 100% of the original sum assured due to admitted claims, this base benefit shall remain in-force until the cover ends as per clause 1.5. While the base benefit sum assured is reduced to zero, you cannot make any claim on this base benefit.

The base benefit sum assured will be reset to the original amount if there is no claim under this base benefit and Multi-claim Early Care Rider (if selected) for twelve (12) consecutive months from the diagnosis date of the last admitted claim. This twelve-month period is called the "Reset Period".

This base benefit sum assured can be reset multiple times until a total payout of 300% of the base benefit sum assured has been made under this base benefit including any pre-payment of LSCI benefit, after which the policy will terminate.

1.4 Accelerated payment of base benefit

If you have taken up any supplementary benefit which accelerates the base benefit, the benefit payout under that supplementary benefit is considered as a pre-payment of the LSCI benefit. The base benefit sum assured will be reduced by the claim payout under that supplementary benefit.

The sum assured of accelerating supplementary benefit shall not exceed the base benefit sum assured. Otherwise, the sum assured of the accelerating supplementary benefit will be adjusted to be the same as the base benefit sum assured.

1.5 Period of cover

Your cover for this base benefit starts on the Effective Date and ends on the earliest of the following:

- upon the death of the Life Assured; or
- upon total payment of 300% of the base benefit sum assured claimed under LSCI benefit, including any pre-payment of the LSCI benefit; or
- when you instruct us to cancel this policy; or
- when this base benefit expires at the end of the base benefit term; or
- when this policy is terminated by us due to non-payment of premium.

2 Important information

2.1 Exclusions

We will not pay any claim arising directly or indirectly from:

(a) for Death benefit,

- attempted suicide or suicide within one (1) year from the Effective Date, in which case we will refund the total premiums paid; and
- attempted suicide or suicide within one (1) year from the date of the latest reinstatement, in which case we will refund the total premiums paid since the latest reinstatement date.

The policy terminates thereafter. Any refund of premiums will be paid without interest, less any medical and underwriting expenses incurred in processing your application or reinstatement.

(b) for Late-stage Critical Illness (LSCI) benefit,

- self-inflicted injury, while sane or insane;
- the influence or deliberate misuse of drugs or alcohol;
- pre-existing condition;
- Acquired Immunodeficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV) except as defined under the definitions of LSCIs in clause 3.2.

2.2 Conditions on Multi-claim feature

2.2.1 Each stage of each critical illness can be claimed only once.

2.2.2 The maximum amount payable for each critical illness aggregating all stages (including early-stage and intermediate-stage of the same critical illness, if Multi-claim Early Care Rider is selected) is 100% of the base benefit sum assured.

That is, the claim amount for each LSCI is equivalent to 100% of the base benefit sum assured less any claims previously paid for the other stages of the same critical illness.

2.2.3 If there is more than one critical illness diagnosed on the same date, only one claim will be payable for the critical illness and this will be the claim approved for the highest payout.

2.2.4 The following conditions can be claimed only if they are not as a consequence of other covered conditions (any stages).

- Terminal Illness
- Loss of Independent Existence (all stages)

Otherwise, the claim will be admitted under such covered conditions.

2.2.5 After 100% of the base benefit sum assured has been paid under LSCI benefit (including any pre-payment of LSCI benefit), the following conditions will be excluded:

- Terminal Illness
- Loss of Independent Existence (all stages)

2.2.6 The maximum total payout under the LSCI benefit, including any pre-payment of the LSCI benefit under Multi-claim Early Care Rider (if applicable), is 300% of the base benefit sum assured.

2.2.7 As long as the policy is in-force, the premium of this base benefit will remain the same and continue to be payable even when the base benefit sum assured is reduced to zero or lower than 100% of the original sum assured due to admitted claims, including during the Reset Period.

2.3 Waiting period

If the Life Assured is diagnosed with any of the following LSCIs within ninety (90) days from the Effective Date or the date of the latest reinstatement, whichever is later, we will not pay any LSCI benefit:

- Coronary Artery By-pass Surgery
- Other Serious Coronary Artery Disease
- Heart Attack of Specified Severity
- Major Cancer

If the Life Assured is diagnosed with any of the LSCIs above within ninety (90) days from the date of increase in this base benefit sum assured, we will not pay the LSCI benefit in relation to the increase in sum assured. For avoidance of doubt, we will only pay the LSCI benefit as if the increase never took place. The base benefit sum assured will reduce by the claim payout and the balance sum assured will remain in-force for other LSCIs. However, the same premium will remain payable.

2.4 Survival period

We will not pay any LSCI benefit if the Life Assured dies within seven (7) days from the diagnosis of the LSCI, in which case we will only pay the death benefit and the policy will terminate thereafter.

2.5 Non-guaranteed premium rate

The premium rates for this base benefit are not guaranteed. These rates may be adjusted based on future experience. We will give thirty (30) days' notice before the new premiums are charged.

The premiums for this base benefit are payable throughout the base benefit term, including the Reset Period, for as long as the policy is in-force.

3 Late-stage Critical Illnesses

3.1 List of Late-stage Critical Illnesses (LSCIs)*

1. Alzheimer's Disease / Severe Dementia	19. Major Head Trauma
2. Benign Brain Tumour	20. Major Organ / Bone Marrow Transplantation
3. Blindness (Irreversible Loss of Sight)	21. Motor Neurone Disease
4. Coma	22. Multiple Sclerosis
5. Coronary Artery By-pass Surgery	23. Muscular Dystrophy
6. Deafness (Irreversible Loss of Hearing)	24. Open Chest Heart Valve Surgery
7. End Stage Kidney Failure	25. Open Chest Surgery to Aorta
8. End Stage Liver Failure	26. Other Serious Coronary Artery Disease
9. End Stage Lung Disease	27. Paralysis (Irreversible Loss of Use of Limbs)
10. Fulminant Hepatitis	28. Persistent Vegetative State (Apallic Syndrome)
11. Heart Attack of Specified Severity	29. Poliomyelitis
12. HIV due to Blood Transfusion and Occupationally Acquired HIV	30. Primary Pulmonary Hypertension
13. Idiopathic Parkinson's Disease	31. Progressive Scleroderma
14. Irreversible Aplastic Anaemia	32. Severe Bacterial Meningitis
15. Irreversible Loss of Speech	33. Severe Encephalitis
16. Loss of Independent Existence	34. Stroke with Permanent Neurological Deficit
17. Major Burns	35. Systemic Lupus Erythematosus with Lupus Nephritis
18. Major Cancer	36. Terminal Illness

*The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2019). These Critical Illnesses fall under Version 2019. You may refer to www.lia.org.sg for the standard Definitions (Version 2019).

3.2 Definition of LSCIs

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 Life Assured. 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. 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.

3. 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 twenty (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.

4. Coma

A coma that persists for at least ninety-six (96) hours. This diagnosis must be supported by evidence of all of the following:

- no response to external stimuli for at least ninety-six (96) hours;
- life support measures are necessary to sustain life; and
- brain damage resulting in permanent neurological deficit which must be assessed at least thirty (30) days after the onset of the coma.

For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.

5. Coronary Artery By-pass Surgery

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.

Angioplasty and all other intra-arterial, catheter-based techniques, 'keyhole' or laser procedures are excluded.

6. Deafness (Irreversible Loss of Hearing)

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.

Total means "the loss of at least eighty (80) decibels in all frequencies of hearing".

Irreversible means "cannot be reasonably restored to at least forty (40) decibels 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 six (6) months from the date of intervention."

7. End Stage Kidney Failure

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

8. End Stage Liver Failure

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

- permanent jaundice;
- ascites; and
- hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

9. End Stage Lung Disease

End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:

- FEV₁ test results which are consistently less than one (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.

The diagnosis must be confirmed by a respiratory physician.

10. Fulminant Hepatitis

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:

- 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.

11. 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

12. 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 Policy, 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 Policy, whichever is the later whilst the Life Assured 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 hundred and eighty (180) days after the documented accident. This proof must include a negative HIV antibody test conducted within five (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 Life Assured 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.

13. 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 Life Assured to perform (whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living" for a continuous period of at least six (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.

14. 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.

15. 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 twelve (12) months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

All psychiatric related causes are excluded.

16. Loss of Independent Existence

A condition as a result of a disease, illness or injury whereby the Life Assured is unable to perform (whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living", for a continuous period of six (6) months.

This condition must be confirmed by our approved doctor.

Non-organic diseases such as neurosis and psychiatric illnesses are excluded.

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.

17. Major Burns

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

18. Major Cancer

A malignant tumor 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:
 - (i) pre-malignant;
 - (ii) non-invasive;
 - (iii) Carcinoma-in-situ (Tis) or Ta;
 - (iv) having borderline malignancy;
 - (v) having any degree of malignant potential;
 - (vi) having suspicious malignancy;
 - (vii) neoplasm of uncertain or unknown behaviour; or
 - (viii) 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;
- 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 six (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

The definite diagnosis of Multiple Sclerosis, and must be supported by all the following:

- investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; and
- multiple neurological deficits which occurred over a continuous period of at least six (6) months.

Other causes of neurological damage such as SLE and HIV are excluded.

23. Muscular Dystrophy

The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living" for a continuous period of at least six (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.

24. Open Chest Heart Valve Surgery

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.

25. Open Chest Surgery to Aorta

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.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

26. Other Serious Coronary Artery Disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by invasive coronary angiography, regardless of whether or not any form of coronary artery surgery has been performed.

Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.

27. Paralysis (Irreversible Loss of Use of Limbs)

Total and irreversible loss of use of at least two (2) entire limbs due to injury or disease persisting for a period of at least six (6) weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

28. Persistent Vegetative State (Apallic Syndrome)

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for at least one (1) month.

29. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- poliovirus is identified as the cause,
- paralysis of the limb muscles or respiratory muscles must be present and persist for at least three (3) months.

The diagnosis must be confirmed by a consultant neurologist or specialist in the relevant medical field.

30. Primary Pulmonary Hypertension

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.

The NYHA Classification of Cardiac Impairment:

- 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.

31. Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally confirmed by a consultant rheumatologist and supported by biopsy or equivalent confirmatory test, and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:

- localised scleroderma (linear scleroderma or morphea);
- eosinophilic fasciitis; and
- CREST syndrome.

32. Severe Bacterial Meningitis

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 six (6) weeks. This diagnosis must be confirmed by:

- the presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- a consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

33. Severe Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in permanent neurological deficit which must be documented for at least six (6) weeks. This diagnosis must be certified by a consultant neurologist, and supported by any confirmatory diagnostic tests.

Encephalitis caused by HIV infection is excluded.

34. Stroke with Permanent Neurological Deficit

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:

- evidence of permanent clinical neurological deficit confirmed by a neurologist at least six (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.

The following are excluded:

- 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.

35. Systemic Lupus Erythematosus with Lupus Nephritis

The unequivocal diagnosis of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class VI Lupus Nephritis, established by renal biopsy, and in accordance with the RPS/ISN classification system). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

The RPS/ISN classification of Lupus Nephritis:

- Class I: Minimal mesangial lupus nephritis
- Class II: Mesangial proliferative lupus nephritis
- Class III: Focal lupus nephritis (active and chronic; proliferative and sclerosing)
- Class IV: Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global)
- Class V: Membranous lupus nephritis
- Class VI: Advanced sclerosis lupus nephritis

36. Terminal Illness

The conclusive diagnosis of an illness that is expected to result in the death of the Life Assured within 12 months. This diagnosis must be supported by a specialist and confirmed by our appointed doctor.

Terminal illness in the presence of HIV infection is excluded.

Others

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

1. Permanent Neurological Deficit

Permanent means expected to last throughout the lifetime of the Life Assured.

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 Life Assured. 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.

2. Activities of Daily Living (ADLs)

- (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.